

Glue Line



# COMMUNITY SURVEY 2007

## HOUSEHOLD QUESTIONNAIRE

FOR STATISTICAL USE ONLY  
(Under Statistics Act No. 6 of 1999)

FORM:CS-HQ-6.1A (@Stats SA 2006)

### PARTICULARS OF THE HOUSEHOLD

Enumeration area number

Dwelling unit number

Physical identification of the dwelling unit

Landline telephone number of enumerated household (if any)

Cellphone number (if any)

Total number of persons in the household  Number of males  Number of females

Number of questionnaires for this household

### HOUSEHOLDS AT THE SELECTED DWELLING

Household number of this household

Total number of households at the selected dwelling

Was this questionnaire subjected to quality control (or checks) by any Community Survey personnel other than the supervisor? Mark the appropriate box with an X

1 Yes

2 No

### FIELD STAFF

Enumerator ID number  Interview date

Supervisor ID number  Date checked

### RESPONSE DETAILS

Visit no	Date (actual)	Interview		Result code	Next visit (planned)	
		Start time	End time		Date	Time
1						
2						
3						
4						

### FINAL RESULT CODE

Comments and full details of all non-response/unusual circumstances

RESULT CODE	RESPONSE DETAIL	Comment and give full details of all non-response in the space above
1	Completed	
2	Non-contact	
3	Refused	
4	Partly complete	
5	No usable info	
6	Listing error	
7	Unoccupied dwelling	
8	Demolished dwelling	
9	Vacant dwelling	
0	Other	



101696266

c



**Glue Line**

**FLAP: This section covers particulars of each person in the household.**

*READ OUT: Please give the name and surname of every person who usually resides in this household at least four (4) nights a week and has done so over the last four (4) weeks, whether present or absent last night. Please also give information on any other person who stayed in this household last night as a visitor. Do not forget to include babies, the bedridden and the elderly persons.*

**By household, I mean all persons who live together, and provide themselves jointly with food or other essentials for living, or a single person who lives alone.**

*A single questionnaire is completed for each identified household. If there are more than 10 persons in the household, use a second questionnaire.*

		Person number (assign column or person number to each person from 01 to 10; if second questionnaire, start from 11 etc.)									
P-01	PERSON NUMBER	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5	<input type="text"/> 6	<input type="text"/> 7	<input type="text"/> 8	<input type="text"/> 9	<input type="text"/> 0
F-01	<p>FIRST NAME AND SURNAME</p> <p><i>Write down the name and surname of each member in the appropriate column.</i></p> <p><i>Start with the usual members (starting with the head) who were present last night, followed by those members who were absent last night, and lastly by those who stayed in the household last night as visitors.</i></p> <p><i>Always start with the head or acting head of household i.e. person no. 01. The head or acting head is the person who is the main decision-maker in the household. If two or more people are equal decision-makers, take the oldest person first. Write sideways.</i></p>										
F-02	<p>AGE</p> <p><i>Do not ask the question. Write the age in block provided based on answer from P-03</i></p>	<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"/>
F-03	<p>SEX</p> <p>1 Male</p> <p><i>Do not ask the question. Mark the appropriate box with an X based on answer from P-04</i></p> <p>2 Female</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
F-04	<p>RESPONDENT</p> <p><i>For each person in the household, indicate the number of the person who provided or responded to most questions applicable to that person. Enter person no. in the box.</i></p>	<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"/>



F



Glue Line

STATISTICS ACT NO. 6 OF 1999 (CONFIDENTIALITY)

17(1) Despite any other law, no return or other information collected by Statistics South Africa for the purposes of official or other statistics that relates to an individual or a household may be disclosed to any person.

17(3b) Any person who is involved in the collection of or who may use that information or data, must first take an oath of confidentiality.

18(1e) & 18(1g) Any officer of Statistics South Africa who willfully discloses any data or information obtained in the course of such employment to a person not authorised to receive that information is guilty of an offence and liable on conviction to a fine not exceeding R10 000 or to imprisonment for a period not exceeding six months or to both.

1. Introduction of the enumerator to the household members

Introduce yourself with a formal greeting, preferably in a language understood by the household members.

Good morning/afternoon/evening, my name is.....I am an enumerator who is employed in Community Survey of Statistics South Africa.

(Show introduction letter from Statistics South Africa).

2. Purpose of the survey

This survey is being conducted in all municipalities. The purpose of the survey is to collect information on the number of people who live in selected areas and their living conditions. This will assist in the future planning, funding and implementation of various programmes within your community and municipality.

Any information that is provided will be treated as confidential.

May I please speak to the head or acting head of this household? The head is the main decision-maker in this household or the person that the household members consider to be the head of this household.

3. Language policy of the enumeration

Statistics South Africa enumeration uses the 11 official languages for the Community Survey and Census. This questionnaire is printed in English and translations in other 10 official languages are provided in a separate booklet. It is recommended that the interview be conducted in the language that the household member prefers to use, and that the enumerator transcribes the responses onto the questionnaire. For this reason, the enumerator should be conversant with the language used in the selected area and should familiarise him/herself with the relevant translated version in the booklet in order to accommodate any household members who display sensitivity to language matters.

4. Procedures of enumeration

Who should complete this questionnaire?

Statistics South Africa prefers that the trained enumerator completes the questionnaire.

Who should be enumerated on this questionnaire?

All usual members of the household who stay in the dwelling at least four nights a week and have done so over the last four weeks, plus visitors who spent the night before the interview with the household. A household is a group of persons who live together and provide themselves jointly with food or other essentials for living, or a single person who lives alone.

How to fill in the questionnaire?

For questions where a choice of answers is provided, the enumerator should mark the appropriate box with a cross (X). [X] Correct [X] Incorrect

For numeric values such as age, the enumerator should write the correct answer in the box as a number (e.g. "007", "025"). [0][0][7]

For open-ended questions relating to place names, occupation and industry, the enumerator should write legibly in capital letters in the boxes provided. For example

P R E
T O R
I A

What to use when completing this questionnaire?

Use only the pencil provided. If you make a mistake, use a soft rubber to erase the mistake and rewrite the correct answer.

The choice of a pencil is to allow for corrections to assist the scanning process and to reduce character recognition errors.

BF



Glue Line

**SECTION A: DEMOGRAPHICS – ASK OF EVERYONE LISTED ON THE FLAP**

Start from the left (person number 01) and complete section A for each person in the household separately.

READ OUT: First I am going to ask you for some basic information about each person whose name you have provided.

		Person number (assign column or person number to each person from 01 to 10; if second questionnaire, start from 11 etc.)											
P-01	PERSON NUMBER		1	2	3	4	5	6	7	8	9	0	
P-02	DATE OF BIRTH  What is (the person)'s date of birth?  Date of birth is recorded as DD/MM/YYYY DD is for day; MM is for month and YYYY is for year. For any information that is not known, leave the box blank.	Day of birth: Example of day 0 1											
		Month of birth: Example of month 0 3											
		Year of birth: Example of year 1 9 or 2 0 8 3 or 0 4											
P-03	AGE  What is (the person)'s age in completed years? If age not known ask for an estimate of age. If no one is able to estimate, write 998.  For babies less than 1 year write 000 for age. For a person 7 years and 10 months write 007 for age.	AGE (in years):  Transcribe the answer to F-02 on the flap											
P-04	SEX  Is (the person) male or female?  Mark the appropriate box with an X.	1 Male	<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 Female	<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	
P-05	USUALLY STAY  Does (the person) usually live in this household for at least four nights a week and has done so over the last four weeks?  Mark the appropriate box with an X.	1 Yes	<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	<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	
P-06	LAST NIGHT STAY  Did (the person) stay in this household last night? Mark the appropriate box with an X.	1 Yes	<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	<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	





Glue Line

SECTION A: DEMOGRAPHICS (Continued) - ASK OF EVERYONE LISTED ON THE FLAP

		Person number (assign column or person number to each person from 01 to 10; if second questionnaire, start from 11 etc.)										
P-01	PERSON NUMBER	1	2	3	4	5	6	7	8	9	0	
P-07	<p>RELATIONSHIP</p> <p><b>What is (the person)'s relationship to the head or acting head of the household?</b></p> <p><i>The head or acting head is the person listed in column 1 of the first questionnaire, if more than one questionnaire has been completed for this household.</i></p> <p>01 Head/acting head 02 Husband/wife/partner 03 Son/daughter 04 Adopted son/daughter 05 Stepchild 06 Brother/sister 07 Parent (mother/father) 08 Parent-in-law 09 Grand/greatgrandchild 10 Son/daughter-in-law 11 Brother/sister-in-law 12 Grandmother/father 13 Other relative 14 Non-related person</p>											
P-08	<p>MARITAL STATUS</p> <p><b>What is (the person)'s PRESENT marital status?</b></p> <p><i>Write only one code per person. If both civil/religious &amp; traditional indicate civil/religious.</i></p> <p><b>READ OUT:</b></p> <p>1 Married civil/religious 2 Married traditional/customary 3 Polygamous marriage 4 Living together as married partners 5 Never married 6 Widower/widow 7 Separated 8 Divorced</p> <p><i>If 5 to 8, Go to P-10</i></p>											
P-09	<p>SPOUSE</p> <p><b>Who, in this household, is (the person)'s spouse or partner?</b></p> <p><i>Write the person no. of the spouse or partner in the appropriate box. If the spouse does not reside in the household, write 98.</i></p>											
P-10	<p>POPULATION GROUP</p> <p><b>How would (the person) describe himself/herself in terms of population group?</b></p> <p><i>Write code in the box.</i></p> <p>1 Black 2 Coloured 3 Indian or Asian 4 White</p>											



101696266



Glue Line

**SECTION B: MIGRATION - ASK OF EVERYONE LISTED ON THE FLAP**

READ OUT: I am now going to ask you for some information on migration - i.e. movement of people from one place to another.

		Person number (assign column or person number to each person from 01 to 10; if second questionnaire, start from 11 etc.)										
P-01	PERSON NUMBER	1	2	3	4	5	6	7	8	9	0	
P-11	PROVINCE OF BIRTH <b>In which province in South Africa was (the person) born?</b>  Write code in the box. If the person was not born in South Africa, the code is 10. 01 Western Cape 02 Eastern Cape 03 Northern Cape 04 Free State 05 KwaZulu-Natal 06 North West 07 Gauteng 08 Mpumalanga 09 Limpopo 10 Outside RSA 11 Do not know											
P-12	MAIN PLACE OF BIRTH <b>In which city, town, township or tribal area was (the person) born?</b>  Write the name of the place in CAPITAL LETTERS. If the person was born outside South Africa, write the country of birth, and <b>Go to P-14.</b>											
P-13	SUB-PLACE OF BIRTH <b>In which suburb, village, informal settlement, section or farm was (the person) born?</b>  Write the name of the place in CAPITAL LETTERS.											
P-14	MAIN PLACE OF USUAL RESIDENCE <b>In which city, town, township, or tribal area does (the person) usually live?</b>  Write the name of the place in CAPITAL LETTERS.											
P-15	SUB-PLACE OF USUAL RESIDENCE <b>In which suburb, village, informal settlement, section or farm does (the person) usually live?</b>  Write the name of the place in CAPITAL LETTERS.											





Glue Line

**SECTION B: MIGRATION (Continued) - ASK FOR EVERYONE LISTED ON THE FLAP**

		Person number (assign column or person number to each person from 01 to 10; if second questionnaire, start from 11 etc.)																	
P-01	PERSON NUMBER	1	2	3	4	5	6	7	8	9	0								
P-16	FIVE YEARS AGO																		
	<b>Was (the person) living in this dwelling in October 2001?</b>																		
	1 Yes	<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 No	<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"/>								
	3 Born after October 2001	<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"/>								
P-17	PERIOD OF MOVEMENT																		
	<b>In which year and month did (the person) move to this dwelling?</b>																		
	Example of year <table border="1"><tr><td>1</td><td>9</td></tr><tr><td>8</td><td>3</td></tr></table> or <table border="1"><tr><td>2</td><td>0</td></tr><tr><td>0</td><td>4</td></tr></table>	1	9	8	3	2	0	0	4										
1	9																		
8	3																		
2	0																		
0	4																		
P-18	PROVINCE OF PREVIOUS RESIDENCE																		
	<b>In which province did (the person) live before moving to this dwelling?</b>																		
	01 Western Cape 02 Eastern Cape 03 Northern Cape 04 Free State 05 KwaZulu-Natal 06 North West 07 Gauteng 08 Mpumalanga 09 Limpopo 10 Outside RSA 11 Do not know																		
P-19	MAIN PLACE OF PREVIOUS RESIDENCE																		
	<b>In which city, town, township or tribal area did (the person) live before moving to this dwelling?</b>																		
	Write the name of the place in CAPITAL LETTERS. If the person was living outside South Africa, write the country of previous residence, and Go to P-21.																		
P-20	SUB-PLACE OF PREVIOUS RESIDENCE																		
	<b>In which suburb, informal settlement, village, section or farm did (the person) live before moving to this dwelling?</b>																		
	Write the name of the place in CAPITAL LETTERS.																		





Glue Line

**SECTION C: DISABILITY AND SOCIAL GRANTS - ASK OF EVERYONE LISTED ON THE FLAP**

*READ OUT:* I am now going to ask you for some information on the difficulties each person may have because of a health problem or condition. I am also going to ask about social grants that each person may be receiving.

		Person number (assign column or person number to each person from 01 to 10; if second questionnaire, start from 11 etc.)									
P-01	PERSON NUMBER	1	2	3	4	5	6	7	8	9	0
P-21	DISABILITY										
	Does (the person) have any kind of disability?	1 Yes	<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	<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	<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
P-22	DISABILITY TYPE	<i>READ OUT:</i>									
	What type(s) of disability does (the person) have?	1 Sight (blind/severe visual limitation)	<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 Hearing (deaf, profoundly hard of hearing)	<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 Communication (speech impairment)	<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
		4 Physical (needs wheelchair, crutches, etc.)	<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
		5 Intellectual (serious difficulties in learning)	<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
		6 Emotional (behavioural, psychological)	<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
P-23	DISABILITY INTENSITY										
	Does the disability seriously prevent (the person) from full participation in life activities (such as education, work, social life, etc.)?	1 Yes	<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	<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
P-24	SOCIAL GRANT										
	Does (the person) receive any social / government grant?	1 Yes	<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	<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	<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
P-25	TYPE OF SOCIAL GRANT	1 Old age pension	<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
	What type(s) of social / government grant does (the person) receive?	2 Disability grant	<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 Child support grant (linked to a child)	<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
		4 Care dependency grant	<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
		5 Foster care grant	<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
		6 Grant in aid	<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
		7 Social relief	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
			Mark any that apply with an X.								



101696266






Glue Line

**SECTION D: EDUCATION - ASK OF EVERYONE LISTED ON THE FLAP**

*READ OUT: I am now going to ask you for some information on education of each person listed on the flap.*

		Person number (assign column or person number to each person from 01 to 10; if second questionnaire, start from 11 etc.)									
P-01	PERSON NUMBER	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 0
P-26	SCHOOL ATTENDANCE										
	Does (the person) presently attend an educational institution?	1 Yes	<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	<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
<p><i>READ OUT: Attendance includes all part-time and full-time studies, whether in person or as a distance learner, as well as home schooling.</i></p> <p><i>Mark appropriate box with an X.</i> <i>If 2 "No" Go to P-29.</i></p>											
P-27	EDUCATIONAL INSTITUTION										
	<p>Which of the following educational institutions does (the person) attend?</p> <p><i>READ OUT</i></p> <ul style="list-style-type: none"> <li>1 Pre-school</li> <li>2 Primary School</li> <li>3 Secondary School</li> <li>4 College</li> <li>5 University/University of technology/Technikon</li> <li>6 Adult Basic Education &amp; Training</li> <li>7 Other</li> </ul> <p><i>Write code in the box.</i></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"/>
P-28	PUBLIC OR INDEPENDENT INSTITUTION										
	<p>Is the institution (the person) attends public (government) or independent (private)?</p> <ul style="list-style-type: none"> <li>1 Public</li> <li>2 Independent</li> <li>3 Do not know</li> </ul> <p><i>Write code in the box.</i></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"/>
		 101696266									
		6									



Glue Line

SECTION D: EDUCATION (Continued) - ASK OF EVERYONE LISTED ON THE FLAP

		Person number (assign column or person number to each person from 01 to 10; if second questionnaire, start from 11 etc.)										
P-01	PERSON NUMBER	1	2	3	4	5	6	7	8	9	0	
P-29	<p>LEVEL OF EDUCATION</p> <p><b>What is the highest level of education that (the person) has completed?</b></p> <p><i>For a person with grade 12, probe whether he/she has a university exemption or not.</i></p> <p><i>For a person with a certificate or a diploma, probe whether he/she has grade 12 (std 10) or not.</i></p> <ul style="list-style-type: none"> <li>00 Grade 0</li> <li>01 Grade 1</li> <li>02 Grade 2</li> <li>03 Grade 3/ Std 1/ ABET 1</li> <li>04 Grade 4/ Std 2</li> <li>05 Grade 5/ Std 3/ ABET 2</li> <li>06 Grade 6/ Std 4</li> <li>07 Grade 7/ Std 5/ ABET 3</li> <li>08 Grade 8/ Std 6</li> <li>09 Grade 9/ Std 7/ ABET 4</li> <li>10 Grade 10/Std 8/ NTCI</li> <li>11 Grade 11/ Std 9/ NTCII</li> <li>12 Attended Grade 12, but not completed Grade 12</li> <li>13 Grade 12 / Std 10/ NTCIII (without university exemption)</li> <li>14 Grade 12/ Std 10 (with university exemption)</li> <li>15 Certificate with &lt; Std10/Gr.12</li> <li>16 Diploma with &lt; Std 10/Gr. 12</li> <li>17 Certificate with Std 10/Gr.12</li> <li>18 Diploma with Std 10 /Gr.12</li> <li>19 Bachelors degree</li> <li>20 BTech</li> <li>21 Post graduate diploma</li> <li>22 Honours degree</li> <li>23 Higher degree (Masters/PhD)</li> <li>24 No schooling</li> <li>98 Out of scope (children under five years of age)</li> </ul> <p><i>Write code in the box.</i></p>											





Glue Line

**SECTION E: EMPLOYMENT AND ECONOMIC ACTIVITIES - ASK OF ALL PERSONS 15 YEARS AND OLDER LISTED ON THE FLAP**

READ OUT: I am now going to ask you for information on employment of each person 15 years and older.

		Person number (assign column or person number to each person from 01 to 10; if second questionnaire, start from 11 etc.)									
P-01	PERSON NUMBER	1	2	3	4	5	6	7	8	9	0
P-30	EMPLOYMENT STATUS										
P-30a	<b>In the last 7 days, did (the person) run or do any kind of business, big or small, for himself/herself or with one or more partners even for only one hour?</b>										
	1 Yes	<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	<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	<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
	<i>Examples: Selling things, making things for sale, repairing things, guarding cars, brewing beer, hairdressing, creche business, taxi or other transport business, having a legal or medical practice, etc.</i>										
P-30b	<b>In the last 7 days, did (the person) do any work for a wage, salary, commission or payment in kind (excluding domestic worker) even for only one hour?</b>										
	1 Yes	<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	<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	<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
	<i>Examples: a regular job, contract, casual or piece work for pay, work in exchange for food or housing.</i>										
P-30c	<b>In the last 7 days, did (the person) do any work as a domestic worker for a wage, salary or payment in kind even for only one hour?</b>										
	1 Yes	<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	<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	<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
P-30d	<b>In the last 7 days, did (the person) help unpaid in a household business of any kind even for only one hour?</b>										
	1 Yes	<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	<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	<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
	<i>Examples: Help to sell things, make things for sale or exchange, doing the accounts, cleaning up for the business, etc. Do not count normal housework.</i>										
P-30e	<b>In the last 7 days, did (the person) do any work on his/her own or the household's plot, farm, food garden, cattle post or kraal, or help in growing farm produce or in looking after animals for the household even for only one hour?</b>										
	1 Yes	<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	<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	<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
	<i>Examples: Ploughing, harvesting, looking after livestock.</i>										



101696266



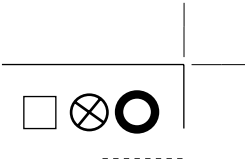
Glue Line

SECTION E: EMPLOYMENT AND ECONOMIC ACTIVITIES (Continued) - ASK OF ALL PERSONS 15 YEARS AND OLDER LISTED ON THE FLAP

		Person number (assign column or person number to each person from 01 to 10; if second questionnaire, start from 11 etc.)									
P-01	PERSON NUMBER	1	2	3	4	5	6	7	8	9	0
P-30f	<b>In the last 7 days, did (the person) do any construction or major repair work on his/her own home, plot, cattle post or business even for only one hour?</b>										
	1 Yes	<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	<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	<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
P-30g	<b>In the last 7 days, did (the person) catch any fish, prawns, shell fish, wild animals either as food for sale or for household use, even for only one hour?</b>										
	1 Yes	<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	<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	<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
	<i>If 1 "Yes" to any of P-30a to P-30g, Go to P-36.</i>										
P-31	<b>TEMPORARY ABSENCE FROM WORK</b>										
	<b>Even though (the person) did not do any of these activities in the last seven days, does he/she have a job, business, or other economic or farming activity that he/she will definitely return to?</b>										
	<i>For agricultural activities, the off season in agriculture is not a temporary absence.</i>										
	1 Yes	<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	<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	<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
	<i>If 1 "Yes" Go to P-36.</i>										



101696266



Glue Line

**SECTION E: EMPLOYMENT AND ECONOMIC ACTIVITIES (Continued) - ASK OF ALL PERSONS 15 YEARS AND OLDER LISTED ON THE FLAP**

		Person number (assign column or person number to each person from 01 to 10; if second questionnaire, start from 11 etc.)										
P-01	PERSON NUMBER	1	2	3	4	5	6	7	8	9	0	
P-32	<b>REASONS FOR NOT WORKING</b>  <b>Why did (the person) not work during the past seven days?</b> 01 Has found a job, but is only starting at a definite date in the future 02 Scholar/student and prefers not to work 03 Housewife/homemaker and prefers not to work 04 Retired and prefers not to seek formal work 05 Invalid, ill, disabled or unable to work (handicapped) 06 Too young or too old to work 07 Seasonal worker, e.g. fruit picker, wool-shearer 08 Lack of skills or qualifications for available jobs 09 Cannot find work 10 Cannot find suitable work (salary, location of work or conditions not satisfactory) 11 Contract worker, e.g. mine worker resting according to contract 12 Retrenched 13 Other reason  <i>Write code in the box.</i>											
P-33	<b>AVAILABILITY FOR WORK</b> <b>If a suitable job is offered, how soon can (the person) start work?</b> 1 Within a week 2 Within two weeks 3 Within four weeks 4 More than four weeks from now 5 Not interested 6 Not able (health or disability) 7 Do not know  <i>Write code in the box.</i>											
P-34	<b>ACTIVE STEPS SEEKING WORK</b> <b>During the past four weeks, has (the person) taken any action to look for any kind of work?</b> 1 Yes 2 No 3 Do not know  <i>Mark appropriate box with an X.</i>	1	1	1	1	1	1	1	1	1	1	1
P-35	<b>ACTIVE STEPS SEEKING WORK</b> <b>During the past four weeks, has (the person) taken any action to start any kind of business?</b> 1 Yes 2 No 3 Do not know  <i>If P-34 &amp; P-35 completed Go to P-40</i> <i>Mark appropriate box with an X.</i>	1	1	1	1	1	1	1	1	1	1	1





Glue Line

SECTION E: EMPLOYMENT AND ECONOMIC ACTIVITIES (Continued) - ASK OF ALL PERSONS 15 YEARS AND OLDER LISTED ON THE FLAP

		Person number (assign column or person number to each person from 01 to 10; if second questionnaire, start from 11 etc.)										
P-01	PERSON NUMBER	1	2	3	4	5	6	7	8	9	0	
P-36	<p>WORK STATUS</p> <p><i>If YES to any of P-30a to P-30g or P-31</i></p> <p><b>How can one describe (the person)'s main activity or work status best?</b></p> <p><i>Write code in the box</i></p> <p><i>READ OUT :</i></p> <p>1 Paid employee 2 Paid family worker 3 Self-employed 4 Employer 5 Unpaid family worker</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"/>
P-37	<p>BUSINESS TYPE</p> <p><b>Is the organisation / company / business / enterprise/branch where (the person) works, in the formal or informal sector?</b></p> <p><i>Formal sector employment is where the employer (institution, business) is registered (i.e. has a tax number) and informal is when it is not registered.</i></p> <p>1 In the formal sector 2 In the informal sector (including domestic work) 3 Do not know</p> <p><i>Mark appropriate box with an X.</i></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	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
P-38	<p>OCCUPATION</p> <p><b>What is the main occupation of (the person) in this workplace?</b></p> <p><i>For example: street vendor, primary school teacher, domestic worker etc.</i></p> <p><i>Write in CAPITAL LETTERS.</i></p>											





Glue Line

SECTION E: EMPLOYMENT AND ECONOMIC ACTIVITIES (Continued) - ASK OF ALL PERSONS 15 YEARS AND OLDER LISTED ON THE FLAP

		Person number (assign column or person number to each person from 01 to 10; if second questionnaire, start from 11 etc.)									
P-01	PERSON NUMBER	1	2	3	4	5	6	7	8	9	0
P-39	INDUSTRY										
P-39a	What is the name of (the person)'s place of work or company.										
P-39b	What is the main business/function of the company that (the person) works (main economic activity) for?  <i>For example: gold mining, road construction, supermarket, police service, healthcare, hairdressing, banking, or subsistence farming if self-employed.</i>  Write the main industry, main economic activity, product, goods or service in CAPITAL LETTERS.										





Glue Line

**SECTION F: FERTILITY - ASK OF WOMEN AGED 12 TO 50 YEARS (BORN BETWEEN AND INCLUDING 1957 AND 1995) LISTED ON THE FLAP**

READ OUT: I am now going to ask each woman aged 12 to 50 years old for information on her child/children.

		Person number (assign column or person number to each person from 01 to 10; if second questionnaire, start from 11 etc.)									
P-01	PERSON NUMBER	1	2	3	4	5	6	7	8	9	0
P-40	Has (the person) ever given birth to a live child even if the child died soon after birth? 1 Yes	<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
	Mark appropriate box with an X. If 2 "No" Go to P-48. 2 No	<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
P-41	TOTAL CHILDREN EVER BORN										
	a. How many children has (the person) ever had that were born alive, even if they died soon after birth?	<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"/>
	b. How many are boys?	<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"/>
	c. How many are girls?	<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"/>
<i>Include ALL her children, i.e. those who are still living, whether or not they live in this household, and those who are dead. DO NOT COUNT STILLBIRTHS.</i>											
P-42	TOTAL CHILDREN SURVIVING AND LIVING IN THIS HOUSEHOLD										
	a. How many of (the person)'s children are still alive and living with her in this household, including grown-ups?	<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"/>
	b. How many are boys?	<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"/>
	c. How many are girls?	<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"/>
P-43	TOTAL CHILDREN SURVIVING AND LIVING ELSEWHERE										
	a. How many of (the person)'s children are still alive and living elsewhere, including grown-ups?	<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"/>
	b. How many are boys?	<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"/>
	c. How many are girls?	<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"/>
P-44	TOTAL CHILDREN NO LONGER ALIVE										
	a. How many of (the person)'s children are no longer alive?	<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"/>
	b. How many were boys?	<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"/>
	c. How many were girls?	<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"/>







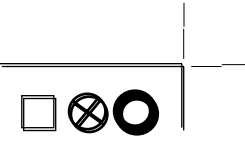
Glue Line

SECTION F: FERTILITY (Continued) - ASK OF WOMEN AGED 12 TO 50 YEARS (BORN BETWEEN AND INCLUDING 1957 AND 1995) LISTED ON THE FLAP

		Person number (assign column or person number to each person from 01 to 10; if second questionnaire, start from 11 etc.)											
P-01	PERSON NUMBER		1	2	3	4	5	6	7	8	9	0	
P-45	<b>LAST CHILD BORN</b> If the person has ever given live birth: <b>When was (the person)'s last child born, even if the child died soon after birth?</b>  Write the day (2 digits), month (2 digits) and year (4 digits) of the last live birth. For example, if the child was born on 5 January 1970, write 05 for the day, 01 for the month and 1970 for the year. If multiple births, indicate only last child.  DO NOT COUNT STILL BIRTHS (children born dead.)	<b>Day</b> Example of day 0 5											
		<b>Month</b> Example of month 0 1											
		<b>Year</b> Example of year 1 9 or 2 0 7 0 or 0 4											
P-46	<b>SEX OF LAST CHILD BORN</b>  Is (the person)'s last born child male or female?  Mark appropriate box with an X. If multiple births, indicate only last child.	1 Male 2 Female	1	1	1	1	1	1	1	1	1	1	
P-47	<b>LAST BORN CHILD ALIVE</b>  Is (the person)'s last born child still alive?  Mark appropriate box with an X. If multiple births, indicate only last child.	1 Yes 2 No	1	1	1	1	1	1	1	1	1	1	



101696266

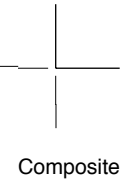


Glue Line

**SECTION G: PARENTAL SURVIVAL AND INCOME - ASK EVERYONE LISTED ON THE FLAP**

*READ OUT:* I am now going to ask you for some information on parental survival and income for each person in the household.

		Person number (assign column or person number to each person from 01 to 10; if second questionnaire, start from 11 etc.)									
P-01	PERSON NUMBER	1	2	3	4	5	6	7	8	9	0
P-48	MOTHER ALIVE										
	1 Yes	<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
	Is (the person)'s own biological mother still alive?	<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
	2 No	<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
	3 Do not know										
Mark appropriate box with an X. If 2 "No" or 3 "Do not know" Go to P-50.											
P-49	MOTHER'S PERSON NUMBER										
	Who in this household is (the person)'s biological mother? (column no. of biological mother).	<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"/>
	If the mother does not live in this household, write 98.										
P-50	FATHER ALIVE										
	1 Yes	<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
	Is (the person)'s own biological father still alive?	<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
	2 No	<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
	3 Do not know										
Mark appropriate box with an X. If 2 "No" or 3 "Do not know" Go to P-52.											
P-51	FATHER'S PERSON NUMBER										
	Who in this household is (the person)'s biological father? (column no. of biological father).	<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"/>
	If the father does not live in this household, write 98.										
P-52	INCOME CATEGORY										
	What is the income category that best describes the gross monthly or annual income of (the person) before deductions and including all sources of income?										
	<i>READ OUT:</i>										
	Monthly										
	Annual										
	01 No income										
	02 R 1 - R 400										
	03 R 401 - R 800										
	04 R 801 - R 1 600										
	05 R 1 601 - R 3 200										
	06 R 3 201 - R 6 400										
	07 R 6 401 - R 12 800										
	08 R 12 801 - R 25 600										
	09 R 25 601 - R 51 200										
	10 R 51 201 - R 102 400										
	11 R 102 401 - R 204 800										
	12 R 204 801 or more										
	13 Response not given										
	Write code in the box.										





Glue Line

**SECTION H: HOUSING AND HOUSEHOLD SERVICES**

*READ OUT: I am now going to ask you for some information about housing and household services.*

SERVICES AND HOUSEHOLD INFORMATION				
<p><b>(H-01) TYPE OF MAIN DWELLING</b></p> <p><b>Which of the following types best describes the main dwelling unit that this household occupies?</b></p> <p><i>If this household lives in MORE THAN ONE DWELLING, write the code of the MAIN dwelling that the household occupies in the box.</i></p>	<p><i>READ OUT:</i></p> <p>01 House or brick structure on a separate stand or yard                      02 Traditional dwelling/ hut /structure made of traditional material                      03 Flat in block of flats                      04 Town/ cluster/ semi-detached house (simplex, duplex, triplex)                      05 House/flat/room in backyard                      06 Informal dwelling/ shack in backyard                      07 Informal dwelling/ shack NOT in backyard e.g. in informal/ squatter settlement                      08 Room/ flatlet NOT in backyard but on a shared property                      09 Caravan or tent                      10 Private ship/boat                      11 Workers' hostel (bed/room)                      12 Other (specify) _____</p>	<p><b>(H-02) ROOMS</b></p> <p><b>How many rooms, including kitchens, are there for this household?</b></p> <p><i>Count all rooms in all dwellings. Exclude bathrooms, sheds, garages, stables, etc. unless persons are living in them.</i></p>	<p><b>(H-03) ACCESS TO WATER</b></p> <p><b>In which way does this household obtain WATER for domestic use?</b></p> <p>1 Piped water inside the dwelling                      2 Piped water inside the yard                      3 Piped water from access point outside the yard                      4 Borehole                      5 Spring                      6 Dam/pool                      7 River/stream                      8 Water vendor                      9 Rain water tank                      0 Other _____</p> <p><i>Write only one code in the box.</i></p>	<p><b>(H-04) SERVICE PROVIDER</b></p> <p><b>Does the household get water from the Municipality (Regional/ Local water scheme)?</b></p> <p>1 Yes <input type="checkbox"/> 1                      2 No <input type="checkbox"/> 2                      3 Do not know <input type="checkbox"/> 3</p> <p><i>Mark appropriate box with an X.</i></p>
<p><b>(H-05) DISTANCE FROM WATER ACCESS POINT</b></p> <p><b>What is the distance from water access point?</b></p> <p>1 Less than 200m                      2 Between 200m and 500m                      3 Between 500m and 1km                      4 More than 1km</p> <p><i>Write only one code in the box.</i></p>	<p><b>(H-06) TOILET FACILITIES</b></p> <p><b>What is the MAIN type of TOILET facility available for use by this household?</b></p> <p><i>READ OUT:</i></p> <p>1 Flush toilet (connected to sewerage system)                      2 Flush toilet (with septic tank)                      3 Dry toilet facility                      4 Pit toilet with ventilation (VIP)                      5 Pit toilet without ventilation                      6 Chemical toilet                      7 Bucket toilet system                      8 None</p> <p><i>Write only one code in the box.</i></p>	<p><b>(H-07) ENERGY/FUEL FOR COOKING</b></p> <p><b>What type of energy/fuel does this household MAINLY use for cooking?</b></p> <p>1 Electricity                      2 Gas                      3 Paraffin                      4 Wood                      5 Coal                      7 Animal dung                      8 Solar                      9 Other (specify) _____</p> <p><i>Write only one code in the box.</i></p>	<p><b>(H-08) ENERGY / FUEL FOR HEATING</b></p> <p><b>What type of energy/fuel does this household MAINLY use for heating?</b></p> <p>1 Electricity                      2 Gas                      3 Paraffin                      4 Wood                      5 Coal                      7 Animal dung                      8 Solar                      9 Other (specify) _____</p> <p><i>Write only one code in the box.</i></p>	<p><b>(H-09) ENERGY / FUEL FOR LIGHTING</b></p> <p><b>What type of energy/fuel does this household MAINLY use for lighting?</b></p> <p>1 Electricity                      2 Gas                      3 Paraffin                      6 Candles                      8 Solar                      9 Other (specify) _____</p> <p><i>Write only one code in the box.</i></p>
<p><b>(H-10) HOUSEHOLD GOODS</b></p> <p><b>Does the household have any of the following?</b></p> <p>Refrigerator <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No      Landline telephone <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p> <p>Radio <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No      Internet facilities at home <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p> <p>Television <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No      Post facilities (Mail postbox) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p> <p>Computer <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No      Cellphone <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p> <p><i>Mark appropriate box with an X</i></p>		<p><b>(H-11) TENURE STATUS</b></p> <p><b>What is the tenure status of this household?</b></p> <p><i>If the household uses several dwellings, write the code for the main dwelling in the box.</i></p> <p><i>READ OUT:</i></p> <p>1 Owned and fully paid off                      2 Owned but not yet paid off                      3 Rented                      4 Occupied rent-free                      5 Other (specify) _____</p> <p><i>Write only one code in the box.</i></p>		<p><b>(H-12) REFUSE DISPOSAL</b></p> <p><b>How is the refuse or rubbish from this household MAINLY disposed of?</b></p> <p><i>READ OUT:</i></p> <p>1 Removed by local authority/ private company at least once a week                      2 Removed by local authority/ private company less often                      3 Communal refuse dump                      4 Own refuse dump                      5 No rubbish disposal                      6 Other (specify) _____</p> <p><i>Write only one code in the box.</i></p>




101696266



Glue Line

**SECTION I: MORTALITY IN THE LAST 12 MONTHS - (BETWEEN FEBRUARY 2006 AND MARCH 2007)**

*READ OUT:* I am now going to ask for information on any member of the household who has passed away in the last 12 months between February 2006 and March 2007.

(M-00)	Has any member of this household passed away in the last 12 months between February 2006 and March 2007?		Number (assign column or deceased number to each deceased person from 01 to 05)									
	Mark appropriate box with an X      Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, the questionnaire is completed. Thank the respondent(s).		(M-02)	DECEASED NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
(M-01)	How many members passed away?	<input type="text"/>	(M-03)	NAME OF DECEASED What was the first name of (the deceased)? Write the name in the box provided.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Remember to thank the respondent after completion of the questionnaire			(M-04)	DATE OF DEATH What was the month and year of (the deceased)'s death? Write the month and year of death.	MONTH OF DEATH Example of month 0 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
					YEAR OF DEATH Example of year 2 0    or    2 0 0 6    or    0 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
			(M-05)	SEX OF DECEASED Was the (deceased) male or female? Mark appropriate box with an X	1 Male 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			(M-06)	AGE OF DECEASED What was the (the deceased)'s age in completed years at the time of death? For example, if 2 years of age write 002.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
			(M-07)	CAUSE OF DEATH What caused the death of (the deceased)? Mark appropriate box with an X	1 Unnatural death 2 Natural death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			(M-08)	PREGNANCY AT TIME OF DEATH Was (the deceased) pregnant at time of death or died within six weeks after delivery? Only ask for women 12-50 years at time of death. Mark appropriate box with an X	1 Yes 2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			THE QUESTIONNAIRE IS COMPLETED. THANK THE RESPONDENT(S).									
			 101696266									



Glue Line

**REMEMBER TO FILL IN F-04 ON THE FLAP (THE PERSON NUMBER OF ALL PERSONS WHO PROVIDED THE INFORMATION).**

*If more than one questionnaire was used, fill in the barcode of the first questionnaire in the boxes provided.*

--	--	--	--	--	--	--	--	--	--

*After completing the questionnaire, the enumerator checks it for any mistakes and then writes his/her name and signs it.*

**1. Enumerator's name (confirming that he/she has completed and checked the questionnaire)**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**2. Supervisor's name (confirming that he/she has checked the questionnaire)**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**3. Fieldwork Coordinator's name (confirming that he/she has checked the questionnaire)**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_



101696266