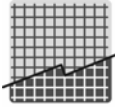


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Questionnaire ID

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**Statistics
South Africa**

General Household Survey

2003

Particulars of the household

PSU number

Dwelling unit number

Physical identification of the dwelling unit/household

Telephone number of enumerated household (if any)

Total number of persons in the household

Questionnaire no. for this household (for persons no. 01 - 10 = 1, etc.)

Households at the selected dwelling

Household number for this household

Total number of households at the selected dwelling

Field staff

Interviewer

Number

Interview date

Supervisor

Number

Date checked

RSM

Number

Date checked

For office use

Response details

Visit no	Date (actual)	Result code	Next visit (planned)
1			
2			
3			
4			

FINAL RESULT

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

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RESULT CODES (for response details)

- | | |
|---|-----------------------|
| 1 | Completed |
| 2 | Non-contact |
| 3 | Refused |
| 4 | Partly complete |
| 5 | No usable information |
| 6 | Vacant dwelling |
| 7 | Listing error |
| 8 | Other |

**Comment and give full details above
of all non-response**

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FLAP This section covers particulars of each person in the household*The following information must be obtained in respect of every person who normally resides in this household at least four nights a week.***Do not forget babies.** *If there are more than 10 persons in the household, use a second questionnaire.*

		Person (respondent) number									
Ask who the <u>head</u> (or the <u>acting head</u>) of the household is		01 Head/ Acting head	02	03	04	05	06	07	08	09	10
A	First name and surname 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. Write sideways if necessary.										
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 → End of questions for this person	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
C	Is a male or a female? 1 = MALE 2 = FEMALE	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
D	How old is? (In completed years - In whole numbers) Less than 1 year = 00.										
E	What population group does belong to? 1 = BLACK AFRICAN 2 = COLOURED 3 = INDIAN OR ASIAN 4 = WHITE 5 = OTHER, <i>specify</i>	<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
F	Is there any other person residing in this household, than those already mentioned, who is not presently here?	<input type="checkbox"/> YES <input type="checkbox"/> No	→ If "YES", Go back to A								

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SECTION 1 This section covers particulars of each person in the household

Start from the left (person number 01) and complete section 1 for each person in the household separately.

		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 = Mark the head/acting head 2 = HUSBAND/WIFE/PARTNER 3 = SON/DAUGHTER/STEPCHILD/ADOPTED CHILD 4 = BROTHER/SISTER 5 = FATHER/MOTHER 6 = GRANDPARENT/GREAT GRANDPARENT 7 = GRANDCHILD/GREAT GRANDCHILD 8 = OTHER RELATIVE (E.G. IN-LAWS OR AUNT/UNCLE) 9 = NON-RELATED PERSONS	<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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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
1.2.a	What is’s present marital status? 1 = MARRIED OR LIVING TOGETHER AS HUSBAND AND WIFE 2 = WIDOW/WIDOWER 3 = DIVORCED OR SEPARATED } → Go to Q 1.3.a 4 = NEVER MARRIED	<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
1.2.b	Does’s spouse/partner live in this household? 1 = YES 2 = No } → Go to Q 1.3.a	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.2.c	Which person is the spouse/partner of? Give person number										
1.3.a	Is ’s father still alive? 1 = YES 2 = No 3 = Don't know } → Go to Q 1.4.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

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		01	02	03	04	05	06	07	08	09	10
1.3.b	Is’s father part of the household? 1 = YES 2 = No → <i>Go to Q 1.4.a</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.3.c	Which person is’s father? <i>Give person number</i>										
1.4.a	Is ’s mother still alive? 1 = YES 2 = No 3 = Don’t know } → <i>Go to Q 1.5.a</i>	<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
1.4.b	Is’s mother part of the household? 1 = YES 2 = No → <i>Go to Q 1.5.a</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.4.c	Which person is’s mother? <i>Give person number</i>										
1.5.a	Can read in at least one language? 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
1.5.b	Can write in at least one language? 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
1.6.a	In the last seven days, did spend at least one hour fetching water for home use (not for sale)? 1 = YES 2 = No → <i>Go to Q 1.7.a</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.6.b	How many hours did spend on fetching water in the last seven days?										

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		01	02	03	04	05	06	07	08	09	10
1.7.a	In the last seven days, did spend at least one hour fetching wood/dung for home use (not for sale)? 1 = YES 2 = NO → Go to Q 1.8	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.7.b	How many hours did spend on fetching wood/dung in the last seven days?										

1.8	Do you know if there is a welfare office in your area? 1 = YES 2 = NO 3 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
1.9	Who is the person who usually brings in the most money into the household? <i>Give person number and mark a box below</i> 1 = If there is one person who brings in the highest amount, give the person number of this person and mark box 1 2 = If two persons or more bring in the same highest amount, give person number of the oldest of them and mark box 2 3 = If the respondent does not know, give person number of the oldest person who brings in money and mark box 3 4 = If no-one brings in money, give person number of the oldest person in the household and mark box 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

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EDUCATION

		01	02	03	04	05	06	07	08	09	10
1.10	What is the highest level of education that has completed?										
	00 = No SCHOOLING	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00
	01 = GRADE R/0	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = SUB A/GRADE 1	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = SUB B/GRADE 2	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	04 = GRADE 3/STANDARD 1	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = GRADE 4/STANDARD 2	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	06 = GRADE 5/STANDARD 3	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	07 = GRADE 6/STANDARD 4	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	08 = GRADE 7/STANDARD 5	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	09 = GRADE 8/STANDARD 6/FORM 1	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = GRADE 9/STANDARD 7/FORM 2	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = GRADE 10/STANDARD 8/FORM 3	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
	12 = GRADE 11/STANDARD 9/FORM 4	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12
	13 = GRADE 12/STANDARD 10/FORM 5/MATRIC	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13
	14 = NTC I	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14
	15 = NTC II	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15
	16 = NTC III	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16
	17 = DIPLOMA/CERTIFICATE WITH LESS THAN GRADE 12/STD 10	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17
	18 = DIPLOMA/CERTIFICATE WITH GRADE 12/STD 10	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18
	19 = DEGREE	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19
	20 = POSTGRADUATE DEGREE OR DIPLOMA	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20
	21 = OTHER (<i>specify in column</i>)	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21
	22 = DON'T KNOW	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22
1.11	Is currently attending school or any other educational institution?										
	1 = YES → Go to Q 1.13	<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

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		01	02	03	04	05	06	07	08	09	10
1.12	What is the main reason why is currently not attending school or any other education institution?										
	01 = TOO OLD/YOUNG	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = HAS COMPLETED SCHOOL/EDUCATION	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = SCHOOL/EDUCATION INSTITUTION IS TOO FAR AWAY	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	04 = NO MONEY FOR FEES	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = HE/SHE IS WORKING (AT HOME OR JOB)	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	06 = EDUCATION IS USELESS OR UNINTERESTING	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	07 = ILLNESS	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	08 = PREGNANCY	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	09 = FAILED EXAMS	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = GOT MARRIED	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = FAMILY COMMITMENT (CHILD MINDING, ETC.)	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
	12 = OTHER, <i>specify in column underneath</i>	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12
	→ Go to Q 1.19										
1.13	Which of the following educational institutions does attend?										
	<i>Include distance and correspondence education</i>										
	1 = Pre-school (including day care, crèche, pre-primary)	<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 = School	<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 = University	<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
	4 = Technikon	<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
	5 = College	<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
	6 = Adult basic education and training/literacy classes	<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
	7 = Other adult educational classes	<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	<input type="checkbox"/> 7
	8 = Other than any of the above	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
1.14	Is it a correspondence/distance 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	<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
	→ Go to Q 1.16										

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		01	02	03	04	05	06	07	08	09	10
1.15	How long does it take to get to the school/educational institution where he/she attends?										
	1 = LESS THAN 15 MINUTES	<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 = 15 - 30 MINUTES	<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 = MORE THAN 30 MINUTES	<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
	4 = DON'T KNOW	<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

Ask for all who are attending school or any educational institution

1.16	What is the total amount of tuition fees paid for in a year? <i>Do not include the cost of uniforms, books and other learning materials.</i>										
	01 = R1 – R100	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = R101 – R200	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = R201 – R300	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	04 = R301 – R500	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = R501 – R1000	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	06 = R1001 – R2000	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	07 = R2001 – R3000	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	08 = R3001 – R4000	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	09 = R4001 – R8000	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = R8001 – R12000	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = MORE THAN R12000	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
	12 = NONE	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12
	13 = DON'T KNOW	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13
1.17	This academic year, has benefited from any exemptions and/or bursaries?										
	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 = DON'T 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

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		01		02		03		04		05		06		07		08		09		10	
1.18	During the past 12 months, what problems, if any, did experience at the school(or other educational institution)?	YES	No	YES	No	YES	No	YES	No	YES	No	YES	No	YES	No	YES	No	YES	No	YES	No
	1 = Lack of books	<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"/>
	2 = Poor teaching	<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"/>
	3 = Lack of teachers	<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"/>
	4 = Facilities in bad condition	<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"/>
	5 = Fees too high	<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"/>
	6 = Classes too large	<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"/>
	7 = Other, <i>specify in column</i>	<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"/>

HEALTH*Ask for everyone*

1.19	Is covered by a medical aid or medical benefit scheme or other private health insurance?																				
	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"/>	<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"/>	<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 = DON'T 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"/>	<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"/>
1.20	During the past month, did suffer from any illnesses or injuries?																				
	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"/>	<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"/>	<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 Q 1.29																				

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		01		02		03		04		05		06		07		08		09		10	
1.21	What sort of illnesses or injuries did suffer from? Was it	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
	01 = Flu or acute respiratory tract infection	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<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 = Diarrhoea	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<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 = Severe trauma (e.g. due to violence, motor vehicle accident, gunshot, 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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<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 = TB or severe cough with blood	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<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 = Abuse of alcohol or drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<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 = Depression or 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
	07 = 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
	08 = High or low 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
	09 = HIV/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
	10 = Other sexually transmitted disease	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<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 = Other illness or 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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
1.22	During the past month, did consult a health worker such as a nurse, doctor or traditional healer as a result of illness or injury?																				
	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 → Go to Q 1.28	<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	
1.23	What kind of health worker was it? <i>If more than one consultation, take the most recent.</i>																				
	1 = NURSE	<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 = DOCTOR	<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 = MEDICAL SPECIALIST	<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	
	4 = PHARMACIST/CHEMIST	<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	
	5 = DENTIST	<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	
	6 = SPIRITUAL HEALER (CHURCH RELATED)	<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	
	7 = TRADITIONAL HEALER	<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		<input type="checkbox"/> 7	
	8 = ANY OTHER HEALTH CARE PROVIDER <i>Including psychologist, physiotherapist, chiropractor, homeopath, optometrist</i>	<input type="checkbox"/> 8		<input type="checkbox"/> 8		<input type="checkbox"/> 8		<input type="checkbox"/> 8		<input type="checkbox"/> 8		<input type="checkbox"/> 8		<input type="checkbox"/> 8		<input type="checkbox"/> 8		<input type="checkbox"/> 8		<input type="checkbox"/> 8	
	9 = DON'T KNOW	<input type="checkbox"/> 9		<input type="checkbox"/> 9		<input type="checkbox"/> 9		<input type="checkbox"/> 9		<input type="checkbox"/> 9		<input type="checkbox"/> 9		<input type="checkbox"/> 9		<input type="checkbox"/> 9		<input type="checkbox"/> 9		<input type="checkbox"/> 9	

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		01	02	03	04	05	06	07	08	09	10
1.24	Where did the consultation take place? <i>If more than one consultation, ask about the most recent one.</i>										
	Public sector (i.e. government, provincial or community institution)										
	01 = HOSPITAL	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = CLINIC	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = OTHER IN PUBLIC SECTOR, <i>specify</i>	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	Private sector (including private clinics, surgery, private hospitals and sangomas)										
	04 = HOSPITAL	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = CLINIC	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	06 = PRIVATE DOCTOR/SPECIALIST	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	07 = TRADITIONAL HEALER	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	08 = PHARMACY/CHEMIST	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	09 = HEALTH FACILITY PROVIDED BY EMPLOYER	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = ALTERNATIVE MEDICINE, E.G. HOMEOPATHIST	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = OTHER IN PRIVATE SECTOR, <i>specify</i>	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
12 = DON'T KNOW	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	
1.25	What problems, if any, were experienced by during this particular visit to a health worker?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
	1 = Facilities not clean	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<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 = Long waiting time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<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 = Opening times not convenient	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<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 = Too expensive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<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 = Drugs that were needed, not available	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<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 = Staff rude or uncaring or turned patient away	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<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 = Incorrect diagnosis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<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 = Other, <i>specify in column</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<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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		01	02	03	04	05	06	07	08	09	10
1.26	How satisfied was with the service he/she received?										
	1 = Very satisfied	<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 = Somewhat satisfied	<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 = Neither satisfied nor dissatisfied	<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
	4 = Somewhat dissatisfied	<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
	5 = Very dissatisfied	<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
	6 = DON'T KNOW	<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
1.27	Did have to pay for this service?										
	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 = DON'T 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
	→ Go to Q 1.29										

Ask only if "No" to Q 1.22

1.28	Why did not consult any health worker during the past month?										
	1 = TOO EXPENSIVE	<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 = TOO FAR	<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 = NOT NECESSARY	<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
	4 = DON'T KNOW	<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
	5 = OTHER, <i>specify in column underneath</i>	<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

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Ask for everyone in the household*Read out: I am now going to ask about disabilities experienced by any persons within the household.*

		01	02	03	04	05	06	07	08	09	10
1.29	<p>Is limited in his/her daily activities, at home, at work or at school, because of a long-term physical, sensory, hearing, intellectual, or psychological condition, lasting six months or more?</p> <p>1 = YES 2 = No → Go to Q1.31</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
1.30	<p>What difficulty or difficulties does have? Is it</p> <p>1 = Sight (<i>blind/severe visual limitation</i>) 2 = Hearing (<i>deaf, profoundly hard of hearing</i>) 3 = Communicating (<i>speech impairment</i>) 4 = Physical (<i>e.g. needs wheel chair, crutches or prosthesis; limb or hand usage limitation</i>) 5 = Intellectual (<i>serious difficulties in learning, mental retardation</i>) 6 = Emotional (<i>behavioural, psychological problems</i>) 7 = Other, <i>specify in column underneath</i></p>	<p>YES No</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p>YES No</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p>YES No</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p>YES No</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p>YES No</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p>YES No</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p>YES No</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p>YES No</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p>YES No</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>	<p>YES No</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>

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Ask for everyone in the household*Read out: I am now going to ask about epilepsy suffering by any persons within the household.*

		01	02	03	04	05	06	07	08	09	10
1.31	Has ... been diagnosed with epilepsy by a doctor? 1 = YES 2 = No → Go to Q1.35	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.32	Is ... receiving more than one type of tablet/pill to treat the epilepsy? 1 = YES 2 = No 3 = DON'T KNOW → Go TO Q1.34	<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
1.33	Has ... received treatment for epilepsy more than 1 year? 1 = YES 2 = No 3 = DON'T 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
1.34	How many seizures has ... had in the last year? 1 = NONE 2 = 1 TO 12 3 = 13 OR MORE 4 = DON'T KNOW	<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

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		01	02	03	04	05	06	07	08	09	10
1.35	During the past 12 months, did make use of a welfare office or services? 1 = YES 2 = No 3 = DON'T KNOW	<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
	} → Go to Q1.38 }	<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
1.36	Which of the following services/assistance did ... make use of? a. Social worker 1 = YES 2 = No 3 = DON'T KNOW b. Social grant 1 = YES 2 = No 3 = DON'T KNOW c. Poverty relief/Job creation project 1 = YES 2 = No 3 = DON'T KNOW	<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"/> 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
1.37	Ask only if there is a "YES" in any part of Q 1.36 How satisfied was with the service/assistance rendered at the welfare office? 1 = Very satisfied 2 = Somewhat satisfied 3 = Neither satisfied nor dissatisfied 4 = Somewhat dissatisfied 5 = Very dissatisfied 6 = DON'T KNOW	<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

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Now I am going to ask you about social grants for each member in the household

		01	02	03	04	05	06	07	08	09	10
1.38	Does ... receive any of the following Welfare grants?										
	Old age pension										
	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 = Don't 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
	Disability 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	<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 = Don't 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
	Child support 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	<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 = Don't 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
	Care dependency 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	<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 = Don't 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
	Foster care 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	<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 = Don't 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
	Grant in aid										
	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 = Don't 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
	Social relief										
	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 = Don't 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

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SECTION 2 This section covers activities of household members aged 15 and above in the last seven days, unemployment and non-economic activities.

Ask for all household members aged 15 and above. **It is very important that you try to ask these questions of each person themselves if at all possible.**

Read out: **Now I am going to ask some questions about activities in the last seven days for each household member aged 15 and above**

		01	02	03	04	05	06	07	08	09	10
2.0	<p>Interviewer to answer</p> <p>Is the person him/herself responding to questions?</p> <p>1 = YES 2 = NO</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
2.1	<p>In the last seven days, did do any of the following activities, even for only one hour? Show prompt card 2.</p> <p>a) Run or do any kind of business, big or small, for himself/herself or with one or more partners?</p> <p><i>Examples: Selling things, making things for sale, repairing things, guarding cars, brewing beer, hairdressing, crèche businesses, taxi or other transport business, having a legal or medical practice, etc.</i></p> <p>b) Do any work for a wage, salary, commission or any payment in kind (excl. domestic work)?</p> <p><i>Examples: a regular job, contract, casual or piece work for pay, work in exchange for food or housing.</i></p> <p>c) Do any work as a domestic worker for a wage, salary, or any payment in kind?</p> <p>d) Help unpaid in a household business of any kind?</p> <p><i>Examples: Help to sell things, make things for sale or exchange, doing the accounts, cleaning up for the business, etc. Don't count normal housework.</i></p> <p>e) 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?</p> <p><i>Examples: ploughing, harvesting, looking after livestock.</i></p> <p>f) Do any construction or major repair work on his/her own home, plot, cattle post or business or those of the household?</p> <p>g) Catch any fish, prawns, shells, wild animals or other food for sale or household food?</p> <p>h) Beg for money or food in public?</p>	<p>YES No</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2</p>	<p>YES No</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2</p>	<p>YES No</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2</p>	<p>YES No</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2</p>	<p>YES No</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2</p>	<p>YES No</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2</p>	<p>YES No</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2</p>	<p>YES No</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2</p>	<p>YES No</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2</p>	<p>YES No</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2</p>

If "YES" for a person to any part of Question 2.1 → Go to Q 2.4 for that person.

If all "No" for a person, continue with next question.

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		01	02	03	04	05	06	07	08	09	10
2.4	<p><i>Read out.</i></p> <p>You said was doing these activities during the last seven days (or was temporarily absent). <i>Refer to Q 2.1 or Q 2.2</i></p> <p>What kind of work did do in his/her <u>main</u> job during the last seven days (or usually does, even if he/she was absent in the last seven days)? Give occupation or job title.</p> <p><i>Work includes all the activities mentioned earlier</i></p> <p><i>Record at least two words: Car sales person, Office cleaner, Vegetable farmer, Primary school teacher, etc.</i></p> <p><i>For agricultural work on own/family farm/plot, state whether for <u>own</u> use or for <u>sale</u> mostly.</i></p>										
2.5	<p>What were 's <u>main</u> tasks or duties in this job?</p> <p><i>Examples: Selling fruit, repairing watches, keeping accounts, feeding and watering cattle.</i></p>										
	CODE BOX FOR OFFICE USE										

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		01	02	03	04	05	06	07	08	09	10
2.6	<p>What is the name of’s place of work?</p> <p><i>For government or large organisations, give the name of the establishment and branch or division: e.g. Education Dept – Rapele Primary School; ABC Gold Mining, Maintenance Div. Write ‘Own house’ or ‘No fixed location’, if relevant.</i></p>										
2.7	<p>What are the main goods and services produced at’s place of work? What are its main functions?</p> <p><i>Examples: Repairing cars, Selling commercial real estate, Sell food wholesale to restaurants, Retail clothing shop, Manufacture electrical appliances, Bar/ restaurant, Primary Education, Delivering newspapers to homes.</i></p>										
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				01	02	03	04	05	06	07	08	09	10
2.8	What is’s total salary/pay at his/her <u>main</u> job?												
	<i>Including overtime, allowances and bonus, before any tax or deductions.</i>												
	<i>Give amount in whole figures, without any text or decimals If “NONE”, “REFUSE” or “DON’T KNOW” → Go to Q 2.10</i>												
2.9	Only if amount given in Q 2.7												
	Is this												
	1 = Per week			<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 = Per month			<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 = Annually			<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	
2.10	Only if “NONE”, “REFUSE” or “DON’T KNOW” in Q 2.8												
	<i>Show the categories. Make sure the respondent points at the correct income column (weekly, monthly, annually) on prompt card 3 and mark the applicable code.</i>												
		Weekly	Monthly	Annually									
01	NONE	NONE	NONE	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
02	R1 - R46	R1 - R200	R1 - R2 400	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
03	R47 - R115	R201 - R500	R2 401 - R6 000	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
04	R116 - R231	R501 – R1 000	R6 001 - R12 000	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
05	R232 - R346	R1 001 - R1 500	R12 001 - R18 000	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
06	R347 = R577	R1 501 = R2 500	R18 001 - R30 000	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
07	R578 - R808	R2 501 - R3 500	R30 001 - R42 000	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
08	R809 - R1 039	R3 501 - R4 500	R42 001 - R54 000	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
09	R1 040 - R1 386	R4 501 - R6 000	R54 001 - R72 000	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
10	R1 387 - R1 848	R6 001 - R8 000	R72 001 - R96 000	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
11	R1 849 - R2 540	R8 001 - R11 000	R96 001 - R132 000	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
12	R2 541 - R3 695	R11 001 - R16 000	R132 001 - R192 000	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12
13	R3 696 - R6 928	R16 001 - R30 000	R192 001 - R360 000	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13
14	R6 929 OR MORE	R30 001 OR MORE	R360 001 OR MORE	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14
15	DON'T KNOW	DON'T KNOW	DON'T KNOW	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15
16	REFUSE	REFUSE	REFUSE	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16

→ Go to Section 3

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The following questions cover unemployment and non-economic activities

Ask for all household members aged 15 and above who did not work and were not absent from work (i.e. for those whose answer on Q 2.2 = 2).

Read out: **Now I am going to ask some questions about whether you (.....) wanted and were (was) available for any of the types of work mentioned earlier**

		01	02	03	04	05	06	07	08	09	10
2.11	Why did not work during the past seven days?										
	01 = HAS FOUND A JOB, BUT IS ONLY STARTING AT A DEFINITE DATE IN THE FUTURE → Go to Q 2.15	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = LACK OF SKILLS OR QUALIFICATIONS FOR AVAILABLE JOBS	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = SCHOLAR OR STUDENT <u>AND</u> PREFERS NOT TO WORK	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	04 = HOUSEWIFE/HOMEMAKER <u>AND</u> PREFERS NOT TO WORK	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = RETIRED <u>AND</u> PREFERS NOT TO SEEK FORMAL WORK	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	06 = ILLNESS, INVALID, DISABLED OR UNABLE TO WORK (HANDICAPPED)	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	07 = TOO YOUNG OR TOO OLD TO WORK	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	08 = SEASONAL WORKER, E.G. FRUIT PICKER, WOOL-SHEARER	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	09 = CANNOT FIND SUITABLE WORK (SALARY, LOCATION OF WORK OR CONDITIONS NOT SATISFACTORY)	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = CONTRACT WORKER, E.G. MINE WORKER RESTING ACCORDING TO CONTRACT	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = RECENTLY RETRENCHED	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
	12 = OTHER REASON	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12
2.12	If a suitable job is offered, will accept it?										
	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 = DON'T KNOW } → Go to Q 2.15	<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
2.13	How soon can start work?										
	1 = WITHIN A WEEK	<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 = WITHIN TWO WEEKS	<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 = WITHIN FOUR WEEKS	<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
	4 = LATER THAN FOUR WEEKS FROM NOW	<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
	5 = DON'T KNOW	<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

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		01	02	03	04	05	06	07	08	09	10
2.14	During the past four weeks, has taken any action 1 = to look for any kind of work 2 = to start any kind of business	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

Ask for everyone who has come to Question 2.11 (all persons unemployed or not economically active)

2.15	Has ever worked before? 1 = YES 2 = No → Go to Q 2.17	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
2.16	How long ago was it since last worked? 01 = 1 WEEK - LESS THAN 1 MONTH 02 = 1 MONTH - LESS THAN 2 MONTHS 03 = 2 MONTHS - LESS THAN 3 MONTHS 04 = 3 MONTHS - LESS THAN 4 MONTHS 05 = 4 MONTHS - LESS THAN 5 MONTHS 06 = 5 MONTHS - LESS THAN 6 MONTHS 07 = 6 MONTHS - LESS THAN 1 YEAR 08 = 1 YEAR - LESS THAN 2 YEARS 09 = 2 YEARS - LESS THAN 3 YEARS 10 = 3 YEARS OR MORE 11 = DON'T KNOW	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11

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		01		02		03		04		05		06		07		08		09		10	
2.17	How does support him/herself?	YES	No	YES	No	YES	No	YES	No	YES	No	YES	No	YES	No	YES	No	YES	No	YES	No
	1 = Did odd jobs during the past seven 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"/>	<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 = Supported by persons 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3 = Supported by persons not 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4 = Supported by charity, church, welfare, etc.	<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"/>
	5 = Unemployment Insurance Fund (UIF)	<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"/>
	6 = Savings or money previously earned	<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"/>
	7 = Old age or disability pension	<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"/>
	8 = Other sources, e.g. bursary, study loan, <i>specify in column</i>	<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"/>
	If "YES" to response category 1																				
	→ Go back to Q 2.1 for that person																				

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Section 3 This section covers information about trips taken by one or more members of the household in the past 12 months that lasted at least one night away from home where a person/s did not receive any remuneration (did not make any profit) at that destination.

Note: People who went on business or professional trips do qualify for this section since they do not get paid at their destination.

Read out: **Now I am going to ask some questions about trips undertaken in the past 12 months that lasted at least one night away from home for each household member.**

3.1	<p>Did one or more members of the household undertake any trip/s in the past 12 months that lasted at least one night away from home?</p> <p>1 = YES 2 = NO 3 = DON'T KNOW</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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} → GO TO NEXT SECTION

3.2	<p>How many trips did one or more members of the household take ...</p> <p>In the past 4 weeks?</p> <p>In the past 12 months?</p>	
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	3.3 How many of these trips were ...	NUMBER OF TRIPS	DON'T KNOW
	a. Trips where all nights were spent only in South Africa.		<input type="checkbox"/>
	b. Trips where all nights were spent only outside South Africa.		<input type="checkbox"/>
	c. Trips that included nights spent in South Africa and outside South Africa		<input type="checkbox"/>
	d. Total		<input type="checkbox"/>
<i>Add a + b + c to confirm d</i>			

3.4	<p>Considering the last trip undertaken by one or more members of the household, what was the main reason for this trip? Was it a ...</p> <p>1 = Holiday trip 2 = Trip visiting friends or family 3 = Business or professional trip 4 = Other (e.g. medical, religious, funeral, etc.)</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
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3.5	How long was this trip?	NUMBER OF NIGHTS	DON'T KNOW
	a. Number of nights spent away from home?		<input type="checkbox"/>

3.6	How many people who were members of the household went along on this trip, including yourself, if you went along on this trip?	NUMBER OF PEOPLE	
	a. Children aged 12 years or less		
	b. Persons aged 13 to 20 years		
	c. Persons aged 21 to 64 years		
	d. Persons aged 65 years or more		
	e. Total		
<i>Add a + b + c + d to confirm e.</i>			

3.7	How many people who were not members of the household went along on this trip?	NUMBER OF PEOPLE	DON'T KNOW
	Number of people		<input type="checkbox"/>

3.8	Was this a package trip?	
	1 = Yes 2 = No 3 = Don't know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
		→ Go to Q3.10

3.9	How much did the package trip cost?	
	Package cost	

Note: For package trips, please mark items included in the package and only give the extra amount consumed for items not included in the package.

3.10	How much did the members of the household consume on the following during this trip?	ITEMS INCLUDED IN THE PACKAGE	AMOUNT CONSUMED	DON'T KNOW
	a. Package trip			<input type="checkbox"/>
	b. Airfare	<input type="checkbox"/>		<input type="checkbox"/>
	c. Land transport	<input type="checkbox"/>		<input type="checkbox"/>
	d. Accommodation	<input type="checkbox"/>		<input type="checkbox"/>
	e. Food and beverages	<input type="checkbox"/>		<input type="checkbox"/>
	f. Leisure and entertainment (Recreation)	<input type="checkbox"/>		<input type="checkbox"/>
	g. Medical expenses	<input type="checkbox"/>		<input type="checkbox"/>
	h. Shopping	<input type="checkbox"/>		<input type="checkbox"/>
	i. Other	<input type="checkbox"/>		<input type="checkbox"/>
	j. Total trip	<input type="checkbox"/>		<input type="checkbox"/>

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3.11	What accommodation types did the member/s of the household make use of during the stay on this trip?	Yes No	NUMBER OF NIGHTS SPENT
	1 = Hotel	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
	2 = Bed and breakfast establishment..	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
	3 = Guest House	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
	4 = Lodge	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
	5 = Self catering establishment	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
	6 = Stayed with friends or family	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
	7 = Other	<input type="checkbox"/> 1 <input type="checkbox"/> 2	

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SECTION 4 This section covers information regarding the household.**Ask a responsible adult in the household**

4.1	Indicate the type of main dwelling and other dwelling that the household occupies?	Main dwelling	Other dwelling
	01 = DWELLING/HOUSE OR BRICK STRUCTURE ON A SEPARATE STAND OR YARD OR ON FARM	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = TRADITIONAL DWELLING/HUT/STRUCTURE MADE OF TRADITIONAL MATERIALS	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = FLAT OR APARTMENT IN A BLOCK OF FLATS	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	04 = TOWN/CLUSTER/SEMI-DETACHED HOUSE (<i>Simplex, Duplex or Triplex</i>)	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = UNIT IN RETIREMENT VILLAGE	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	06 = DWELLING/HOUSE/FLAT/ROOM IN BACKYARD	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	07 = INFORMAL DWELLING/SHACK IN BACKYARD	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	08 = INFORMAL DWELLING/SHACK NOT IN BACKYARD, E.G. IN AN INFORMAL/SQUATTER SETTLEMENT OR ON FARM	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	09 = ROOM/FLATLET	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = CARAVAN/TENT	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = OTHER, <i>specify</i>	<input type="checkbox"/> 11	<input type="checkbox"/> 11

4.2	Thinking back five years ago, what type of dwelling/dwellings did this household occupy?	Main dwelling	Other dwelling
	01 = DWELLING/HOUSE OR BRICK STRUCTURE ON A SEPARATE STAND OR YARD OR ON FARM	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = TRADITIONAL DWELLING/HUT/STRUCTURE MADE OF TRADITIONAL MATERIALS	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = FLAT OR APARTMENT IN A BLOCK OF FLATS	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	04 = TOWN/CLUSTER/SEMI-DETACHED HOUSE (<i>Simplex, Duplex or Triplex</i>)	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = UNIT IN RETIREMENT VILLAGE	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	06 = DWELLING/HOUSE/FLAT/ROOM IN BACKYARD	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	07 = INFORMAL DWELLING/SHACK IN BACKYARD	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	08 = INFORMAL DWELLING/SHACK NOT IN BACKYARD, E.G. IN AN INFORMAL/SQUATTER SETTLEMENT OR ON FARM	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	09 = ROOM/FLATLET	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = CARAVAN/TENT	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = OTHER, <i>specify</i>	<input type="checkbox"/> 11	<input type="checkbox"/> 11
	12 = HOUSEHOLD DID NOT EXIST	<input type="checkbox"/> 12	

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4.3	What is the main material used for the roof and the walls of the main dwelling? <i>Mark one code in each column.</i>	Roof	Walls
	01 = BRICKS	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = CEMENT BLOCK/CONCRETE	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = CORRUGATED IRON/ZINC	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	04 = WOOD	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = PLASTIC	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	06 = CARDBOARD	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	07 = MIXTURE OF MUD AND CEMENT	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	08 = WATTLE AND DAUB	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	09 = TILE	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = MUD	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = THATCHING	<input type="checkbox"/> 11	<input type="checkbox"/> 11
	12 = ASBESTOS	<input type="checkbox"/> 12	<input type="checkbox"/> 12
	13 = OTHER, <i>specify</i>	<input type="checkbox"/> 13	<input type="checkbox"/> 13
	14 = NOT APPLICABLE	<input type="checkbox"/> 14	<input type="checkbox"/> 14
4.4	In what condition are the roof and the walls of the main dwelling?	Roof	Walls
	1 = Very weak	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = Weak	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	3 = Needs minor repairs	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	4 = Good	<input type="checkbox"/> 4	<input type="checkbox"/> 4
	5 = Very good	<input type="checkbox"/> 5	<input type="checkbox"/> 5

4.5	Is the dwelling	<input type="checkbox"/> 1
	1 = Owned and fully paid off	<input type="checkbox"/> 2
	2 = Owned, but not yet fully paid off (e.g. with a mortgage)	<input type="checkbox"/> 3
	3 = Rented	<input type="checkbox"/> 4
	4 = Occupied rent-free as part of employment contract of family member or yourself	<input type="checkbox"/> 5
	5 = Occupied rent-free not as part of employment contract of family member	<input type="checkbox"/> 6
	6 = Other, <i>specify</i>	

Ask if answer to q4.5 is 3, 4 or 5, otherwise go to q4.10

4.6	What is the amount of rent paid or value of rent (if rented free) for this dwelling?	
	1. Total rent paid or value of rent, if rented free, for this dwelling unit	
	1.1 Amount paid by you excluding amount subsidised, or value of rent, if rented free ...	
	1.2 Amount subsidised (e.g. by employer)	
	1.3 Amount paid for garage and/or domestic worker's room if rented separately	
	Add 1.1, 1.2 and 1.3 to confirm 1.	

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4.7	Is this a (amount given on q4.6)?	
	1 = WEEKLY AMOUNT	<input type="checkbox"/> 1
	2 = FOURTH NIGHTLY AMOUNT	<input type="checkbox"/> 2
	3 = MONTHLY AMOUNT	<input type="checkbox"/> 3
	4 = ANNUAL AMOUNT	<input type="checkbox"/> 4

4.8	Does the rent include ...?	YES	NO
	1 = Electricity?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	2 = Water?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	3 = Garage/parking space?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	4 = Refuse removal?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	5 = Other, specify	<input type="checkbox"/> 1	<input type="checkbox"/> 2

4.9	Is this dwelling unit rented with or without furniture?	
	1 = UNFURNISHED	<input type="checkbox"/> 1
	2 = SEMI-FURNISHED	<input type="checkbox"/> 2
	3 = FURNISHED	<input type="checkbox"/> 3

4.10	What is the total number of rooms in the dwelling(s) that the household occupies?	
	<i>Give the total number of rooms, including living rooms, bedrooms and kitchens, but excluding bathrooms and toilets.</i>	

4.11	Did any member of this household receive a government housing subsidy, such as 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 = DON'T KNOW	<input type="checkbox"/> 3

4.12	What is the household's main source of water?	
	<i>Mark one code only</i>	
	01 = PIPED (TAP) WATER IN DWELLING	<input type="checkbox"/> 01
	02 = PIPED (TAP) WATER ON SITE OR IN YARD	<input type="checkbox"/> 02
	03 = NEIGHBOUR'S TAP	<input type="checkbox"/> 03
	04 = BOREHOLE ON SITE	<input type="checkbox"/> 04
	05 = RAIN-WATER TANK ON SITE	<input type="checkbox"/> 05
	06 = PUBLIC TAP	<input type="checkbox"/> 06
	07 = WATER-CARRIER/TANKER	<input type="checkbox"/> 07
	08 = BOREHOLE OFF SITE/COMMUNAL	<input type="checkbox"/> 08
	09 = FLOWING WATER/STREAM/RIVER	<input type="checkbox"/> 09
	10 = DAM/POOL/STAGNANT WATER	<input type="checkbox"/> 10
	11 = WELL	<input type="checkbox"/> 11
	12 = SPRING	<input type="checkbox"/> 12
	13 = OTHER, <i>specify</i>	<input type="checkbox"/> 13

} → **Go to Q 4.14**

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Ask if water is not in dwelling, yard or site, otherwise go to Q 4.14.

4.13	How long does it take members of this household to get to the water source?	
	1 = 0 - 14 MIN	<input type="checkbox"/> 1
	2 = 15 - 29 MIN	<input type="checkbox"/> 2
	3 = 30 - 44 MIN	<input type="checkbox"/> 3
	4 = 45 - 59 MIN	<input type="checkbox"/> 4
	5 = 60 MIN OR MORE	<input type="checkbox"/> 5
4.14	The water from the main source	YES No
	1 = Is it safe to drink?	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	2 = Is it clear?	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	3 = Does it taste good?	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	4 = Is it free from odours?	<input type="checkbox"/> 1 <input type="checkbox"/> 2

Ask only if Q 4.12 = 01, 02, 03 or 06 (e.g. tap/piped water), otherwise go to Q 4.18

4.15	How often do you get interruptions in your piped water supply?	
	1 = DAILY	<input type="checkbox"/> 1
	2 = WEEKLY	<input type="checkbox"/> 2
	3 = MONTHLY	<input type="checkbox"/> 3
	4 = 6 MONTHLY	<input type="checkbox"/> 4
	5 = YEARLY	<input type="checkbox"/> 5
	6 = ALMOST NEVER	<input type="checkbox"/> 6

→ Go to Q 4.18

4.16	What normally causes the interruption?	
	1 = BURST PIPES	<input type="checkbox"/> 1
	2 = PUMP NOT WORKING	<input type="checkbox"/> 2
	3 = GENERAL MAINTENANCE	<input type="checkbox"/> 3
	4 = NOT ENOUGH WATER IN THE SYSTEM (DEMAND TOO HIGH)	<input type="checkbox"/> 4
	5 = WATER ONLY DELIVERED AT FIXED TIMES	<input type="checkbox"/> 5
	6 = NON-PAYMENT FOR SERVICES (CUT OFF)	<input type="checkbox"/> 6
	7 = VANDALISM	<input type="checkbox"/> 7
	8 = OTHER, <i>specify</i>	<input type="checkbox"/> 8
9 = DON'T KNOW	<input type="checkbox"/> 9	
4.17	The last time it happened, when was the problem rectified?	
	1 = THE SAME DAY	<input type="checkbox"/> 1
	2 = DURING THE SAME WEEK	<input type="checkbox"/> 2
	3 = DURING THE SAME MONTH	<input type="checkbox"/> 3
	4 = LONGER THAN MONTH, <i>specify</i>	<input type="checkbox"/> 4
4.18	Does this household have a connection to the MAINS electricity supply?	
	1 = YES	<input type="checkbox"/> 1
	2 = NO	<input type="checkbox"/> 2

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4.19 What is the main source of energy/fuel for this household?			
	Cooking	Heating	Lighting
01 = ELECTRICITY FROM MAINS	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
02 = ELECTRICITY FROM GENERATOR	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
03 = GAS	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
04 = PARAFFIN	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
05 = WOOD	<input type="checkbox"/> 05	<input type="checkbox"/> 05	
06 = COAL	<input type="checkbox"/> 06	<input type="checkbox"/> 06	
07 = CANDLES		<input type="checkbox"/> 07	<input type="checkbox"/> 07
08 = ANIMAL DUNG	<input type="checkbox"/> 08	<input type="checkbox"/> 08	
09 = SOLAR ENERGY	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
10 = OTHER, <i>specify</i>	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
11 = NONE	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11

4.20	Thinking back five years ago, did this household have a connection to the MAINS electricity supply, then?	
	1 = YES	<input type="checkbox"/> 1
	2 = NO	<input type="checkbox"/> 2
	3 = HOUSEHOLD DID NOT EXIST	<input type="checkbox"/> 3
	4 = DON'T KNOW	<input type="checkbox"/> 4

4.21 What type of toilet facility is available for this household? <i>Mark only one, the main toilet</i>			
	In dwelling	On site	Off site
1 = FLUSH TOILET CONNECTED TO A PUBLIC SEWAGE SYSTEM	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13
2 = FLUSH TOILET CONNECTED TO A SEPTIC TANK	<input type="checkbox"/> 21	<input type="checkbox"/> 22	<input type="checkbox"/> 23
3 = CHEMICAL TOILET		<input type="checkbox"/> 32	<input type="checkbox"/> 33
4 = PIT LATRINE WITH VENTILATION PIPE		<input type="checkbox"/> 42	<input type="checkbox"/> 43
5 = PIT LATRINE WITHOUT VENTILATION PIPE		<input type="checkbox"/> 52	<input type="checkbox"/> 53
6 = BUCKET TOILET		<input type="checkbox"/> 62	<input type="checkbox"/> 63
7 = NONE → Go to Q 4.24			<input type="checkbox"/> 73

Ask if toilet is "ON SITE" or "OFF SITE". Otherwise Go to Q 4.23

4.22	How far is the nearest toilet facility to which the household has access?	
	1 = LESS THAN 2 MINUTES (LESS THAN 200M)	<input type="checkbox"/> 1
	2 = 2 MINUTES BUT LESS THAN 5 MINUTES (200M - 500M)	<input type="checkbox"/> 2
	3 = MORE THAN 5 MINUTES (MORE THAN 500M)	<input type="checkbox"/> 3

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Ask if answer to Q 4.21 is "BUCKET TOILET". Otherwise Go to Q 4.24

4.23	How frequently is it removed?	
	1 = ONCE A WEEK OR MORE OFTEN	<input type="checkbox"/> 1
	2 = ABOUT ONCE A FORTNIGHT	<input type="checkbox"/> 2
	3 = ABOUT ONCE A MONTH	<input type="checkbox"/> 3
	4 = LESS OFTEN THAN ONCE A MONTH	<input type="checkbox"/> 4

Ask if answer to Q4.24 is 3, 4, 5, 6, 7 or 8 otherwise go to Q4.26

4.25	Would this household be willing to pay rates for a refuse service?	
	1 = YES	<input type="checkbox"/> 1
	2 = NO	<input type="checkbox"/> 2
	3 = DON'T KNOW	<input type="checkbox"/> 3

Ask for all households

4.24	How is the refuse or rubbish of this household taken care of?	
	1 = REMOVED BY LOCAL AUTHORITY AT LEAST ONCE A WEEK	<input type="checkbox"/> 1
	2 = REMOVED BY LOCAL AUTHORITY LESS OFTEN THAN ONCE A WEEK	<input type="checkbox"/> 2
	3 = REMOVED BY COMMUNITY MEMBERS AT LEAST ONCE A WEEK	<input type="checkbox"/> 3
	4 = REMOVED BY COMMUNITY MEMBERS LESS OFTEN THAN ONCE A WEEK	<input type="checkbox"/> 4
	5 = COMMUNAL REFUSE DUMP/COMMUNAL CONTAINER	<input type="checkbox"/> 5
	6 = OWN REFUSE DUMP	<input type="checkbox"/> 6
	7 = NO RUBBISH REMOVAL	<input type="checkbox"/> 7
	8 = OTHER, <i>specify</i>	<input type="checkbox"/> 8

Ask for all households

4.26	How far is the nearest buy back center, if any, from this dwelling? (e.g. a recycling center that exchanges recyclables for cash)	
	1 = LESS THAN 100 M	<input type="checkbox"/> 1
	2 = 100 M – LESS THAN 200 M	<input type="checkbox"/> 2
	3 = 200 M - LESS THAN 1 KM	<input type="checkbox"/> 3
	4 = 1 KM – LESS THAN 5 KM	<input type="checkbox"/> 4
	5 = 5 KM – LESS THAN 10 KM	<input type="checkbox"/> 5
	6 = 10 KM OR MORE	<input type="checkbox"/> 6
	7 = DON'T KNOW THE DISTANCE TO BUY BACK CENTRE	<input type="checkbox"/> 7
	8 = DON'T KNOW IF THERE IS ANY BUY BACK CENTER NEARBY	<input type="checkbox"/> 8
	9 = NO BUY BACK CENTRE	<input type="checkbox"/> 9

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4.27	Does your neighbourhood have a community / school programme for recycling?	
	1 = YES	<input type="checkbox"/> 1
	2 = No	<input type="checkbox"/> 2
	3 = DON'T KNOW	<input type="checkbox"/> 3

4.28	Does this household collect waste for recycling?	
	1 = YES	<input type="checkbox"/> 1
	2 = No	<input type="checkbox"/> 2
	→ Go to Q 4.32	

4.29	Which of the following does the household collect for recycling?	YES	NO
	a) Paper, cardboard / boxes	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	b) Glass / glass bottles	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	c) Plastic bags / plastic bottles	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	d) Aluminium cans / metal	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	e) Oil (household / automotive)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	f) Ash, rubble and bricks	<input type="checkbox"/> 1	<input type="checkbox"/> 2

4.30	Why does the household collect waste for recycling?	YES	NO
	a) To reduce waste	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	b) To get money from recycled items	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	c) To save energy/natural resources	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	d) To save landfill space	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	e) To reduce litter and pollution	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	f) Don't know	<input type="checkbox"/> 1	<input type="checkbox"/> 2

4.31	Does any member of this household earn a living by collecting waste for recycling?	
	1 = YES	<input type="checkbox"/> 1
	2 = NO	<input type="checkbox"/> 2
	→ Go to Q 4.34	

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Ask if answer is "No" to Q 4.28. Otherwise Go to Q4.34

4.32	How does this household currently dispose of the following?	THROUGH GENERAL GARBAGE DISPOSAL	OWN REFUSE DUMP	OTHER
	a) Paper, cardboard / boxes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	b) Glass / glass bottles	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	c) Plastic bags / plastic bottles	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	d) Aluminium cans / metal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	e) Oil (household / automotive)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	f) Ash, rubble and bricks	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

4.33	Why does the household not collect waste for recycling?	
	1 = THROWN OUT INTO DUSTBIN FOR REFUSE COLLECTION	<input type="checkbox"/> 1
	2 = DON'T THINK IT IS IMPORTANT	<input type="checkbox"/> 2
	3 = DO NOT HAVE ADEQUATE FACILITIES	<input type="checkbox"/> 3
	4 = TOO FEW RECYCLABLES	<input type="checkbox"/> 4
	5 = NOT ENOUGH FINANCIAL BENEFIT	<input type="checkbox"/> 5
	6 = NO TIME TO COLLECT WASTE	<input type="checkbox"/> 6
	7 = DON'T KNOW	<input type="checkbox"/> 7

Ask for all households

4.34	Does this household make compost from	YES	NO
	1 = Kitchen waste?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	2 = Garden waste?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	If No to both Go to Q 4.36		

4.35	How much waste does this household compost on average per week from	LESS THAN 1 LARGE REFUSE REMOVAL BAG	1 – 3 LARGE REFUSE REMOVAL BAGS	MORE THAN 3 LARGE REFUSE REMOVAL BAGS	NO COMPOST FROM THIS SOURCE
	a) Kitchen waste	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	b) Garden waste	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

4.36 In the past year, how did your household dispose of the following items?

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Item	DO NOT HAVE THIS ITEM	NO LEFTOVERS OF THIS ITEM	PUT IN 'NORMAL' GARBAGE	SENT TO SPECIAL MUNICIPAL DEPOT	SUPPLIER TOOK IT BACK	POURED DOWN THE DRAIN / SEWER	GAVE AWAY OR SOLD FOR RE-USE	STILL KEEPING THIS ITEM	OTHER
a) Leftover motor car or automotive products Examples: oil, lead-acid batteries, brake fluids, used tires and similar products	<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
b) Left over home improvement products Examples: paint, varnish, stain, paint thinner, caulk and other similar products	<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
c) Leftover household cleaners Examples: furniture polish, drain opener, oven cleaner, toilet bowl cleaner, bleach and ammonia	<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
d) Other domestic products, disposable nappies and leftover medication Examples: used batteries, shoe polish, lighter fluid, arts & crafts materials, fluorescent tubes, pool chemicals, paraffin, cosmetics unused or expired medication	<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
e) Leftover or waste Asbestos material Examples: building & construction materials (roof tiles/sheets, fascia/barge boards, gutters, containers and pipes), friction materials (disc brakes pads/linings), gaskets, seals and electrical & industrial insulation material and lining.	<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

4.37	Which of the following environmental problems do you experience in your community?	YES	NO
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a) Waste removal / littering	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b) Water pollution	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c) Outdoor/indoor air pollution	<input type="checkbox"/> 1	<input type="checkbox"/> 2

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	d) Land degradation / overutilisation of natural resources (e.g. soil erosion, potholes and dongas, overgrazing, cutting of trees for firewood)	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	e) Other, specify	<input type="checkbox"/> 1 <input type="checkbox"/> 2

4.38	Is this household exposed to hospital waste or hazardous waste? (such as leftover chemicals, leftover or unused medication, syringes/needles or bloody bandages, pesticides and fertilizers)	
	1 = YES	<input type="checkbox"/> 1
	2 = No	<input type="checkbox"/> 2
	3 = DON'T KNOW	<input type="checkbox"/> 3

4.39	Are you aware of the following initiatives in South Africa	YES	NO
	a) Collect a can (aluminium cans containing beverages/cooldrinks for cash)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	b) Green cage (cages provided for plastic bag deposits)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	c) Rose foundation (automotive oil collected for cash)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	d) War on Waste (paper collection for cash)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	e) Waste-wise Campaign to eliminate litter in the community)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	f) Work for water (clearing of alien vegetation)	<input type="checkbox"/> 1	<input type="checkbox"/> 2

4.40	Does this household have a landline telephone in the dwelling?	
	1 = YES	<input type="checkbox"/> 1
	2 = No	<input type="checkbox"/> 2
4.41	Is there a cellular telephone available to this household for regular use?	
	1 = YES	<input type="checkbox"/> 1
	2 = No	<input type="checkbox"/> 2

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Ask if answer is "No" to both Q 4.40 and Q 4.41. Otherwise Go to Q4.43

4.42	How far does it take from here, to the nearest accessible telephone, using your usual means of transport?	
	1 = 0 - 14 MIN	<input type="checkbox"/> 1
	2 = 15 - 29 MIN	<input type="checkbox"/> 2
	3 = 30 - 44 MIN	<input type="checkbox"/> 3
	4 = 45 - 59 MIN	<input type="checkbox"/> 4
	5 = 60 MIN OR MORE	<input type="checkbox"/> 5

Ask for all households

4.43	Thinking back five years ago, did this household have a landline telephone in the dwelling then?	
	1 = YES	<input type="checkbox"/> 1
	2 = No	<input type="checkbox"/> 2
	3 = HOUSEHOLD DID NOT EXIST	<input type="checkbox"/> 3
	4 = DON'T KNOW	<input type="checkbox"/> 4

4.44	How does this household receive most of its mail/post?	
	1 = DELIVERED TO THE DWELLING	<input type="checkbox"/> 1
	2 = DELIVERED TO A POST BOX/PRIVATE BAG	<input type="checkbox"/> 2
	3 = THROUGH FRIEND OR NEIGHBOUR	<input type="checkbox"/> 3
	4 = THROUGH SHOP	<input type="checkbox"/> 4
	5 = THROUGH SCHOOL	<input type="checkbox"/> 5
	6 = THROUGH WORKPLACE	<input type="checkbox"/> 6
	7 = THROUGH AUTHORITY	<input type="checkbox"/> 7
	8 = DO NOT RECEIVE MAIL	<input type="checkbox"/> 8
	9 = OTHER, <i>specify</i>	<input type="checkbox"/> 9

4.45	What means of transport are usually, or would usually be used by members of this household to get to the nearest of each of these facilities?					
	<i>If more than one means of transport, take the one used over the longest distance</i>					
Facility	ON FOOT	TAXI	BUS (PUBLIC)	TRAIN	OWN TRANSPORT	OTHER, specify below
a Food market	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b Public transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c Pre-Primary/Pre-school centre	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d Primary school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e Secondary school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
f Clinic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
g Hospital	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
h Post office or post office agent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
i Welfare office	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

If "Other" in Q 4.45, specify:

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4.46 How long in minutes does it take or would it take, from here to reach the nearestusing the usual means of transport?						
Facility	0 - 14 MIN	15 - 29 MIN	30 - 44 MIN	45 - 59 MIN	60 MIN OR MORE	DON'T KNOW
a Food market	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b Public transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c Pre-Primary/Pre-school centre	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d Primary school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e Secondary school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
f Clinic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
g Hospital	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
h Post office or post office agent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
i Welfare office	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

4.47	<p>Does this household have access to land that is, or could be, used for agricultural purposes?</p> <p>1 = YES (<i>Exclude communal grazing land</i>)</p> <p>2 = NO → Go to Q 4.51</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
4.48	<p>How many hectares of land, for agricultural purposes, if any, does the household have access to?</p> <p>1 = LESS THAN 5.000 M² (<i>5.000 m² is approximately one soccer field</i>)</p> <p>2 = 5.000M² - 9.999M²</p> <p>3 = 1 BUT LESS THAN 5 HA</p> <p>4 = 5 BUT LESS THAN 10 HA</p> <p>5 = 10 BUT LESS THAN 20 HA</p> <p>6 = 20 HA OR MORE</p> <p>7 = DON'T 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"/> 6 <input type="checkbox"/> 7
4.49	<p>On what basis does the household have access to the land?</p> <p>1 = OWNS THE LAND</p> <p>2 = RENTS THE LAND</p> <p>3 = SHARECROPPING</p> <p>4 = TRIBAL AUTHORITY</p> <p>5 = OTHER, <i>specify</i></p> <p>6 = DON'T 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"/> 6

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4.50	What farming activities, if any, take place on the land? Is it.....?	YES	NO
	1 = Field crops	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	2 = Horticulture	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	3 = Livestock	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	4 = Poultry	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	5 = Orchards	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	6 = Other, (<i>Specify</i>).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Ask for all households

4.51	Did the household receive a government land grant to obtain a plot of land for residence or for farming? 1 = YES 2 = No 3 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
4.52	Does the household own any cattle or other large livestock? 1 = YES 2 = No → Go to Q 4.54	<input type="checkbox"/> 1 <input type="checkbox"/> 2
4.53	How many head of cattle and other large livestock are currently owned by the household?	
4.54	Does the household own any sheep, goats and other medium size animals? 1 = YES 2 = No → Go to Q 4.56	<input type="checkbox"/> 1 <input type="checkbox"/> 2
4.55	How many sheep, goats and other medium size animals are currently owned by the household?	

4.56	Does the household own any poultry such as chickens, ducks, etc (but excluding chicks) 1 = YES 2 = No → Go to Q 4.58	<input type="checkbox"/> 1 <input type="checkbox"/> 2
4.57	How many chicken, ducks, etc. are currently owned by the household?	

4.58	Does the household own any of the following?	YES	NO
	01 = Car or truck	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	02 = Motorcycle	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	03 = Tractor	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	04 = Plough	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	05 = Television	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	06 = Bicycle	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	07 = Radio	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	08 = Bed	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	09 = Watch or clock	<input type="checkbox"/> 1	<input type="checkbox"/> 2
10 = Books	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
4.59	In the past 12 months, did any adult in this household go hungry because there wasn't enough food? 1 = NEVER 2 = SELDOM 3 = SOMETIMES 4 = OFTEN 5 = ALWAYS 6 = NOT APPLICABLE (NO ADULTS IN HOUSEHOLD)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	

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4.60	<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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
4.61	<p>In the past 12 months, is there any young person, aged 5 - 17, who has left this household to live on the streets?</p> <p>1 = YES 2 = NO 3 = DON'T KNOW 4 = NOT APPLICABLE (NO CHILDREN IN HOUSEHOLD)</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
4.62	<p>What is the main source of income for this household?</p> <p>1 = SALARIES AND/OR WAGES 2 = REMITTANCES 3 = PENSIONS AND GRANTS 4 = SALES OF FARM PRODUCTS 5 = OTHER NON-FARM INCOME 6 = NO INCOME</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6

4.63	<p>What was the total household expenditure in the last month?</p> <p><i>Include everything that the household and its members spent money on, including food, clothing, transport, rent and rates, alcohol and tobacco, school fees, entertainment and any other expenses.</i></p> <p>01 = R 0 – R 399 02 = R 400 – R 799 03 = R 800 – R 1 199 04 = R 1 200 – R 1 799 05 = R 1 800 – R 2 499 06 = R 2 500 – R 4 999 07 = R 5 000 – R 9 999 08 = 10 000 OR MORE 09 = DON'T KNOW 10 = REFUSE</p>	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10
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4.64	During the past 12 months, have you or any member of this household been subjected to the following incidents?	
	Have you or any member of this household	YES No
	1 = had things stolen	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	2 = been harassed or threatened by a household member	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	3 = been harassed or threatened by someone outside the household	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	4 = been sexually molested by a household member	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	5 = been sexually molested by someone out side the household	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	6 = been beaten up or hurt by a household member	<input type="checkbox"/> 1 <input type="checkbox"/> 2
7 = been beaten up or hurt by someone outside the household	<input type="checkbox"/> 1 <input type="checkbox"/> 2	

End of interview.

Thank the respondent!

Interviewer to answer questions on next page.

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4.65	Indicate the column number of the person who answered the questions in Section 4	
4.66	In what language was the main part of the interview conducted? 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, <i>specify</i>	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12

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FOR PROCESSING

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