	Statistics South Africa	
Rel	Lable · Relevant · Responsive · Representative	
	CENSUS 2001	
QUESTIONNAIRE FOR	INDIVIDUALS IN INSTITUTIONS AND TOURIST HOTELS FOR STATISTICAL USE ONLY	
FOR OFFICE USE		
EA number:	Institution number: Province:	
Local council:	Main place:	
Homeless persons: <i>dot the box</i>	Sub-place:	
Name of institution :	Postal code:	
Physical address:	Telephone no:	
How many B Questionnaires were completed for this Fo (for example, tourist hotels, lossital	r institutions and tourist hotels only	
schools, convents, defence for	ce barracks, prisons, community and church halls, refugee camps etc.)	
Completion of this questionnal Read every question carefully.	How to fill in the questionnaire Write the codes in the appropriate boxes or dot the box.	
	d the alternative that SUSE a pencil. If you make a mistake, use a soft rubber to erase wrong dots, CENSUS use a soft rubber to erase wrong dots,	
For example, in question H-27 gas belongs to catego	Please write dots, numbers and letters clearly so that the scanning machine	
 Who should be counted in Census 2001? Every person young or old in South Africa on c October, shall be counted in the institution where 	can read them. Always use GARITAL LETTERS.	
Include: Babies born before 10 October 2001. In	clude also persons	
 who died after midnight between 9 - 10 October Members of an institution who are absent overni 	2001 Make sure that all dots numbers and letters stay inside the box.	
working, travelling or at an entertainment venue their institution if they return to it the next day,	, are to be coupted in the coupted i	
List all persons on Questionnaire C and complete on each person in the institution, tourist hotel or for the h	e B Questionnaire fer nomeless. 1 2 3 4 5	
	6 7 8 9 0	
	DIFFICULTIES IN THE COMPLETION OF THE QUESTIONNAIRE, PLEASE CONTACT	
SHOULD TOU ENCOUNTER ANY		
ON	OR PHONE THE CENSUS HOTLINE, TOLL FREE, ON 0800110248	
	3 70033 219160	

INSTITUTIONS		
(H-23)		
(H-23) Which type of institution or collective living q	uarter is this?	
 00 = Tourist hotel/motel/inn 01 = Hospital/medical facility/clinic/frailcare cen 02 = Childcare institution/orphanage 03 = Home for the disabled 04 = Boarding school hostel 05 = Initiation school 06 = Convent/monastery/religious retreat 07 = Defence force barracks/camp/ship in harbod Write only one code in the boxes. 	08 = Prison/correctional institu09 = Community or church hall10 = Refugee camp/shelter for11 = Homeless12 = Other (specify)	the homeless
ROOMS	PIPED WATER	SOURCE OF WATER TOILET FACILITY
(H-24) How many rooms, including kitchens, are there for this institution? Count all rooms in all living quarters. Exclude bathrooms, sheds, garages, stables, etc. unless persons are living in them. For example, if 4 rooms write 0 4 in the box.	 (H-26) In which way does this institution obtain PIPED WATER for domestic use? Write only one code in the box. 1 = No access to piped (tap) water 2 = Piped (tap) water on community stand: distance greater than 200 m from institution 3 = Piped (tap) water on community stand: distance less than 200 m from institution 4 = Piped (tap) water inside yard 5 = Piped (tap) water inside institution 	(H-26a)(H-27)What is this institution's MAIN source of WATER for domestic use? Write only one code in the box.What is the MAIN type of TOILET facility that is available for this institution?1 = Regional/local water scheme (operated by a Water Service Authority or Provider)What is the MAIN type of TOILET facility that is available for this institution?2 = Borehole1 = Flush toilet (connected to sewerage system)3 = Spring 4 = Rain-water tank 5 = Dam / pool / stagnant water 6 = River/stream2 = Flush toilet (with septic tank) 3 = Chemical toilet 4 = Pit latrine with ventilation (VIP) 5 = Pit latrine without ventilation 6 = Bucket latrine 7 = None
ENERGY/FUEL		HOUSEHOLD GOODS
(H-28) What type of energy/fuel does this institution	MAINI Vuse for cooking heating and	(H-29) Which of the following devices are available for the inhabitants of this institution and
lighting? Write one code in each box. 1 = Electricity 9 = Other (specify) 2 = Gas 3 = Paraffin 4 = Wood 5 = Coal 6 = Candles 7 = Animal dung 8 = Solar	 Note: - Wood (4), coal (5) and animal dung (7) cannot be used for lighting Candles (6) cannot be used for cooking or heating 	Y = Yes N = No Dot the appropriate box for each item. Y N Radio Y N Refrigerator
Cooking Heati	ng Lighting	Y N Television Y N Telephone
		Y N Computer Y N Cell-phone
	n MAINLY disposed of? Write only one eek 4 = Own refuse dump 5 = No rubbish disposal 6 = Other (specify)	
Enumerator's name and signature(confirming that s/he		Supervisor's name and signature (to indicate that s/he has checked enumerator's work) Name:
Tranic		
Signature:		
Date: D D M M	Y Y Y Y	

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ecord number	Room number,	ST OF PERSONS LIVING IN THIS INSTI	Tick off when	Remarks	
om 09 book	bed number or other identifier		collected and checked		
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ecord number om 09 book	Room number, bed number or	Surname and first initial	collected and	Remarks	
(1)	other identifier (2)	(3)	checked (4)	(5)	
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ecord number om 09 book	Room number, bed number or	ST OF PERSONS LIVING IN THIS INS	Tick off when collected and	Remarks	
(1)	other identifier (2)	(3)	checked (4)	(5)	



ecord number om 09 book	Room number, bed number or other identifier	ST OF PERSONS LIVING IN THIS INST Surname and first initial	Tick off when collected and checked	Remarks	
(1)	(2)	(3)	(4)	(5)	



ecord number om 09 book	Room number, bed number or	ST OF PERSONS LIVING IN THIS INS	Tick off when collected and	Remarks	
(1)	other identifier (2)	(3)	checked (4)	(5)	



ecord number om 09 book	Room number, bed number or	ST OF PERSONS LIVING IN THIS INS	Tick off when collected and	Remarks	
(1)	other identifier (2)	(3)	checked (4)	(5)	



ecord number	Room number,	ST OF PERSONS LIVING IN THIS INSTI	Tick off when	Remarks	
om 09 book	bed number or other identifier		collected and checked		
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C9

ecord number om 09 book	Room number, bed number or other identifier	ST OF PERSONS LIVING IN THIS INS	Tick off when collected and checked	Remarks	
(1)	(2)	(3)	(4)	(5)	
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ecord number om 09 book	Room number, bed number or	ST OF PERSONS LIVING IN THIS INS	Tick off when collected and	Remarks	
(1)	other identifier (2)	(3)	checked (4)	(5)	



ecord number om 09 book	Room number, bed number or other identifier	ST OF PERSONS LIVING IN THIS INST Surname and first initial	Tick off when collected and checked	Remarks	
(1)	(2)	(3)	(4)	(5)	

