

A: Particulars of the dwelling

A1: PSU Number Segment

A2: Dwelling Unit Number

A3: Physical ID of the Dwelling Unit/Household

A4: Telephone number of enumerated household

A5: Total number of persons in household

A6: Questionnaire number of this household

B: Households at the selected dwelling unit

B1: Household number for this household

B2: Total number of households at selected dwelling

C: Field staff

Survey Officer name

DSC name

PQM name

Assignment Number

Unique No.

D: Survey period

D1 Collection month

E: Response details

Visit No.

Date actual

Result Code

Next Visit (Planned)

E2: FINAL RESULT CODE

E3: Comments and full details for result codes 12-37

RESULT CODES			
11	Completed	32	Vacant dwelling
12	Partly completed	33	Demolished
21	Non-Contact	34	New dwelling U.C.
22	Refusal	35	Status change
23	Other non-response	36	Listing error
31	Unoccupied dwelling	37	Non-Household Member

Aim and use of the survey

The aim of the General Household Survey (GHS) is to measure the level of development and performance of various government programmes and projects.

It is essential for any country to measure the characteristics of its population and monitor changes in those characteristics over time. Various Government Departments are stakeholders in the GHS and the information collected is provided to them for further analysis. The GHS's results will help in the compilation of indicators of living standards and service delivery such as average household size, literacy, patterns of home ownership, access to water and sanitation facilities, access to social welfare services, use and access to transport as well as access and service delivery related to healthcare facilities and education institutions.

The survey design

A representative national sample of 28 588 Dwelling Units (DUs) has been drawn from the 3 305 Primary Sampling Units (PSUs) that form the current master sample. The master sample is based on the 2011 Population Census Enumeration Areas (EAs). Between 1 and 22 dwelling units have been randomly sampled from each PSU and all the households residing within these sampled dwelling units will be enumerated.

Write figures very carefully

Close the zeros (0) so that they will not be mistaken for the sixes (6). When there is more than one zero (0), as for instance in the value 1 000, do not connect the zeros on top, which is very common. Don't write the figures sideways or diagonally. Never use decimal points (or decimal commas).

Your figures should be made like this:

1 2 3 4 5

6 7 8 9 0

Your crosses should not touch the sides:



FLAP This section covers particulars of each person in the household

The following information must be obtained for every person who is considered to be a member of the household.

Only add persons who had stayed here for at least four nights on average per week for the last four weeks. **Do not forget babies.**

If there are more than 10 persons in the household, use a second questionnaire.

h h m m

INTERVIEW START TIME

		01	02	03	04	05	06	07	08	09	10
A	First name and surname <i>Write down first name and surname of each member of the household, starting with the head or acting head. If more than one head or acting head take the oldest.</i>	First name:									
		Surname:									
B	Has stayed here (in this household) for at least four nights on average per week during the last four weeks? 1 = Yes 2 = No ➔ If “No”, End of interview	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
C	Is a male or a female? 1 = Male 2 = Female	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
D	What is’s date of birth and age in completed years? Day of Birth: <i>Example of day</i> 05 Month of birth: <i>Example of month</i> 11 Year of birth: <i>Example of year</i> 2007 Age in years <i>Less than one year = 0</i>	d d	d d	d d	d d	d d	d d	d d	d d	d d	d d
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		m m	m m	m m	m m	m m	m m	m m	m m	m m	m m
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		y y y y	y y y y	y y y y	y y y y	y y y y	y y y y	y y y y	y y y y	y y y y	y y y y
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

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		01	02	03	04	05	06	07	08	09	10	
E	What population group does belong to? 1 = Black African 2 = Coloured 3 = Indian/Asian 4 = White 5 = Other (specify in box below) <input type="text"/> 6 = REFUSE	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	
		<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	
		<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	
		<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	
		<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	
F	Which language does speak most often in this household and outside this household? 01 = Afrikaans 02 = English 03 = Isindebele 04 = Isixhosa 05 = Isizulu 06 = Khoi, Nama and San languages 07 = Sepedi 08 = Sesotho 09 = Setswana 10 = Sign Language 11 = SiSwati 12 = Tshivenda 13 = Xitsonga 14 = Other, specify.....	In household	In household	In household	In household	In household	In household	In household	In household	In household	In household	
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Outside household	Outside household	Outside household	Outside household	Outside household	Outside household	Outside household	Outside household	Outside household	Outside household	
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		G	Is there any other person residing in this household, other than those already mentioned, who is not presently here?	<input type="checkbox"/> Yes	➔ If “Yes”, Go back to A							
<input type="checkbox"/> No												

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SECTION 1 : HOUSEHOLD SPECIFIC CHARACTERISTICS

This section covers particulars of each person in the household

		01	02	03	04	05	06	07	08	09	10
1.1	What is’s relationship to the head of the household? (i.e. to the person in column 1) 1 = Head/acting head 2 = Husband/wife/partner of person 01 3 = Son/daughter/stepchild/adopted child of person 01 4 = Brother/sister/stepbrother/sister of person 01 5 = Father/mother/stepfather/stepmother of person 01 6 = Grandparent/great grandparent of person 01 7 = Grandchild/great grandchild of person 01 8 = Other relative (e.g. in-laws or aunt/uncle) of person 01 9 = Non-related persons										
1.2a	What is’s present marital status? 1 = Legally married (include customary, traditional, religious etc.) 2 = Living together like husband and wife/partners. 3 = Divorced 4 = Separated, but still legally married 5 = Widowed 6 = Single, but have lived together with someone as husband/wife before 7 = Single and have never been married/never lived together as husband/wife before										
1.2b	Does’s spouse/partner live in this household? 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.2c	Ask if yes in Q1.2b Which person is the spouse/partner of? Give person number	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

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

EDUCATION

Ask for all household members. Read out: Now I am going to ask you questions related to education for each member of the household

	01	02	03	04	05	06	07	08	09	10
1.5 What is the highest level of education that has successfully completed? <i>Diplomas or certificates must be of six months plus study duration full-time (or equivalent) to be included</i> 98 = No Schooling 00 = Grade R/0 01 = Grade 1/Sub A/Class 1 02 = Grade 2/Sub B/Class 2 03 = Grade 3/Standard 1/ABET/AET 1 04 = Grade 4/Standard 2 05 = Grade 5/Standard 3/ABET/AET 2 06 = Grade 6/Standard 4 07 = Grade 7/Standard 5/ABET/AET 3 08 = Grade 8/Standard 6/Form 1 09 = Grade 9/Standard 7/Form 2/ABET/AET 4/ NCV Level 1/Occupational Certificate- NQF Level 1 10 = Grade 10/Standard 8/Form 3/NCV Level 2/ Occupational Certificate- NQF Level 2 11 = Grade 11/Standard 9/Form 4/NCV Level 3/ Occupational Certificate-NQF Level 3 12 = Grade 12/Standard 10/Form 5/National Senior Certificate/Matric/NCV Level 4/ Occupational Certificate-NQF Level 4 13 = NTC I/N1 14 = NTC II/N2 15 = NTC III/N3 16 = N4/NTC 4/Occupational Certificate-NQF Level 5 17 = N5/NTC 5/Occupational Certificate-NQF Level 5 18 = N6/NTC 6/Occupational Certificate-NQF Level 5 19 = Certificate with less than Grade 12/Standard 10 20 = Diploma with less than Grade 12/Standard 10 21 = Higher/National/Advanced certificate with Grade 12/Std 10/Occupational Certificate- NQF Level 5 22 = Diploma with Grade 12/Standard 10/ Occupational Certificate- NQF Level 6 23 = Higher Diploma/Occupational Certificate (B-Tech Diploma)- NQF Level 7 24 = Post Higher Diploma (Masters Diploma and Masters Degree)- NQF Level 9 25 = Bachelors Degree/Occupational Certificate - NQF Level 7 26 = Honours Degree/Postgraduate Diploma/ Occupational Certificate -NQF Level 8 27= Doctoral Degrees (Doctoral Diploma and Phd)- NQF Level 10 28 = Other 29 = Do Not Know										

Ask for all household members aged 0-6 years

	01	02	03	04	05	06	07	08	09	10
1.6a Does... currently attend any of the following? 1 = Grade R 2 = Pre school/nursery school/Grade 00/Grade 000 3 = Crèche /educare centre 4 = Day mother/gogo/child minder 5 = Home/community play group 6 = None 7 = DO NOT KNOW 8 = OTHER (SPECIFY) 9 = School → Go to Q1.9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.6b If not attending any of the above, where is he/she during the day for most of the time? 1 = At home with parent, foster parent or guardian 2 = At home with another adult 3 = At home with someone younger than 18 years 4 = At someone else's dwelling 5 = Other	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
1.6c What is the main reason for ... not to attend Grade R, Pre-school/nursery school/Grade 00/Grade 000/Crèche/educare centre? 1 = Prefer that the child stay at home/with someone else 2 = These facilities do not exist in our area 3 = Too expensive 4 = Other (specify)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4



1D

		01	02	03	04	05	06	07	08	09	10
1.7	Does the household pay any fees for... to be cared for, or to attend an ECD facility? If yes, how much is paid per month? 0 = None 1 = R1 – R100 2 = R101-R200 3 = R201-R300 4 = R301-R500 5 = R501-R1000 6 = R1001 - 2000 7 = More than R2000	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
1.8	How often does someone in the household do the following activities with ...? 1. Read books 2. Tell stories 3. Sing songs 4. Draw or colour 5. Talk about things you had done 6. Count different things 7. Name different things 8. Play with toys/objects involving shapes/ puzzles/building blocks CODES 1 = Often 2 = Sometimes 3 = Never	<div><div></div>1</div> <div><div></div>2</div> <div><div></div>3</div> <div><div></div>4</div> <div><div></div>5</div> <div><div></div>6</div> <div><div></div>7</div> <div><div></div>8</div>	<div><div></div>1</div> <div><div></div>2</div> <div><div></div>3</div> <div><div></div>4</div> <div><div></div>5</div> <div><div></div>6</div> <div><div></div>7</div> <div><div></div>8</div>	<div><div></div>1</div> <div><div></div>2</div> <div><div></div>3</div> <div><div></div>4</div> <div><div></div>5</div> <div><div></div>6</div> <div><div></div>7</div> <div><div></div>8</div>	<div><div></div>1</div> <div><div></div>2</div> <div><div></div>3</div> <div><div></div>4</div> <div><div></div>5</div> <div><div></div>6</div> <div><div></div>7</div> <div><div></div>8</div>	<div><div></div>1</div> <div><div></div>2</div> <div><div></div>3</div> <div><div></div>4</div> <div><div></div>5</div> <div><div></div>6</div> <div><div></div>7</div> <div><div></div>8</div>	<div><div></div>1</div> <div><div></div>2</div> <div><div></div>3</div> <div><div></div>4</div> <div><div></div>5</div> <div><div></div>6</div> <div><div></div>7</div> <div><div></div>8</div>	<div><div></div>1</div> <div><div></div>2</div> <div><div></div>3</div> <div><div></div>4</div> <div><div></div>5</div> <div><div></div>6</div> <div><div></div>7</div> <div><div></div>8</div>	<div><div></div>1</div> <div><div></div>2</div> <div><div></div>3</div> <div><div></div>4</div> <div><div></div>5</div> <div><div></div>6</div> <div><div></div>7</div> <div><div></div>8</div>	<div><div></div>1</div> <div><div></div>2</div> <div><div></div>3</div> <div><div></div>4</div> <div><div></div>5</div> <div><div></div>6</div> <div><div></div>7</div> <div><div></div>8</div>	

Ask for all household members who are 5 years and older

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

Ask for all household members who are 5 years and older

		01	02	03	04	05	06	07	08	09	10
1.10	Is.... currently attending an educational institution? <i>e.g. school, university, home school, Early Childhood Development Centre (ECD), e.g. day care, crèche, pre-school, nursery school or pre-primary school, distance/correspondence education. Only include courses of six months and longer.</i> 1 = Yes → Go to Q1.12 2 = No → Go to Section 2 3 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
1.11	Ask if "No" in Q1.10 What is the main reason why is not currently attending any educational institution? 01 = Too old/young 02 = Has completed education/satisfied with my level of education/do not want to study 03 = School/education institution is too far 04 = Difficulties to get to school (transport) 05 = No money for fees 06 = He or she is working at home or business/job 07 = Do not have time/too busy 08 = Family commitment (e.g.child minding) 09 = Education is useless or not interesting 10 = Unable to perform at school 11 = Illness 12 = Pregnancy 13 = Failed exams 14 = Got married 15 = Disability 16 = Violence in school 17 = Not accepted for enrolment 18 = Other	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

→ **Go to Section 2**

Ask if someone is currently attending an educational institution: those who answered “Yes” in Q1.10

		01	02	03	04	05	06	07	08	09	10
1.12	<p>Which of the following educational institutions does attend?</p> <p><i>Read all the options</i></p> <p>1 = Pre-school (including ECD centre, e.g. day care, crèche, play group, nursery school or pre-primary school)</p> <p>2 = School (including Grade R to Grade 12 learners who attend a formal school)</p> <p>3 = Adult Education and Training Learning Centre (ABET/AET Centre)</p> <p>4 = Literacy classes (e.g. Kha Ri Gude)</p> <p>5 = Higher Educational Institution (University/ University of Technology)</p> <p>6 = Technical and Vocational Education and Training (TVET) college</p> <p>7 = Other College</p> <p>8 = Home based education/ home schooling → Go to Section 2</p> <p>9 = Other than any of the above</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.13	<p>Is the institution that is attending public or private?</p> <p>1 = Public (Government)</p> <p>2 = Private (Independent)</p> <p>3 = Do not know</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
1.14	<p>Is it a correspondence/distance educational institution?</p> <p><i>The student studies by post/via the internet (e.g. UNISA) in a correspondence/distance institution.</i></p> <p>1 = Yes → Go to Q1.16</p> <p>2 = No</p> <p>3 = Do not know</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

		01	02	03	04	05	06	07	08	09	10
1.15a	What means of transport is usually used by to get to the educational institution he/she attends? <i>If more than one mode is used, indicate the one that covers the longest distance.</i> 1 = Walking 2 = Bicycle/motorcycle 3 = Minibus taxi/ sedan taxi/bakkie taxi 4 = Bus 5 = Train 6 = Minibus/bus provided by institution/ government and not paid for 7 = Vehicle hired by a group of parents 8 = Own car or other private vehicle 9 = Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.15b	How long does it take to get to the educational institution he/she attends? <i>Specify for one direction only, using all the usual means of transport</i> 1 = Less than 15 minutes 2 = 15 - 30 minutes 3 = 31 - 60 minutes 4 = 61 - 90 minutes 5 = More than 90 minutes 6 = Do not know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.15c	Is this educational institution the nearest of its kind (e.g. pre-school, primary, University) to your dwelling? 1 = Yes → Go to Q1.16 2 = No 3 = Do not know → Go to Q1.16	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	

		01	02	03	04	05	06	07	08	09	10
1.15d	<p>Ask if "No" in Q1.15c</p> <p>What is the main reason why is not attending the nearest institution?</p> <p>01 = Inadequate facilities (e.g. classroom, laboratories)</p> <p>02 = Lack of resources/equipment (e.g. computers, textbooks, laboratory equipment, sports equipment)</p> <p>03 = Lack of services (e.g. water, electricity, toilets)</p> <p>04 = Quality of teaching is poor</p> <p>05 = Overcrowded classes</p> <p>06 = Lack of safety</p> <p>07 = Weak management</p> <p>08 = Lack of discipline</p> <p>09 = No/too few extra-mural activities</p> <p>10 = Not accepted for enrolment</p> <p>11 = Preferred courses/subject not offered</p> <p>12 = Current institution better than closest</p> <p>13 = Other (specify in the box)</p>										
		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
1.16	<p>What is the total amount of tuition fees paid by this household for... this year? <i>Add expenses made to date as well as expected expenses for the remainder of the year. Do not include the cost of uniforms, books and other learning materials, accommodation fees, sports fees and transport fees.</i></p> <p>00 = None</p> <p>01 = R1 - R100</p> <p>02 = R101 - R200</p> <p>03 = R201 - R300</p> <p>04 = R301 - R500</p> <p>05 = R501 - R1 000</p> <p>06 = R1 001 - R2 000</p> <p>07 = R2 001 - R3 000</p> <p>08 = R3 001 - R4 000</p> <p>09 = R4 001 - R8 000</p> <p>10 = R8 001 - R12 000</p> <p>11 = R12 001 - R16 000</p> <p>12 = R16 001 - R20 000</p> <p>13 = More than R20 000</p> <p>14 = Do not know</p> <p>Go to Q1.18</p>										
		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

		01	02	03	04	05	06	07	08	09	10
1.17	<p><i>Ask if "None" in Q1.16</i></p> <p>If no fees were paid for education, why were no fees paid?</p> <p>1 = Cannot afford to pay 2 = Do not want to pay 3 = No fee school (school did not ask for fees) 4 = got a fee exemption 5 = got a bursary covering all costs 6 = Other (specify in the block)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.18	<p><i>Ask for all respondents who are currently attending educational institutions</i></p> <p>This academic year, has benefited from any fee reductions and/or partial bursaries?</p> <p>1 = Yes 2 = No 3 = Do not know</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
1.19a	<p><i>Ask of respondents who are currently attending grade 1 to 9.</i></p> <p>During the current academic year, has received national work books in:</p> <p>a = Languages (any language) b = Mathematics</p> <p>CODES</p> <p>1 = Yes 2 = No 3 = Do not know</p>	<input type="checkbox"/> a <input type="checkbox"/> b	<input type="checkbox"/> a <input type="checkbox"/> b	<input type="checkbox"/> a <input type="checkbox"/> b	<input type="checkbox"/> a <input type="checkbox"/> b	<input type="checkbox"/> a <input type="checkbox"/> b	<input type="checkbox"/> a <input type="checkbox"/> b	<input type="checkbox"/> a <input type="checkbox"/> b	<input type="checkbox"/> a <input type="checkbox"/> b	<input type="checkbox"/> a <input type="checkbox"/> b	

		01	02	03	04	05	06	07	08	09	10	
1.19b	<p><i>Ask of respondents who are currently attending grade 10-12.</i></p> <p>During the current academic year,....has had access to text books in:</p> <p>1 = All his/her subjects</p> <p>2 = Most of his/her subjects</p> <p>3 = Some of his/her subjects</p> <p>4 = None of his/her subjects</p> <p>5 = Do not know</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
1.19c	<p><i>Ask for all respondents who are currently attending educational institutions</i></p> <p>During the current school year, what problems, if any, did experience at the educational institution he/she attended?</p> <p>Exclude those in distance education.</p> <p><i>Read all the options; Use the codes below</i></p> <p>a = Lack of books</p> <p>b = Poor quality of teaching/lecturing</p> <p>c = Lack of teachers</p> <p>d = Facilities in bad condition</p> <p>e = Fees too high</p> <p>f = Classes too large/too many learners/students</p> <p>g = Teachers/lecturers are often absent from school</p> <p>h = Teachers/lecturers were involved in strike</p> <p>i = Other (specify in the box below)</p> <p>CODES</p> <p>1 = Yes</p> <p>2 = No</p> <p>3 = Do not know</p>	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i

Ask Q1.20 to Q1.24 for people currently attending Grade R/0 (in school or pre-school, early learning centre), primary, secondary or any other kind of school. Otherwise go to Section 2. Children receiving home based schooling / home school should be excluded from this section.

		01	02	03	04	05	06	07	08	09	10
1.20	Which Grade iscurrently attending? 00 = Grade R/0 01 = Grade 1 02 = Grade 2 03 = Grade 3 04 = Grade 4 05 = Grade 5 06 = Grade 6 07 = Grade 7 08 = Grade 8 09 = Grade 9/NCV Level 1 10 = Grade 10/NCV Level 2 11 = Grade 11/ NCV Level 3 12 = Grade 12/ NCV Level 4/National Senior Certificate/Matric 13 = N1/NTC1 14 = N2/NTC2 15 = N3/NTC3 16 = Other										
1.21	Isdoing the same grade that he/she did last year or before (if there was a break in his/her education)? 1 = Yes 2 = No 3 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
1.22a	Does.... attend a school where food is given as part of the school feeding scheme/ Government nutrition program? 1 = Yes 2 = No 3 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

		01	02	03	04	05	06	07	08	09	10		
1.22b	Does.... eat the food provided as part of the school feeding scheme/Government nutrition program? If yes, specify how regularly food is eaten. 1 = No 2 = Yes, every day 3 = Yes, a few times a week 4 = Yes, sometimes 5 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
1.23a	Has experienced any form of violence, corporal punishment or verbal abuse at school over the past 3 months? 1 = Yes 2 = No → Go to Q1.24a 3 = Do not know → Go to Q1.24a	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
1.23b	Ask if "Yes" in Q1.23a What kind of violence didexperience? <i>Read all the options</i> 1 = Corporal punishment by teacher 2 = Physical violence by teacher 3 = Verbal abuse (being insulted, teased or harassed) by teacher 4 = Verbal abuse (being insulted, teased or harassed) by other learners 5 = Physical abuse (being hit or punched) by another learner 6 = Other	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2

[illegible]

SECTION 2 : HEALTH AND GENERAL FUNCTIONING

Ask for all household members. Read out: Now I am going to ask you health-related questions for each member of the household

		01	02	03	04	05	06	07	08	09	10
2.1	Is covered by a medical aid or medical benefit scheme or other private health insurance? If the person is a dependent and covered by someone else's scheme, the answer is "Yes". 1 = Yes 2 = No 3 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
2.2	How would you describe's health in general? Would you say it is... 1 = Excellent 2 = Very Good 3 = Good 4 = Fair 5 = Poor 6 = Not sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3	During the past three months, did suffer <i>Read all the options</i> 01 = Flu or acute respiratory tract infection 02 = Diarrhoea 03 = Severe cough with blood 04 = Abuse of alcohol or drugs 05 = Depression 06 = Sexually transmitted diseases 07 = Pneumonia 08 = Bronchitis 09 = Epileptic seizure 10 = Malaria If all options in Q2.3 are "no" then go to Q2.5a	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2

		01	02	03	04	05	06	07	08	09	10
2.4a	Did consult a health worker such as a nurse, doctor or traditional healer as a result of this illness?										
	1 = Yes → Go to Q2.5a	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = No → Go to Q2.5a	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	3 = Do not know → Go to Q2.5a	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
2.4b	If "No" in Q2.4a What is the main reason, why did not consult any health worker?										
	01 = Too expensive										
	02 = Too far										
	03 = Not necessary/the problem was not serious enough	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	04 = Self medicated/treated myself										
	05 = Fear of stigmatization										
	06 = Queues too long										
	07 = Transportation problems										
	08 = Experienced difficulty getting a diagnoses before										
	09 = Caring for a family member										
	10 = Do not know										
	11 = Other (specify in the box)										

		01		02		03		04		05		06		07		08		09		10					
2.5a	In the past three months, did suffer from any of the following injuries?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No				
	<i>Read all the options</i>																								
	01 = Motor vehicle injury - occupant	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2
	02 = Motor vehicle injury - pedestrian	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2
	03 = Bicycle related	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2
	04 = Gun shot wounds	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2
	05 = Severe trauma due to violence, assault, beating	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2
	06 = Crime related injury	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2
	07 = Fire or burn	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2
	08 = Accidental poisoning	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2
	09 = Intentional poisoning	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2
	10 = Sports related	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2
	11 = Disability related injury (e.g. epileptic seizure)	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2
	12 = Other injury (specify in box)	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2
<i>If all options = "No", then go to Q2.6</i>																									
2.5b	How many days did miss school or work due to this injury mentioned in Q2.5a?																								
	1 = None																								
	2 = Less than 7 days																								
	3 = 7-20 days	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	4 = 21-31 days																								
	5 = More than 31 days																								
	6 = Does not go to school or work																								
7 = Do not know																									

	01		02		03		04		05		06		07		08		09		10	
2.6 Has a doctor/nurse/other healthcare worker at a clinic/hospital/private practice ever told that he/she has /had any of the following?																				
<i>Read all the options</i>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
01 = Asthma	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
02 = Diabetes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
03 = Cancer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
04 = HIV and AIDS	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
05 = Hypertension/high blood pressure	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
06 = Arthritis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
07 = Stroke	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
08 = Heart attack / Myocardial infarction	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
09 = Tuberculosis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
10 = Mental Illness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
11 = Epileptic seizure	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
12 = Meningitis and Sinusitis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
13 = Pneumonia	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
14 = Bronchitis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
15 = High Cholesterol	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
16 = Osteoporosis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
17 = Malaria	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
18 = Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Ask for all female household members between the ages of 12 and 50 years

[illegible]

Read out: I am now going to ask about the general functioning of persons within the household aged 5 years and older.

		01	02	03	04	05	06	07	08	09	10
2.8	Does... have difficulty in doing any of the following? <i>Read all the options; use the codes below to indicate the degree of problems.</i>										
	a = Seeing (even with glasses if he/she wears them)	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a
	b = Hearing (even with a hearing aid, if he/she wears one)	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b
	c = Walking or climbing stairs	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c
	d = Remembering and concentrating	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d
	e = With self-care, such as washing all over or dressing	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e
	f = In communicating in his/her usual language including sign language (understanding others and being understood by others)	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f
	CODES 1 = No difficulty 2 = Some difficulty 3 = A lot of difficulty 4 = Unable to do/cannot do at all 5 = Do not know										
2.9	Does use any of the following? <i>Read all the options</i>	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
	1 = Eye glasses/spectacles/contact lenses	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	2 = Hearing aid	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	3 = Walking stick/walking frame	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	4 = A wheelchair	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	5 = Other assistive devices (specify in box)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2

SECTION 3 : SOCIAL SECURITY

Ask for all household members to Read out: I am now going to ask about the use of social grants and social relief

		01	02	03	04	05	06	07	08	09	10
3.1a	Does anyone in this household receive a social grant or social relief assistance from the Government? 1 = Yes 2 = No → Go to Q3.3 3 = Do not know → Go to Q3.3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
3.1b	If "Yes" in Q3.1a Does ... receive a(n)? Answer for each person who qualified for the grant and NOT for the person who applied on behalf of/physically receives the money. Someone who used to work for the Government and receive a pension do not get an old age grant <i>Read all the options</i>	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
	1 = Old-age grant (60-74; R1600; 75+; R1620)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	2 = Disability grant (18-59; R1600)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	3 = Child support grant (0-17; R380)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	4 = Care dependency grant (0-17; R1600)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	5 = Foster child grant (<22; R920)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	6 = War veterans grant (60+; R1620)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	7 = Grant-in-aid (R380 and should have another grant)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	8 = Social relief of distress	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
3.2	If "yes" for disability grant in Q3.1b Please state whether the disability grant is..... 1 = Permanent disability 2 = Temporary disability 3 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
3.3	Did....own a mobile telephone in working order during some or all of the past 12 months? 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2

		01	02	03	04	05	06	07	08	09	10
3.4	Does ... own any of the following financial assets individually or jointly with somebody else?										
	a = Bank Account	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a
	b = Investment / savings account (32 days notice)	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b
	c = Pension / provident fund	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c
	d = Informal savings (eg. stokvel)	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d
	e = Land (residential, commercial, agricultural)	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e
	f = This dwelling	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f
	g = Other residential property (excluding stands)	<input type="checkbox"/> g	<input type="checkbox"/> g	<input type="checkbox"/> g	<input type="checkbox"/> g	<input type="checkbox"/> g	<input type="checkbox"/> g	<input type="checkbox"/> g	<input type="checkbox"/> g	<input type="checkbox"/> g	<input type="checkbox"/> g
	CODES 1 = Yes, individually 2 = Yes, jointly 3 = No 4 = Do not know										

SECTION 4 : ECONOMIC ACTIVITIES

Ask for all household members 15 years and older

		01	02	03	04	05	06	07	08	09	10
4.1a	In the last week (Monday to Sunday) did work for a wage, salary, commission or any payment in kind (including paid domestic work), even if it was for only one hour? <i>Examples: a regular job, contract, casual or piece work for pay, work in exchange for food or housing, paid domestic work.</i> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
4.1b	In the last week (Monday to Sunday) did ... run or do any kind of business, big or small, for himself/ herself or with one or more partners, even if it was for only one hour? <i>Examples: Commercial farming, selling things, making things for sale, construction, repairing things, guarding cars, brewing beer, collecting wood or water for sale, hairdressing, crèche businesses, taxi or other transport business, having a legal or medical practice, performing in public, having a public phone shop, etc.</i> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
4.1c	In the last week (Monday to Sunday) did help without being paid in any kind of business, run by his/her household even if it was for only one hour? <i>Examples: Commercial farming, production of agricultural produce to sell, help to sell things, make things for sale or exchange, doing the accounts, cleaning up for the business, etc.</i> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2

If "Yes" to any of the above go to Q4.2a. Otherwise answer Q4.1d

4.1d	In the last week (Monday to Sunday) even though...did not do any work for pay or profit, does... have a job or business that he/she would definitely return to? 1 = Yes 2 = No → Go to Q4.6a	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
-------------	--	--	--	--	--	--	--	--	--	--	--

		01	02	03	04	05	06	07	08	09	10
4.2a	What is’s total salary/pay at his/her main job? <i>Including overtime, allowances and bonus, before any tax or deductions. Give amount in whole figures, without any text or decimals. If “NONE”, “REFUSE” or “DO NOT KNOW” write 999 999 999 and → Go to Q4.3</i>	Rands	Rands	Rands	Rands	Rands	Rands	Rands	Rands	Rands	Rands
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.2b	Ask only if an amount is given in Q4.2a Is this 1 = Per week 2 = Per month 3 = Per year → Go to Q4.4a	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
4.3	Only if “NONE”, “REFUSE” or “DO NOT KNOW” in Q 4.2a. Mark the applicable code										
	Weekly Monthly Annually										
	01 NONE NONE NONE										
	02 R1 - R46 R1 - R200 R1 - R2 400										
	03 R47 - R115 R201 - R500 R2 401 - R6 000										
	04 R116 - R231 R501 - R1 000 R6 001 - R12 000										
	05 R232 - R346 R1 001 - R1 500 R12 001 - R18 000										
	06 R347 - R577 R1 501 - R2 500 R18 001 - R30 000										
	07 R578 - R808 R2 501 - R3 500 R30 001 - R42 000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	08 R809 - R1 039 R3 501 - R4 500 R42 001 - R54 000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	09 R1 040 - R1 386 R4 501 - R6 000 R54 001 - R72 000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10 R1 387 - R1 848 R6 001 - R8 000 R72 001 - R96 000										
	11 R1 849 - R2 540 R8 001 - R11 000 R96 001 - R132 000										
	12 R2 541 - R3 695 R11 001 - R16 000 R132 001 - R192 000										
	13 R3 696 - R6 928 R16 001 - R30 000 R192 001 - R360 000										
	14 R6 929 OR MORE R30 001 OR MORE R360 001 OR MORE										
	15 DON'T KNOW DON'T KNOW DON'T KNOW										
	16 REFUSE REFUSE REFUSE										

		01	02	03	04	05	06	07	08	09	10
4.4a	What means of transport is usually used by to get to his/her place of employment? If more than one mode is used, indicate the one that covers the longest distance. 1 = Office is at home → Go to Q4.5 2 = Walking 3 = Bicycle/motorcycle 4 = Minibus taxi/ sedan taxi/bakkie taxi 5 = Bus 6 = Train 7 = Lift club by a group of people sharing a private vehicle 8 = Own car/other private vehicle/company vehicle 9 = Other (specify in the block)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4b	How many minutes does it take to get to his/her place of employment? Specify for one direction only, using all the usual means of transport 1 = Less than 15 minutes 2 = 15 - 30 minutes 3 = 31 - 60 minutes 4 = 61 - 90 minutes 5 = More than 90 minutes 6 = Do not know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5	Is the organization/business/branch where..... works 1 = In the formal sector (registered to perform activity) 2 = In the informal sector (not registered to perform activity) 3 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	

→ **Go to Q4.7**

		01	02	03	04	05	06	07	08	09	10
4.6a	In the last four weeks, was..... looking for any kind of job or trying to start any type of business? 1 = Yes → <i>Go to Q4.6d</i> 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
4.6b	Would have liked to work during the last week? 1 = Yes → <i>Go to Q4.7</i> 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
4.6c	What was the main reason why did not try to find work or start a business in the last four weeks? 01 = Awaiting the season for work 02 = Waiting to be recalled to former job 03 = Health reasons 04 = Pregnancy 05 = Disabled or Unable to work (Handicapped) 06 = Housewife/Homemaker (Family considerations/child care) 07 = Undergoing training to help find work 08 = No jobs available in the area 09 = Lack of money to pay for transport to look for work 10 = Unable to find work requiring his/her skills 11 = Lost hope of finding any kind of work 12 = No transport available 13 = Scholar or student 14 = Retired/on pension/too old to work 15 = Too young to work 16 = Did not want to work 17 = Other	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

		01	02	03	04	05	06	07	08	09	10
4.6d	<p>If a suitable job had been offered or circumstances had allowed, would..... have been able to start work or a business in the last week (Monday to Sunday)?</p> <p>1 = Yes 2 = No 3 = Do not know</p>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>
4.7	<p>Has participated in a Government or municipal job creation programme or expanded public works programme in the past 6 months? This includes community based workers such as community development workers, home based care workers etc.</p> <p>1 = Yes 2 = No</p>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>
4.8	<p>Write the person number of the person who responded on behalf of each household member for sections 1 - 4. If a person responded for himself write his/her person number in his/her column.</p>	<div><input type="text"/></div> <div><input type="text"/></div>	<div><input type="text"/></div> <div><input type="text"/></div>	<div><input type="text"/></div> <div><input type="text"/></div>	<div><input type="text"/></div> <div><input type="text"/></div>	<div><input type="text"/></div> <div><input type="text"/></div>	<div><input type="text"/></div> <div><input type="text"/></div>	<div><input type="text"/></div> <div><input type="text"/></div>	<div><input type="text"/></div> <div><input type="text"/></div>	<div><input type="text"/></div> <div><input type="text"/></div>	<div><input type="text"/></div> <div><input type="text"/></div>

SECTION 5 : GENERAL HOUSEHOLD INFORMATION AND SERVICE DELIVERY

This section covers general information regarding the household.

Ask a responsible person in the household to answer on behalf of the household.

HOUSING: Ask all households

5.1	Indicate the type of main dwelling and other dwelling that the household occupies? 01 = Dwelling/house or brick/concrete block structure on a separate stand or yard or on farm 02 = Traditional dwelling/hut/structure made of traditional materials 03 = Flat or apartment in a block of flats 04 = Cluster house in complex 05 = Town house (semi-detached house in complex) 06 = Semi-Detached house 07 = Dwelling/house/flat/room in backyard 08 = Informal dwelling/shack in backyard 09 = Informal dwelling/shack not in backyard, e.g. in an informal/squatter settlement or on farm 10 = Room/flatlet on a property or a larger dwelling/servants' quarters/granny flat/cottage 11 = Caravan/tent 12 = Other (specify)	Main dwelling <input type="checkbox"/> <input type="checkbox"/>	Other dwelling <input type="checkbox"/> <input type="checkbox"/>
5.2	What is the main material used for the walls and the roof of the main dwelling? 01 = Bricks 02 = Cement block/concrete 03 = Corrugated iron/zinc 04 = Wood 05 = Plastic 06 = Cardboard 07 = Mud and cement mix 08 = Wattle and daub 09 = Tile 10 = Mud 11 = Thatching/grass 12 = Asbestos 13 = Other (specify)	Walls <input type="checkbox"/> <input type="checkbox"/>	Roof <input type="checkbox"/> <input type="checkbox"/>

5.3	What is the main material used for the floor of the main dwelling? NATURAL FLOOR 01 = Earth/Sand 02 = Dung RUDIMENTARY FLOOR 03 = Wood/Planks FINISHED FLOOR 04 = Parquet/polished wood 05 = Vinyl or asphalt strips 06 = Ceramic Tiles 07 = Cement 08 = Carpet 09 = Other (specify)	<input type="checkbox"/> <input type="checkbox"/>		
5.4	In what condition are the walls, roof and floor of the main dwelling? Is it very weak, weak, needing repairs, good or very good? 1 = Very weak 2 = Weak 3 = Need minor repairs 4 = Good 5 = Very good	Walls <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Roof <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Floor <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
5.5	How many of the following rooms does this household occupy? Open plan dining rooms/sitting rooms/TV rooms Lounge/dining room/sitting room/TV room (closed) Bedrooms One room with multiple uses Kitchen Bathrooms Toilets (room with only a toilet) Other rooms Total	All dwellings in the household <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

5.6	What is the tenure status of the dwelling that the household occupies at present? 1 = Rented from private individual 2 = Rented from other (incl municipality and social housing institutions) 3 = Owned, but not yet paid off to bank/financial institution 4 = Owned, but no yet paid off to private lender 5 = Owned and fully paid off → Go to Q5.8 6 = Occupied rent-free → Go to Q5.8 7 = Other → Go to Q5.8 8 = Do not know → Go to Q5.8	<input type="checkbox"/>
5.7	How much rent or mortgage do you pay per month? 1 = Less than R500 2 = R501 - R1 000 3 = R1 001 - R3 000 4 = R3 001 - R5 000 5 = R5 001 - R7 000 6 = More than R7 000 7 = Do not know	<input type="checkbox"/>
5.8	What would you estimate the market value or the municipal valuation of this property to be? 1 = Less than R50 000 2 = R50 001 - R250 000 3 = R250 001 - R500 000 4 = R500 001 - R1 000 000 5 = R1 000 001 - R1 500 000 6 = R1 500 001 - R2 000 000 7 = R2 000 001 - R3 000 000 8 = More than R3 000 000 9 = Do not know	<input type="checkbox"/>

5.9	When was this dwelling originally built? <i>Mark the period in which the building was completed, not the time of any later remodelling, additions or conversions. If year is not known, give best estimate.</i> 1 = 2014 - 2018 (0 - 5 years) 2 = 2009 - 2013 (6 - 10 years) 3 = 1999 - 2008 (11 - 20 years) 4 = 1989 - 1998 (21 - 30 years) 5 = 1979 - 1988 (31 - 40 years) 6 = 1969 - 1978 (41 - 50 years) 7 = 1949 - 1968 (51 - 70 years) 8 = Prior to 1949 (Older than 70 years) 9 = DO NOT KNOW	<input type="checkbox"/>														
5.10a	Is the dwelling you live in, or has it ever been, an RDP or state subsidised dwelling? <i>Do not include housing subsidies for government employees.</i> 1 = Yes 2 = No → Go to Q5.11 3 = Do not know → Go to Q5.11	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3														
5.10b	<i>Ask if "Yes" in Q5.10a</i> Was this household the original beneficiary (first occupants) of this dwelling? 1 = Yes 2 = No 3 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3														
5.10c	Has the household ever used the RDP or State subsidised dwellings as security to obtain a loan or credit for: <i>Read all the options</i> 1 = Establishing a business 2 = Covering health costs 3 = Covering educational expenses 4 = Making improvements to the house 5 = Buying another property or house 6 = Other	<table border="0"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> </tbody> </table>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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<input type="checkbox"/> 1	<input type="checkbox"/> 2															

5A

5.11	Did any member of this household use a government housing subsidy, such as an RDP housing subsidy, to obtain this dwelling or any other dwelling? <i>Do not include housing subsidies for government employees.</i>	
	1 = Yes	<input type="checkbox"/> 1
	2 = No	<input type="checkbox"/> 2
	3 = Do not know	<input type="checkbox"/> 3

WATER - Ask all households

5.12	What is the household's main source of drinking water?	
	01 = Piped (tap) water in dwelling/house → Go to Q5.14	<input type="checkbox"/> <input type="checkbox"/>
	02 = Piped (tap) water in yard → Go to Q5.14	
	03 = Borehole in yard → Go to Q5.14	
	04 = Rain-water tank in yard → Go to Q5.14	
	05 = Neighbour's tap	<input type="checkbox"/>
	06 = Public/communal tap	
	07 = Water-carrier/tanker	
	08 = Water vendor	
	09 = Borehole outside yard	
	10 = Flowing water/stream/river	
	11 = Stagnant water/dam/pool	
	12 = Well	
	13 = Spring	
	14 = Other (specify)	

Ask if water is not in dwelling, or in yard.

5.13a	How far is the water source from the dwelling or yard (200m is equal to the length of two football/soccer fields)?	
	1 = Less than 200 metres	<input type="checkbox"/> 1
	2 = 201 - 500 metres	<input type="checkbox"/> 2
	3 = 501 metres - 1 kilometre	<input type="checkbox"/> 3
	4 = More than 1 kilometre	<input type="checkbox"/> 4
	5 = Do not know	<input type="checkbox"/> 5

Ask if water is not from a pipe or a tap. Otherwise go to Q5.14

5.13b	Did you use piped or tap water at any time in the past while living in this community, but have stopped as a result of the system breaking down?	
	1 = Yes	<input type="checkbox"/> 1
	2 = No	<input type="checkbox"/> 2

Ask all households

5.14	Is the water from the main source of drinking water before any household treatment <i>Read all the options</i>	Yes	No
	1 = Safe to drink?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	2 = Clear (has no colour / free of mud)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	3 = Good in taste?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	4 = Free from bad smells?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
5.15	Do household members treat the water used for drinking? <i>This may include boiling, adding chlorine or other chemicals, filtering.</i>		
	1 = Yes, always	<input type="checkbox"/> 1	
	2 = Yes, sometimes	<input type="checkbox"/> 2	
	3 = No, never	<input type="checkbox"/> 3	
5.16	Is your main source of drinking water supplied by a municipality?		
	1 = Yes	<input type="checkbox"/> 1	
	2 = No → Go to Q5.22	<input type="checkbox"/> 2	
	3 = Do not know → Go to Q5.22	<input type="checkbox"/> 3	
5.17	Ask if "Yes" in Q5.16 How do you rate the municipal water services you receive?		
	1 = Good	<input type="checkbox"/> 1	
	2 = Average	<input type="checkbox"/> 2	
	3 = Poor	<input type="checkbox"/> 3	

5.18a	Does your household have a water meter? 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
5.18b	Does the household pay for municipal water? <i>If cost of water is included in a levy/rent paid to a housing complex/owner/landlord, the response should be "No".</i> 1 = Yes 2 = No <div>→ Go to Q5.19a</div>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
5.18c	<i>Ask if "No" in Q5.18b</i> What is the main reason why the household does not pay for water 01 = Use own source of water 02 = Use a free water source 03 = Pay directly to landlord as part of rent 04 = Payment included in levy 05 = Permission from municipality not to pay 06 = Do not have water meter 07 = Water meter not working/broken 08 = Do not receive water bill 09 = Community decision not to pay 10 = Cannot afford to pay 11 = Water supply irregular 12 = Water supply has been stopped 13 = Other (specify)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.19a	Has your municipal water supply been interrupted at any time during the last 12 months? 1 = Yes 2 = No <div>→ Go to Q5.22</div>	<input type="checkbox"/> 1 <input type="checkbox"/> 2

5.19b	<i>Ask if "Yes" in Q5.19a</i> If yes, what was the main reason for the interruption? 1 = General maintenance 2 = Water only delivered at fixed times 3 = Non-payment for services (cut off) 4 = Pump not working 5 = Construction 6 = Vandalism 7 = DO NOT KNOW 8 = OTHER (SPECIFY)	<input type="checkbox"/> <input type="checkbox"/>
5.20	Thinking about the interruptions in your municipal water supply over the last 12 months, was any specific interruption longer than two days? 1 = Yes 2 = No 3 = DO NOT KNOW <div>→ Go to Q5.21b</div> <div>→ Go to Q5.21b</div>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
5.21a	If the municipal water supply interruption was for longer than two days over the last 12 months, what alternative drinking water source did the household use during interruption? 01 = Borehole 02 = Spring 03 = Well 04 = Rain water tank 05 = Dam/pool/stagnant water 06 = River/stream 07 = Water vendor 08 = Water tanker 09 = None 10 = DO NOT KNOW 11 = OTHER (SPECIFY)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.21b	If you add all the days that your municipal water supply was interrupted over the last 12 months, was it more than 15 days in total? 1 = Yes 2 = No 3 = DO NOT KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

SANITATION AND HYGIENE - Ask all households

5.22	What type of toilet facility is used by this household? 01 = Flush toilet connected to a public sewerage system 02 = Flush toilet connected to a septic or conservancy tank 03 = Pour flush toilet connected to a septic tank (or septage pit) 04 = Chemical toilet 05 = Pit latrine/toilet with ventilation pipe 06 = Pit latrine/toilet without ventilation pipe 07 = Bucket toilet (collected by municipality) 08 = Bucket toilet (emptied by household) 09 = Ecological Sanitation Systems (e.g. urine diversion) 10 = Open defecation (e.g no facilities, field, bush) → Go to Q5.27a 11 = Other (specify) → Go to Q5.24	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Go to Q5.24 </div>
5.23	Ask if flush toilet connected to public sewerage (option1) in Q5.22 Does this household pay for the sewerage system? 1 = Yes 2 = No 3 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
5.24	Is the toilet facility shared with other households? 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
5.25a	Is the toilet facility in the dwelling, in the yard or outside the yard? 1 = In dwelling → Go to Q5.26a 2 = In yard → Go to Q5.26a 3 = Outside yard	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

Ask if the toilet is outside the yard. Otherwise go to Q5.26a

5.25b	How far is the nearest toilet facility to which the household has access? (200m is equal to the length of two football/soccer fields) 1 = Less than 50m 2 = 51m - 100m 3 = 101m - 200m 4 = 201m - 500m 5 = More than 500m	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
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5B

5.26a	During the past 6 months, has your household experienced any of the following problems with regards to the toilet facility usually used by this household? <i>Read all the options</i> 01 = No water to flush the toilet 02 = Toilet blocked up 03 = Toilet pit or chamber full 04 = Toilets not well maintained and broken 05 = Poor lighting 06 = Toilet not enclosed well or structure damaged 07 = Broken pipes or blockages in the municipal system (sewerage flowing in the street) 08 = Problem reported but not repaired within 5 working days 09 = Toilet system overflowing in yard 10 = Toilet system not working properly causing odours and insects 11 = No tap or water point to wash hands after using the toilet 12 = Sewer problems being repaired that the municipality informed you about	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> </tbody> </table>	Yes	No	N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
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5.26b	During the past 6 months, have you experienced any of the following problems while using the toilet facility usually used by this household? <i>Read all the options</i> 01 = Toilet unsafe to use, due to risk of assault 02 = Toilet unsafe to use, due to health risks 03 = Too many people, long waiting times 04 = Toilet not cleaned (if shared public toilet) 05 = Toilet does not provide privacy 06 = Unable to dispose of sanitary items (women and girls) If all options in Q5.26b are "no" then go to Q5.26d	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td></tr> </tbody> </table>	Yes	No	N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3												
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5.26c	Has the problem/s mentioned in 5.26b caused you to relieve yourself in the open / practice open defecation? 1 = Yes 2 = No 3 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																																				

5.26d	Does your household have hand washing facilities (e.g. basin, bowl or functioning tippy tap) with soap and water? 1 = Yes 2 = No 3 = DO NOT KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
5.26e	After defecating, do household members wash their hands using soap? 1 = Yes 2 = No 3 = DO NOT KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

ENERGY:

Ask all households

5.27a	Does this household have access to/use electricity? 1 = Yes 2 = No 3 = Do not know	<input type="checkbox"/>
	→ Go to Q5.31a → Go to Q5.31a	
5.27b	What is the households main source of electricity? 1 = In-house conventional meter 2 = In-house pre-paid meter 3 = Connected to other source which the household pays for (e.g. connected to neighbours line and paying neighbour) 4 = Connected to other source which the household does not pay for (e.g. connected to neighbours line and not paying) 5 = Generator 6 = Home solar panels 7 = Other (please specify)	<input type="checkbox"/> <input type="checkbox"/>
5.28a	Does this household presently have a connection to the MAINS electricity supply? 1 = Yes 2 = No 3 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

5.28b	Is your electricity supplied by : 1 = Municipality 2 = Eskom 3 = Do not know 4 = Other supplier	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
5.28c	Does this household receive Free Basic Electricity? 1 = Yes 2 = No 3 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
5.29a	How do you rate the quality of the electricity supply services (maintenance, meter reading, billing, complaint handling, connection installation) you receive? 1 = Good 2 = Average 3 = Poor	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
5.29b	Was your electricity cut during the past 3 months without prior notification, even though you paid your bill or bought pre-paid electricity? If yes, how many times did it happen? Write 0 if it did not happen at all	<input type="text"/> <input type="text"/>
5.29c	Did any of these interruptions last for more than 12 hours? If yes, how many of them?	<input type="text"/> <input type="text"/>

5.30

Was the electricity cut off during the past 30 days for non-payment for this household? If there was no electricity because the pre-paid card was empty it is not considered to be an electricity cut off because of non-payment.

1

2

3

4

1 = Yes

2 = No

3 = Not applicable

4 = Do not know

Ask all households

5.31a

What sources of energy/fuel are used for lighting, Cooking, water heating and space heating in this household?

Lighting

Cooking

Water heating

Space heating

YES

NO

YES

NO

YES

NO

YES

NO

01 = Electricity from mains

02 = Other source of electricity

03 = Gas

04 = Paraffin

05 = Wood

06 = Coal

07 = Candles

08 = Animal dung

09 = Solar energy

10 = None

11 = OTHER

Note: Wood (05); Coal (06) and Animal dung (08) cannot be used for lighting

Candles (07) cannot be used for heating or cooking

5.31b

What is the main source of energy/fuel for this household?

01 = Electricity from mains

02 = Other source of electricity

03 = Gas

04 = Paraffin

05 = Wood

06 = Coal

07 = Candles

08 = Animal dung

09 = Solar energy

10 = None

11 = OTHER (specify)

Note: Wood (05); Coal (06) and Animal dung (08) cannot be used for lighting

Candles (07) cannot be used for heating or cooking

Cooking

Lighting

Water Heating

Space Heating

WASTE MANAGEMENT AND REFUSE REMOVAL

Ask all households

5.32	<p>How is the refuse or rubbish of this household collected or removed?</p> <p>01 = Removed by local authority/private company at least once a week</p> <p>02 = Removed by local authority/private company less often than once a week</p> <p>03 = Removed by community members, contracted by the Municipality, at least once a week</p> <p>04 = Removed by community members, contracted by the Municipality, less often than once a week</p> <p>05 = Removed by community members at least once a week</p> <p>06 = Removed by community members less often than once a week</p> <p>07 = Communal refuse dump</p> <p>08 = Communal container/Central collection point</p> <p>09 = Own refuse dump → Go to Q5.34</p> <p>10 = Dump or leave rubbish anywhere → Go to Q5.34</p> <p>11 = Other (specify) → Go to Q5.34</p>	<div style="display: flex; justify-content: space-around; margin-top: 100px;"> <input type="checkbox"/> <input type="checkbox"/> </div>
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WASTE MANAGEMENT, REFUSE REMOVAL AND RECYCLING

Ask if answer was options 1-8 in Q5.32. Otherwise go to Q5.34

5.33a	<p>Is this household currently paying for the removal of refuse or rubbish?</p> <p>1 = Yes → Go to Q5.34</p> <p>2 = No → Go to Q5.34</p> <p>3 = Do not know → Go to Q5.34</p>	<div style="display: flex; justify-content: space-around; margin-top: 100px;"> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 </div>
5.33b	<p>Ask if "No" in Q5.33a</p> <p>Would this household be willing to pay for the removal of refuse or rubbish?</p> <p>1 = Yes</p> <p>2 = No</p> <p>3 = Do not know</p>	<div style="display: flex; justify-content: space-around; margin-top: 100px;"> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 </div>
5.34	<p>What does this household use to store waste before it is collected or dumped?</p> <p>1 = Waste bin provided by municipality</p> <p>2 = Waste bin provided by the household</p> <p>3 = Plastic Bag</p> <p>4 = Any other container</p> <p>5 = None</p>	<div style="display: flex; justify-content: space-around; margin-top: 100px;"> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 </div>

RECYCLING Ask all households

5.35a	<p>Does this household separate waste for recycling?</p> <p>1 = Yes → Go to Q5.36</p> <p>2 = No</p> <p>3 = Do not know</p>	<div style="display: flex; justify-content: space-around; margin-top: 100px;"> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 </div>																		
5.35b	<p>Why does the household not separate waste for recycling?</p> <p>1 = Thrown out into dustbin for refuse collection</p> <p>2 = Do not think it is important</p> <p>3 = Do not have adequate facilities</p> <p>4 = Too few recyclables</p> <p>5 = No/Not enough financial benefit</p> <p>6 = Takes too much time to separate waste</p> <p>7 = No recycling services available</p> <p>8 = Recycling drop off points not conveniently located</p>	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> </tbody> </table>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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ENVIRONMENT *Ask all households*

5.36	Which of the following environmental problems do you experience in your community/on your and neighbouring farms?	Yes	No	
	<i>Read all the options</i> 1 = Irregular or no waste removal 2 = Littering 3 = Water pollution 4 = Outdoor/indoor air pollution 5 = Land degradation/over-utilisation of natural resources (e.g. soil erosion, potholes and dongas, overgrazing, cutting of trees for firewood) 6 = Excessive noise/noise pollution 7 = Other (specify)	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	
5.37	In the past 12 months have you or any member of your household	Yes	No	N/A
	<i>Read all the options</i> 1 = Used pesticides in your dwelling? 2 = Used pesticides in your garden/yard? 3 = Used herbicides/weed killers in your garden/yard?	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3

SECTION 6 : COMMUNICATION AND TRANSPORT**COMMUNICATION AND POSTAL SERVICES - Ask all households**

6.1	Does this household have a functional/working landline telephone in the dwelling? 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
6.2	Is there a functional/working cellular telephone available within this household? 1 = Yes 2 = No → Go to Q6.4	<input type="checkbox"/> 1 <input type="checkbox"/> 2
6.3	If yes, how many?	<input type="text"/> <input type="text"/>

Ask if answer is "No" to Q6.1 and Q6.2 Otherwise go to Q6.5

6.4	How far is the nearest accessible telephone? 1 = 500 metres or less 2 = 501 metres to 1 kilometre 3 = 1km up to 5 kilometres 4 = More than 5 kilometres	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																				
6.5	Do members of this household use any of the following internet services? <i>Read all the options</i> 1 = Internet connection in the household 2 = Internet in a library/community hall/Thusong centre 3 = Internet for students at a school/university/college 4 = At place of work 5 = Internet Café 2km or less from the household 6 = Internet Café more than 2km from the household 7 = Any place via a mobile cellular telephone 8 = Any place via other mobile access services 9 = Public Wifi (i.e Tshwane wifi, food outlets)	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> </tbody> </table>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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Ask if answer is "No" to Q6.5 option 1 Otherwise go to Q6.6b

6.6a	What is the main reason for not having internet access at home? 1 = Lack of interest / no need 2 = Lack of knowledge /skills/confidence 3 = Have access to internet elsewhere 4 = Cost of equipment too high 5 = Cost of subscription too high 6 = Concern about exposure to inappropriate or harmful contents 7 = Other (specify)	<input type="checkbox"/> <input type="checkbox"/>
6.6b	Ask if answer is 'Yes' to Q6.5 option 1. What type(s) of internet access services are used to access the internet at home? 1 = Fixed broadband 2 = Mobile broadband	<input type="checkbox"/> 1 <input type="checkbox"/> 2
6.7	How does this household receive most of its mail/post? 1 = Delivered to the dwelling 2 = Delivered to a post box/private bag 3 = Through friend or neighbour or relative 4 = Through a shop 5 = Through a school 6 = Through a workplace 7 = Through a tribal/traditional/local authority office 8 = Do not receive mail 9 = Other (specify)	<input type="checkbox"/> <input type="checkbox"/>

TRANSPORT

Ask all households

6.8	Please specify for each of the following options if members of this household used minibus taxi/ sedan taxi/bakkie taxis during the last calendar week (Monday to Sunday)? 1 = Total number of trips during the last calendar week <i>Write 0 if no trip was made</i> → Go to Q6.9 2 = How much money was spent in total on this form of transport by all household members during the last calendar week? <i>Write 8888 if do not know</i> 3 = How far (in kilometres) do you have to travel to get to the nearest minibus taxi /sedan taxi/bakkie taxi stop? <i>Write 0 for less than one kilometre and 888 if do not know</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6.9	Please specify for each of the following options if members of this household used buses during the last calendar week (Monday to Sunday)? 1 = Total number of trips during the last calendar week <i>Write 0 if no trip was made</i> → Go to Q6.10 2 = How much money was spent in total on this form of transport by all household members during the last calendar week? <i>Write 8888 if do not know</i> 3 = How far (in kilometres) do you have to travel to get to the nearest bus stop ? <i>Write 0 for less than one kilometre and 888 if do not know</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6.10	Please specify for each of the following options if members of this household used trains during the last calendar week (Monday to Sunday)? 1 = Total number of trips during the last calendar week <i>Write 0 if no trip was made</i> → Go to Section 7 2 = How much money was spent in total on this form of transport by all household members during the last calendar week? <i>Write 8888 if do not know</i> 3 = How far (in kilometres) do you have to travel to get to the nearest train station? <i>Write 0 for less than one kilometre and 888 if do not know</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

SECTION 7 : HEALTH, WELFARE AND FOOD SECURITY

HEALTH AND WELFARE

Ask all households

7.1	<p>If any member of this household becomes ill and decides to seek medical help, where do they usually go first?</p> <p>Public sector (i.e. government, provincial or community institution)</p> <p>01 = Hospital</p> <p>02 = Clinic</p> <p>03 = Other in public sector (specify in block below)</p> <p>Private sector (including private clinics, surgery, private hospitals and sangomas)</p> <p>04 = Hospital</p> <p>05 = Clinic</p> <p>06 = Private doctor/specialist</p> <p>07 = Traditional healer</p> <p>08 = Spiritual healer's workplace/church</p> <p>09 = Pharmacy/chemist</p> <p>10 = Health facility provided by employer</p> <p>11 = Alternative medicine, e.g. homoeopathist</p> <p>12 = Other in private sector (specify)</p> <p>13 = Do not know</p>	<input type="checkbox"/> <input type="checkbox"/>
7.2a	<p>What means of transport is usually used by most household members to get to the health facility the household normally uses?</p> <p>1 = Walking</p> <p>2 = Minibus taxi/sedan taxi/bakkie taxi</p> <p>3 = Bus</p> <p>4 = Train</p> <p>5 = Own transport</p> <p>6 = Bicycle/motorcycle</p> <p>7 = Other (specify)</p>	<input type="checkbox"/>
7.2b	<p>How long does it take when using the usual means of transport to get to the health institution that your household normally goes to? Specify for one direction only, using the usual means of transport</p> <p>1 = Less than 15 minutes</p> <p>2 = 15 - 29 minutes</p> <p>3 = 30 - 89 minutes</p> <p>4 = 90 minutes and more</p> <p>5 = Do not know</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

7.3a	<p>Is this facility the nearest of its kind (clinic/hospital/health centre etc.) to your dwelling?</p> <p>1 = Yes</p> <p>2 = No</p> <p style="text-align: right;">→ Go to Q7.4</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
7.3b	<p>Answer if "No" in 7.3a</p> <p>If not the nearest, why is the household normally not using the nearest facility?</p> <p>01 = Facilities not clean</p> <p>02 = Long waiting time</p> <p>03 = Opening times not convenient</p> <p>04 = Too expensive</p> <p>05 = Drugs that were needed, not available</p> <p>06 = Staff rude or uncaring or turned patient away</p> <p>07 = Incorrect diagnosis</p> <p>08 = Not on medical aid scheme list of facilities</p> <p>09 = Prefer to use a State/Provincial health institution</p> <p>10 = Prefer to use a private health institution</p> <p>11 = Other (specify)</p>	<input type="checkbox"/> <input type="checkbox"/>
7.4	<p>When was your (the respondent's) last visit to the health facility normally used by the household?</p> <p>1 = During the past twelve months</p> <p>2 = More than twelve months ago</p> <p>3 = I have never been there</p> <p style="text-align: right;">→ Go to Q7.6</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
7.5	<p>How satisfied were you (the respondent) with the service you received during this particular visit?</p> <p>1 = Very satisfied</p> <p>2 = Somewhat satisfied</p> <p>3 = Neither satisfied nor dissatisfied</p> <p>4 = Somewhat dissatisfied</p> <p>5 = Very dissatisfied</p>	<input type="checkbox"/>

FOOD SECURITY

7.6	<p>In the past 12 months, did any adult (18 years and above) in this household go hungry because there wasn't enough food?</p> <p>1 = Never 2 = Seldom 3 = Sometimes 4 = Often 5 = Always 6 = Not applicable (No adults in household)</p>	<input type="checkbox"/>
7.7	<p>In the past 12 months, did any child (17 years or younger) in this household go hungry because there wasn't enough food?</p> <p>1 = Never 2 = Seldom 3 = Sometimes 4 = Often 5 = Always 6 = Not applicable (No children in household)</p>	<input type="checkbox"/>
7.8	<p>In the past 12 months, was there any young person, aged 5 - 17 years, who has left this household, and you do not know his/her whereabouts or to live on the streets?</p> <p>1 = Yes 2 = No 3 = Do not know 4 = Not applicable (No children in household)</p>	<div><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</div>
7.9	<p>Did your household run out of money to buy food during the past 12 months? —→ If "No" Go to Q7.10</p> <p>Has it happened 5 or more days in the past 30 days?</p>	<div>Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div>
7.10	<p>Did you cut the size of meals during the past 12 months because there was not enough food in the house? —→ If "No" Go to Q7.11</p> <p>Has it happened 5 or more days in the past 30 days?</p>	<div>Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div>

7.11	<p>Did you skip any meals during the past 12 months because there was not enough food in the house? —→ If "No" Go to Q7.12</p> <p>Has it happened 5 or more days in the past 30 days?</p>	<div>Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div>
7.12	<p>Did you eat a smaller variety of foods during the past 12 months than you would have liked to, because there was not enough food in the house? —→ If "No" Go to Q7.13</p> <p>Has it happened 5 or more days in the past 30 days?</p>	<div>Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2</div>
7.13	<p>Please specify how many times the respondent ate the following foods during the past 24 hours. Read all the options</p> <p>01 = Maize, rice, sorghum, millet, bread and other cereals</p> <p>02 = Potatoes, sweet potatoes, cassava</p> <p>03 = Beans, peas, groundnuts, cashew nuts or other nuts</p> <p>04 = Spinach and wild green leaves</p> <p>05 = Other vegetables; carrots, relish, tomatoes, cabbage, beetroot etc</p> <p>06 = Fruit</p> <p>07 = Beef, goat, poultry (chicken), pork, fish, eggs</p> <p>08 = Milk, yoghurt and other dairy products</p> <p>09 = Sugar and sugar products</p> <p>10 = Oils, fat and butter</p>	<div><div><input type="checkbox"/><input type="checkbox"/></div><div><input type="checkbox"/><input type="checkbox"/></div><div><input type="checkbox"/><input type="checkbox"/></div><div><input type="checkbox"/><input type="checkbox"/></div><div><input type="checkbox"/><input type="checkbox"/></div><div><input type="checkbox"/><input type="checkbox"/></div><div><input type="checkbox"/><input type="checkbox"/></div><div><input type="checkbox"/><input type="checkbox"/></div><div><input type="checkbox"/><input type="checkbox"/></div><div><input type="checkbox"/><input type="checkbox"/></div></div>

SECTION 8 : HOUSEHOLD LIVELIHOODS

AGRICULTURAL ACTIVITIES - Ask all households

8.1	Has the household been involved in the production of any kind of food or agricultural products during the past twelve months? (e.g. livestock, crops, poultry, food gardening, forestry, fish, etc.) 1 = Yes 2 = No → Go to Q8.9a	<input type="checkbox"/> 1 <input type="checkbox"/> 2																						
8.2a	How many household members, aged 15 years or older, were involved in these agricultural activities, even if only once in a while?	<input type="text"/> <input type="text"/>																						
8.2b	Who in the household manages or is the main decision maker related to agricultural activities in the household? Write the person number.	<input type="text"/> <input type="text"/>																						
8.3	What kind of food production/agricultural activities is the household involved in? <i>Read all the options</i> 01 = Livestock production (cattle, goats, sheep, pigs, etc.) 02 = Poultry production (chickens, ducks, geese, guinea fowl, etc.) 03 = Grains and food crops (maize, wheat, beans, sorghum, millet, groundnuts etc.) 04 = Industrial crops (e.g. tea, coffee, cotton, tobacco) 05 = Fruit and vegetable production 06 = Fodder, grazing/pasture or grass for animals 07 = Fish farming/aquaculture 08 = Forestry 09 = Game farming 10 = Other	<table border="0"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> </tbody> </table>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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8.4	What is the main purpose for growing farm produce or keep stock for the household 1 = As a main source of food for the household 2 = As the main source of income/earning a living 3 = As an extra source of income 4 = As an extra source of food for the household 5 = As a leisure activity or hobby e.g. gardening	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5																				
8.5a	Did your household sell any of its produce? 1 = Yes 2 = No → Go to Q8.6a	<input type="checkbox"/> 1 <input type="checkbox"/> 2																				
8.5b	To whom does your household sell most of its produce? <i>Read all the options</i> 1 = Local buyers from this district 2 = Buyers from neighbouring cities and towns 3 = Formal markets in South Africa 4 = Export agencies in international buyers. 5 = Other	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5																				
8.6a	Has your household received any of the following kinds of agricultural related assistance from the government during the past 12 months? <i>Read all the options</i> 1 = Training 2 = Advice from government extension officers 3 = Grants (money that does not have to be paid back) 4 = Loans (money that has to be paid back) 5 = Inputs (seed, fertilizer, etc.) as part of a loan 6 = Inputs (seed, fertilizer, etc.) for free 7 = Dipping and vaccination services for livestock from State veterinarian or other Department 8 = Other (specify) Go to Q8.6b if households answered yes to any of the categories above, else go to Q8.6c	<table border="0"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> </tbody> </table>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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<input type="checkbox"/> 1	<input type="checkbox"/> 2																					

8.6b	How useful did your household find this agriculture- related assistance: 1 = Very useful 2 = Somewhat useful 3 = Not useful	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																									
8.6c	Did your household receive agriculture-related assistance from any other entity than government? 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																									
8.7	Only answer if option 1 and/or 2 in Q8.3 = “Yes”, else go to Q8.8a How many of the following does the household own? 1 = Cattle 2 = Sheep 3 = Goats 4 = Pigs 5 = Chickens	<table border="1"> <tr><td>1</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>2</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>3</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>4</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>5</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							

Continue if the household planted grains/vegetables/fruits/trees (forestry)/pastures/ industrial crops. Otherwise go to Q8.9a

8.8a	Where does the household practise its crop planting activities? <i>Read all the options</i> 1 = Farm land (including commercial farm land and small holdings) 2 = Backyard garden (can include, vegetables, fruits, grains) 3 = School garden (can include, vegetables, fruits, grains) 4 = Communal garden (more than one household involved, can include vegetables, fruits, grains) 5 = On verges of roads and unused public/municipal land 6 = Other	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> </tbody> </table>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Yes	No															
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<input type="checkbox"/> 1	<input type="checkbox"/> 2															
<input type="checkbox"/> 1	<input type="checkbox"/> 2															
<input type="checkbox"/> 1	<input type="checkbox"/> 2															
<input type="checkbox"/> 1	<input type="checkbox"/> 2															

8.8b	Approximately how big is the land that the household use for production? Estimate total area if more than one piece. 1 = Less than 5000m ² (approximately one soccer field) 2 = 5000m ² to 9 999m ² (between one soccer field and one hectare) 3 = 1 but less than 2 hectares 4 = 2 but less than 5 hectares 5 = 5 but less than 10 hectares 6 = 10 but less than 20 hectares 7 = 20 or more hectares 8 = Do not know	<input type="checkbox"/>
8.8c	On what basis does this household have access to the land used for crop production? If more than one kind of tenure system applies for different pieces of land, give an answer for the biggest piece. 1 = Owns the land 2 = Rents the land 3 = Sharecropping 4 = Tribal authority 5 = State land 6 = Other (specify) 7 = Do not know	<input type="checkbox"/> <input type="checkbox"/>
8.8d	What type of farming practice is used by this household for crop production? 1 = Irrigation 2 = Dry land 3 = Both irrigation and dry land	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

HOUSEHOLD INCOME SOURCES AND EXPENDITURE

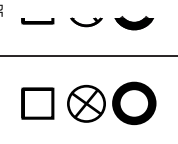
Ask all households

8.9a	What are the sources of income for this household? <i>Read all the options</i>	Yes	No
	1 = Salaries/wages/commission	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	2 = Income from a business	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	3 = Remittances (money/goods received from people living elsewhere)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	4 = Pensions	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	5 = Grants (include old age grant here)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	6 = Sales of farming products and services	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	7 = Other income sources e.g. rental income, interest	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	8 = No income → Go to Q8.12	<input type="checkbox"/> 1	<input type="checkbox"/> 2
8.9b	Which one of the above income sources is the main source of income? <i>Write the option number in the block provided. If only one source of income write the code of that one source.</i>	<input type="text"/>	
8.10	If the household receives an income from remittances, please specify approximately how much they receive per month? If no income received from remittances write 0.	<input type="text"/>	<input type="text"/>
8.11	If the household receives an income from pensions (do not include income from old age grants), please specify approximately how much they receive per month? If no income received from pensions write 0.	<input type="text"/>	<input type="text"/>
8.12	Which net household income per month in Rand would be the absolute minimum for your household? That is to say, that you would not be able to make ends meet if you earned less.	<input type="text"/>	<input type="text"/>

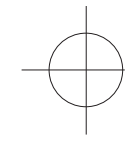
8.13	Is the total monthly income of your household higher, lower or more or less the same as the minimum income given above? 1 = Much higher 2 = Higher 3 = More or less the same 4 = Lower 5 = Much lower	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
8.14	What was the total household expenditure in the last month? <i>Include money spent on food, clothing, transport, rent and rates, alcohol and tobacco, school fees, entertainment and any other expenses.</i> 01 = R0 02 = R1 - R199 03 = R200 - R399 04 = R400 - R799 05 = R800 - R1 199 06 = R1 200 - R1 799 07 = R1 800 - R2 499 08 = R2 500 - R4 999 09 = R5 000 - R9 999 10 = R10 000 or more 11 = Do not know 12 = Refuse	<input type="text"/> <input type="text"/>

8.15a	Does the household own one or more motor vehicle(s) in working condition (e.g. a car/bakkie/van/truck)? 1 = Yes 2 = No <i>If not then → Go to Q8.16a</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
8.15b	How many are there in the household?	<input type="text"/> <input type="text"/>
8.16a	Does your household own a radio in Working condition? Please exclude car radios. 1 = Yes 2 = No <i>If not then → Go to Q8.17</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
8.16b	How many are there in the household?	<input type="text"/> <input type="text"/>
8.17	In the previous month, did this household make use of a domestic or household workers' services (excluding for business purposes)? 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
8.18	Did the household receive a Government land grant as part of the land reform program or another Government support program to obtain a plot of land for residence or farming? 1 = For residence 2 = For farming	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2
8.19	Would you say you and your household are at present? 1 = Wealthy 2 = Very comfortable 3 = Reasonably comfortable 4 = Just getting along 5 = Poor 6 = Very poor	<input type="text"/>

8.20	Are you happier, the same or less happy with life than you were ten years ago? 1 = Happier 2 = The same 3 = Less happy 4 = Refuse to answer 5 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
8.21	Does the household own any of the following? 01 = TV Set 02 = Swimming Pool 03 = DVD Player / Blu ray Player 04 = Pay TV (M-Net / DSTV / Top TV) Subscription 05 = Air Conditioner (Excluding Fans) 06 = Computer / Desktop / Laptop 07 = Vacuum Cleaner / Floor Polisher 08 = Dish washing machine 09 = Washing Machine 10 = Tumble Dryer 11 = Deep Freezer - free standing 12 = Refrigerator or Combined Fridge Freezer 13 = Electric Stove / Gas Stove 14 = Microwave Oven 15 = Built-in Kitchen sink 16 = Home Security Service 17 = Home Theatre System 18 = Geyser, providing hot running water 19 = Solar hot water geyser 20 = Solar electrical panel	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2
8.22	Indicate the column number of the person who answered most of the questions in Section 5 - 8	<input type="text"/> <input type="text"/>



6D



SECTION 9: MORTALITY IN THE LAST 12 MONTHS

9.1	Has any member of this household passed away in the last 12 months?	<div><input type="checkbox"/> 1 Yes</div> <div><input type="checkbox"/> 2 No</div> <div><input type="checkbox"/> 3 Do not know</div> <div>} → Go to Section 10</div>				
9.2	How many members of the household passed away in the last 12 months?	<div><input type="text"/></div> <div><input type="text"/></div>				
		Person 1	Person 2	Person 3	Person 4	Person 5
9.3	What was the first name of the deceased?	<div><input type="text"/></div> <div><input type="text"/></div>	<div><input type="text"/></div> <div><input type="text"/></div>	<div><input type="text"/></div> <div><input type="text"/></div>	<div><input type="text"/></div> <div><input type="text"/></div>	<div><input type="text"/></div> <div><input type="text"/></div>
9.4	What was the month and the year of the deceased's death?	<div>M<input type="text"/></div> <div>M<input type="text"/></div> <div>Y<input type="text"/></div> <div>Y<input type="text"/></div> <div>Y<input type="text"/></div> <div>Y<input type="text"/></div>	<div>M<input type="text"/></div> <div>M<input type="text"/></div> <div>Y<input type="text"/></div> <div>Y<input type="text"/></div> <div>Y<input type="text"/></div> <div>Y<input type="text"/></div>	<div>M<input type="text"/></div> <div>M<input type="text"/></div> <div>Y<input type="text"/></div> <div>Y<input type="text"/></div> <div>Y<input type="text"/></div> <div>Y<input type="text"/></div>	<div>M<input type="text"/></div> <div>M<input type="text"/></div> <div>Y<input type="text"/></div> <div>Y<input type="text"/></div> <div>Y<input type="text"/></div> <div>Y<input type="text"/></div>	<div>M<input type="text"/></div> <div>M<input type="text"/></div> <div>Y<input type="text"/></div> <div>Y<input type="text"/></div> <div>Y<input type="text"/></div> <div>Y<input type="text"/></div>
9.5	Was the deceased male or female?	<div><input type="checkbox"/> 1 Male</div> <div><input type="checkbox"/> 2 Female</div>	<div><input type="checkbox"/> 1 Male</div> <div><input type="checkbox"/> 2 Female</div>	<div><input type="checkbox"/> 1 Male</div> <div><input type="checkbox"/> 2 Female</div>	<div><input type="checkbox"/> 1 Male</div> <div><input type="checkbox"/> 2 Female</div>	<div><input type="checkbox"/> 1 Male</div> <div><input type="checkbox"/> 2 Female</div>
9.6	What was the deceased's age in completed years at the time of death?	<div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>	<div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>	<div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>	<div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>	<div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>
9.7	What caused the death of the deceased?	<div><input type="checkbox"/> 1 Unnatural</div> <div><input type="checkbox"/> 2 Natural</div>	<div><input type="checkbox"/> 1 Unnatural</div> <div><input type="checkbox"/> 2 Natural</div>	<div><input type="checkbox"/> 1 Unnatural</div> <div><input type="checkbox"/> 2 Natural</div>	<div><input type="checkbox"/> 1 Unnatural</div> <div><input type="checkbox"/> 2 Natural</div>	<div><input type="checkbox"/> 1 Unnatural</div> <div><input type="checkbox"/> 2 Natural</div>
	<i>Please note: The deceased individuals must have been members of the household at the time of their deaths.</i>					

SECTION 10: INTERVIEWER TO ANSWER QUESTIONS BELOW

10.1	<p>In what language was the main part of the interview conducted?</p> <p>01 = Afrikaans 02 = English 03 = Isindebele/South ndebele/North ndebele 04 = Isixhosa/Xhosa 05 = Isizulu/Zulu 06 = Sepedi/Northern sotho 07 = Sesotho/Southern sotho/Sotho 08 = Setswana/Tswana 09 = Siswati/Swazi 10 = Tshivenda/Venda 11 = Xitsonga/Tsonga 12 = Other (specify)</p>	<div><div></div><div></div></div> <div></div>
10.2	<p>What type of living quarters are these?</p> <p>1 = Private dwelling 2 = Workers' hostel</p>	<div><div></div> 1 <div></div> 2</div>
10.3	<p>Did this household live in this dwelling during 2017?</p> <p>1 = Yes 2 = No 3 = Do not know</p>	<div><div></div> 1 <div></div> 2 <div></div> 3</div>

Thank the respondent!

h h m m

INTERVIEW END TIME

GENERAL COMMENTS

Question Number	Person Number	General comments

