



General Household Survey

2008

Questionnaire ID

Particulars of the dwelling

PSU number

Dwelling unit number

Physical identification of the dwelling unit/household

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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

R / PSM / QA

Number

Date checked

Survey start date

1 2 0 7 2 0 0 8

UNIQUE NO

Response details

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

FINAL RESULT

Comments and full details for result codes 2-11

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RESULT CODES (for response details)

01	Completed	07	Listing error
02	Non-contact	08	Demolished
03	Refused	09	Change of status
04	Partly completed	10	Other non response
05	No usable information	11	Ended at question B
06	Vacant/unoccupied dwelling		

Questionnaire ID

Locality Information:

Plot / stand no.:

Street no:

Street name:

Street type:

Village / suburb / locality:

Identifiers (unit / other no):

Building / school / flat / farm name:

Further identification:

Surname of household head:

First name of household head:

For hostels:

Block no:

Room no:

Bed no:

Codes for street type:

Street type	Abbreviation	Street type	Abbreviation
Avenue/Laan	AVE	Road	RD
Circle/sirkel	CR	Ryiaan	RLA
Close	CL	Singel	SGL
Crescent	CRES	Street/Straat	STR
Drive	DR	Way	W
Grove	GR	Boulevard	BVR
Lane	LN		

INTERVIEW START TIME:

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FLAP This section covers particulars of each person in the household

The following information must be obtained for every person who has stayed in this household for at least four nights on average per week during the last four weeks.

Do not forget babies. If there are more than 10 persons in the household, use a second questionnaire.

		Person (respondent) number									
		01	02	03	04	05	06	07	08	09	10
	Ask who the head (or the acting head) of the household is and record that person in column 01.										
A	First name and surname First name: 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 Surname:										
B	Has stayed here (in this household) for at least four nights on average per week during the last four weeks? 1 = YES 2 = No → 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 = AFRICAN/BLACK 2 = COLOURED 3 = INDIAN/ASIAN 4 = WHITE 5 = OTHER, specify in the box at the bottom	<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
F	Is there any other person residing in this household, other 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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Questionnaire ID **SECTION 1 This section covers particulars of each person in the household**

		01	02	03	04	05	06	07	08	09	10
1.1	What is 's relationship to the head of the household? (i.e. to the person in column 1) 1 = <i>Mark the head/acting head</i> 2 = HUSBAND/WIFE/PARTNER 3 = SON/DAUGHTER/STEPCHILD/ADOPTED CHILD 4 = BROTHER/SISTER/STEP BROTHER/STEP SISTER 5 = FATHER/MOTHER/STEP FATHER/STEP 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 2 = LIVING TOGETHER LIKE HUSBAND AND WIFE 3 = WIDOW/WIDOWER 4 = DIVORCED OR SEPARATED } → Go to Q 1.3.a 5 = NEVER MARRIED	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
1.2.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 ? <i>Give person number</i>										
1.3.a	Is 's biological father still alive? 1 = YES 2 = NO 3 = DON'T KNOW } → Go to Q1.4.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
1.3.b	Is ... 's biological father part of this household? 1 = YES 2 = NO } → Go to Q1.4.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

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	01	02	03	04	05	06	07	08	09	10
1.3.c	Which person is’s biological father? <i>Give person number</i>									
1.4.a	Is’s biological mother still alive? 1 = YES 2 = NO 3 = DON’T KNOW } → <i>Go to Q1.5.a</i>									
1.4.b	Is’s biological mother part of this household? 1 = YES 2 = NO } → <i>Go to Q1.5.a</i>									
1.4.c	Which person is’s biological mother? <i>Give person number</i>									
1.5.a	In the last seven days, did spend at least one hour fetching water for home use (not for sale) from a source outside the property? 1 = YES 2 = NO } → <i>Go to Q 1.6.a</i>									
1.5.b	How many hours did spend on fetching water from a source outside the property in the last seven days?									
1.6.a	In the last seven days, did spend at least one hour fetching wood/dung for home use (not for sale) from a source outside the property? 1 = YES 2 = NO } → <i>Go to Q 1.7</i>									
1.6.b	How many hours did spend on fetching wood/dung from a source outside the property in the last seven days?									

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Questionnaire ID **EDUCATION***Ask for everyone in the household**Read out: Now I am going to ask you questions related to education for each member of the household*

	01	02	03	04	05	06	07	08	09	10
1.7 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
1.8 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

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Questionnaire ID

	01	02	03	04	05	06	07	08	09	10
<p>1.9</p> <p>What is the highest level of education that has successfully completed?</p> <p>00 = NO SCHOOLING 01 = GRADE R/0 02 = GRADE 1/ SUB A 03 = GRADE 2 / SUB B 04 = GRADE 3/STANDARD 1 05 = Grade 4/ STANDARD 2 06 = GRADE 5/STANDARD 3 07 = GRADE 6/STANDARD 4 08 = GRADE 7/STANDARD 5 09 = GRADE 8/STANDARD 6/FORM 1 10 = GRADE 9/STANDARD 7/FORM 2 11 = GRADE 10/ STANDARD 8/ FORM 3 12 = GRADE 11/ STANDARD 9/ FORM 4 13 = GRADE 12/STANDARD 10/FORM 5/MATRIC 14 = NTC I 15 = NTC II 16 = NTC III 17 = CERTIFICATE WITH LESS THAN GRADE 12/STD 10 18 = DIPLOMA WITH LESS THAN GRADE 12/STD 10 19 = CERTIFICATE WITH GRADE 12/STD 10 20 = DIPLOMA WITH GRADE 12/STD 10 21 = BACHELORS DEGREE 22 = BACHELORS DEGREE AND DIPLOMA 23 = HONOURS DEGREE 24 = HIGHER DEGREE (MASTERS, DOCTORATE) 25 = OTHER, <i>specify in the box at the bottom</i> 26 = DON'T KNOW</p> <p>Diplomas or certificates should be at least six months study duration full-time (or equivalent)</p>	<input type="checkbox"/> 00 <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 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26	<input type="checkbox"/> 00 <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 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26	<input type="checkbox"/> 00 <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 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input 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26	<input type="checkbox"/> 00 <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 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26	<input type="checkbox"/> 00 <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 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26	<input type="checkbox"/> 00 <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 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26	<input type="checkbox"/> 00 <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 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26		

	01	02	03	04	05	06	07	08	09	10
1.10										
Is currently attending school or any other educational institution? 1 = YES 2 = NO → Go to Q 1.17	<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
1.11										
Which of the following educational institutions does attend? <i>Include distance and correspondence education</i> 1 = Pre-school (including day care, crèche, pre-primary) 2 = School 3 = University 4 = Technikon 5 = College 6 = Adult basic education and training/literacy classes 7 = Other adult educational classes 8 = Other than any of the above	<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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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
1.12										
Is it a correspondence/distance educational institution? 1 = YES 2 = NO → Go to Q 1.14	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.13										
How long does it take to get to the school/educational institution where he/she attends? 1 = LESS THAN 15 MINUTES 2 = 15 - 30 MINUTES 3 = MORE THAN 30 MINUTES 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

Questionnaire ID

	01	02	03	04	05	06	07	08	09	10
1.14 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 02 = R101 – R200 03 = R201 – R300 04 = R301 – R500 05 = R501 – R1000 06 = R1001 – R2000 07 = R2001 – R3000 08 = R3001 – R4000 09 = R4001 – R8000 10 = R8001 – R12000 11 = MORE THAN R12000 12 = NONE 13 = 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"/> 12 <input type="checkbox"/> 13	<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 <input type="checkbox"/> 13	<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 <input type="checkbox"/> 13	<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 <input type="checkbox"/> 13	<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 <input type="checkbox"/> 13	<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 <input type="checkbox"/> 13	<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 <input type="checkbox"/> 13	<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 <input type="checkbox"/> 13	<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 <input type="checkbox"/> 13	<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 <input type="checkbox"/> 13
1.15 This academic year, has benefited from any fee exemptions and/or bursaries? 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

Questionnaire ID

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

Ask if "no" in Q1.10

1.17 What is the main reason why is currently not attending school or any other education institution? 01 = TOO OLD/YOUNG 02 = HAS COMPLETED SCHOOL/EDUCATION 03 = SCHOOL/EDUCATION INSTITUTION IS TOO FAR AWAY 04 = NO MONEY FOR FEES 05 = HE/SHE IS WORKING (AT HOME OR JOB) 06 = EDUCATION IS USELESS OR UNINTERESTING 07 = ILLNESS 08 = PREGNANCY 09 = FAILED EXAMS 10 = GOT MARRIED 11 = FAMILY COMMITMENT (CHILD MINDING, ETC.) 12 = OTHER, <i>specify in the box at the bottom</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	<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	<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	<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	<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	<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	<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	<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	<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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Questionnaire ID **HEALTH****Ask for everyone in the household****Read out: Now I am going to ask you health-related questions for each member of the household**

	01	02	03	04	05	06	07	08	09	10
1.18 Is covered by a medical aid or medical benefit scheme or other private health insurance? 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
1.19 During the past month, did suffer from any illnesses or injuries? 1 = YES 2 = NO → Go to Q 1.28	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.20 What sort of illnesses or injuries did suffer from? Did suffer from 01 = Flu or acute respiratory tract infection 02 = Diarrhoea 03 = Severe trauma (e.g. due to violence, motor vehicle accident, gunshot, assault, beating) 04 = TB or severe cough with blood 05 = Abuse of alcohol or drugs 06 = Depression or mental illness 07 = Diabetes 08 = High or low blood pressure 09 = HIV/AIDS 10 = Other sexually transmitted disease 11 = Other illness or injury	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 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1.21 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 2 = NO → Go to Q 1.27	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2

Questionnaire ID

	01	02	03	04	05	06	07	08	09	10
<p>1.22</p> <p>For 's most recent consultation, what kind of health worker did he/she consult?</p> <p>1 = NURSE 2 = DOCTOR 3 = MEDICAL SPECIALIST 4 = PHARMACIST/CHEMIST 5 = DENTIST 6 = SPIRITUAL HEALER (CHURCH RELATED) 7 = TRADITIONAL HEALER 8 = ANY OTHER HEALTH CARE PROVIDER <i>Including psychologist, physiotherapist, chiropractor, homeopath, optometrist</i> 9 = 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 <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
<p>1.23</p> <p>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 02 = CLINIC 03 = OTHER IN PUBLIC SECTOR, specify</p> <p>Private sector (including private clinics, surgery, private hospitals and sangomas) 04 = HOSPITAL 05 = CLINIC 06 = PRIVATE DOCTOR/SPECIALIST 07 = TRADITIONAL HEALER 08 = PHARMACY/CHEMIST 09 = HEALTH FACILITY PROVIDED BY EMPLOYER 10 = ALTERNATIVE MEDICINE, E.G. HOMEOPATHIST 11 = OTHER IN PRIVATE SECTOR, specify 12 = DON'T KNOW</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 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<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	<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	<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	<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	<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	<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	<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	<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	<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

	01	02	03	04	05	06	07	08	09	10	
1.24 Did experience any of the following during this particular visit to the health worker? 1 = Facilities not clean 2 = Long waiting time 3 = Opening times not convenient 4 = Too expensive 5 = Drugs that were needed, not available 6 = Staff rude or uncaring or turned patient away 7 = Incorrect diagnosis 8 = Other, <i>specify in the box at the bottom</i>	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input 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1.25 How satisfied was with the service he/she received? 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"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	
1.26 Did have to pay for this service? 1 = YES 2 = NO 3 = DON'T KNOW → Go to Q 1.28	<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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Questionnaire ID

Ask only if "No" to Q 1.21

	01	02	03	04	05	06	07	08	09	10
1.27 Why did not consult any health worker during the past month? 1 = TOO EXPENSIVE 2 = TOO FAR 3 = Not necessary 4 = Don't know 5 = Other, specify in the box at the bottom	<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

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DISABILITY**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	
1.28 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? 1 = YES 2 = NO → Go to Q1.30	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
1.29 What difficulty or difficulties does have? Is it 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 (e.g. needs wheel chair, crutches or prosthesis; limb or hand usage limitation) 5 = Intellectual (<i>serious difficulties in learning, mental retardation</i>) 6 = Emotional (<i>behavioural, psychological problems</i>) 7 = Other, specify in the box at the bottom	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2

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Questionnaire ID **WELFARE****Ask for everyone in the household****Read out: I am now going to ask about the use of a welfare office or services.**

	01	02	03	04	05	06	07	08	09	10
1.30 During the past 12 months, did make use of a welfare office or services? 1 = YES 2 = NO 3 = DON'T KNOW } → Go to Q1.33	<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
1.31 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 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
1.32 Ask only if there is a "YES" in any part of Q 1.31 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"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<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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	01	02	03	04	05	06	07	08	09	10
<p>Read out: Now I am going to ask you about social grants for each member in the household</p> <p>1.33 Does ... receive any of the following Welfare grants?</p> <p>a) Old age pension 1 = Yes 2 = No 3 = Don't know</p> <p>b) Disability grant 1 = Yes 2 = No 3 = Don't know</p> <p>c) Child support grant 1 = Yes 2 = No 3 = Don't know</p> <p>d) Care dependency grant 1 = Yes 2 = No 3 = Don't know</p> <p>e) Foster care grant 1 = Yes 2 = No 3 = Don't know</p> <p>f) Grant in aid 1 = Yes 2 = No 3 = Don't know</p> <p>g) Social relief 1 = Yes 2 = No 3 = Don't know</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

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<p>2.2 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? <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 as a domestic worker for a wage, salary, or any payment in kind?</p> <p>c) Help unpaid in a household business of any kind? <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>d) 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? <i>Examples: ploughing, harvesting, looking after livestock.</i></p> <p>e) Do any construction or major repair work on his/her own home, plot, cattle post or business or those of the household?</p> <p>f) Catch any fish, prawns, shells, wild animals or other food for sale or household food?</p> <p>g) Beg for money or food in public?</p>	YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2

If "Yes" for a person to any part of Question 2.2 → Go to Q 2.5 for that person. If "No" to all options for a person, continue with next question

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<p>2.3</p> <p><i>If "NO" to all parts of Question 2.2</i> Even though did not do any of these activities in the last seven days, does he/she have a job, business, or other economic or farming activity that he/she will definitely return to? <i>For agricultural activities, the off season in agriculture is not a temporary absence.</i> 1 = YES 2 = NO →Go to Q 2.12</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
<p>2.4</p> <p>What was the main reason was absent from this activity in the last seven days? Mark only one reason. 01 = OWN ILLNESS OR INJURY 02 = CARING FOR FAMILY OR OTHERS (EXCEPT MATERNITY/PATERNITY LEAVE) 03 = MATERNITY OR PATERNITY LEAVE 04 = OTHER FAMILY/COMMUNITY OBLIGATIONS (FUNERALS, MEETINGS) 05 = STRIKE/STAY-AWAY/LOCKOUT 06 = PROBLEMS WITH TRANSPORT 07 = BAD WEATHER 08 = VACATION, LEAVE 09 = STUDY OR TRAINING LEAVE 10 = UNREST (VIOLENCE) 11 = TEMPORARILY LAID OFF/REDUCTION IN ECONOMIC ACTIVITY 12 = OTHER REASON, specify </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 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<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	<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	<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	<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	<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	<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	<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	<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	<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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2.5	<p><i>Read out:</i> You said was doing these activities during the last seven days (or was temporarily absent). <i>Refer to Q 2.1</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. <i>Work includes all the activities mentioned earlier</i> <i>Record at least two words: Car sales person, Office cleaner, Vegetable farmer, Primary school teacher, etc.</i> <i>For agricultural work on own/family farm/plot, state whether for <u>own</u> use or for <u>sale</u> mostly.</i></p>										
2.6	<p>What were 's <u>main</u> tasks or duties in this job? <i>Examples: Selling fruit, repairing watches, keeping accounts, feeding and watering cattle.</i></p>										
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<p>2.7</p> <p>What is the name of 's place of work? <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.</i> <i>Write 'Own house' or 'No fixed location', if relevant.</i></p>										
<p>2.8</p> <p>What are the main goods and services produced at 's place of work? What are its main functions? <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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→ Go to Q.2.19

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2.9	What iss total salary/pay at his/her main job? Including overtime, allowances and bonus, before any tax or deductions. Give amount in whole figures, without any text or decimals If "NONE", "REFUSE" or "DON'T KNOW" → Go to Q 2.11	<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
2.10	Ask only if an amount is given in Q 2.9 Is this ... 1 = Per week 2 = Per month 3 = Annually	<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
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2.11	Only if "NONE", "REFUSE" or "DON'T KNOW" in Q 2.9 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.	<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
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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 2.3 = 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		
<p>2.12 How does support him/herself?</p> <p>1 = Did odd jobs during the past seven days 2 = Supported by persons in the household 3 = Supported by persons not in the household 4 = Supported by charity, church, welfare, etc. 5 = Unemployment Insurance Fund (UIF) 6 = Savings or money previously earned 7 = Old age or disability pension 8 = Other sources, e.g. bursary, study loan, <i>specify in he box at the bottom</i></p> <p>If "Yes" to response category 1 → Go back to Q 2.1 for that person</p>	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input 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2.13 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 2.17 02 = SCHOLAR OR STUDENT <u>AND</u> PREFERS NOT TO WORK 03 = HOUSEWIFE/HOMEMAKER <u>AND</u> PREFERS NOT TO WORK 04 = RETIRED <u>AND</u> PREFERS NOT TO SEEK FORMAL WORK 05 = ILLNESS, INVALID, DISABLED OR UNABLE TO WORK (HANDICAPPED) 06 = TOO YOUNG OR TOO OLD TO WORK 07 = SEASONAL WORKER, E.G. FRUIT PICKER, WOOL-SHEARER 08 = LACK OF SKILLS OR QUALIFICATIONS FOR AVAILABLE JOBS 09 = CANNOT FIND ANY WORK 10 = CANNOT FIND SUITABLE WORK (SALARY, LOCATION OF WORK OR CONDITIONS NOT SATISFACTORY) 11 = CONTRACT WORKER, E.G. MINE WORKER RESTING ACCORDING TO CONTRACT 12 = RETRENCHED 13 = OTHER REASON	<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 <input type="checkbox"/> 13	<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 <input type="checkbox"/> 13	<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 <input type="checkbox"/> 13	<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 <input type="checkbox"/> 13	<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 <input type="checkbox"/> 13	<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 <input type="checkbox"/> 13	<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 <input type="checkbox"/> 13	<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 <input type="checkbox"/> 13	<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 <input type="checkbox"/> 13	<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 <input type="checkbox"/> 13

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2.14	If a suitable job is offered, will accept it? 1 = YES 2 = No 3 = DON'T KNOW } → Go to Q 2.17	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
2.15	How soon can start work? 1 = WITHIN A WEEK 2 = WITHIN TWO WEEKS 3 = WITHIN FOUR WEEKS 4 = LATER THAN FOUR WEEKS FROM NOW 5 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
2.16	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 <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2
2.17	Has ever worked before? 1 = YES 2 = No 3 = DON'T KNOW } → Go to Q 2.19	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
2.18	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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Ask everyone in the household

Questionnaire ID

	01	02	03	04	05	06	07	08	09	10	
2.19	<p>Has participated in a job creation programme or expanded public works programme in the past 6 months?</p> <p>1 = YES 2 = NO → Go to Section 3</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	
2.20	<p>What, if any, were the benefits of attending this programme?</p> <p>a) Acquired new skills b) Got a sustainable job (job lasting six months or more) c) Started own business using skills and experience acquired d) Opportunity for further training e) Other</p>	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2
2.21	<p>What kind of skills didacquire during the programme?</p> <p>a) Construction related b) Home based care c) Early childhood development d) Forestry e) Agriculture and animal husbandry f) Numeracy /literacy g) HIV/AIDS awareness h) Environmental awareness i) Career awareness j) Business skills h) Other</p>	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 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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>During the past 12 months did one or more members of the household undertake any trip/s that lasted at least one night away from home?</p> <p>1 = YES 2 = NO 3 = DON'T KNOW } → Go to section 4</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
3.2	<p>How many trips of this nature did one or more members of the household take ...</p> <p>In the past 4 weeks? In the past 12 months?</p>	
3.3	<p>How many of these trips were ...</p> <p>1. Trips where all nights were spent only in South Africa. 2. Trips where all nights were spent only outside South Africa. 3. Trips that included nights spent in South Africa and outside South Africa. 4. Total</p> <p>Add 1 + 2 + 3 to confirm 4</p>	<p>NUMBER OF TRIPS</p> <p>DON'T KNOW</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

If response only 2 and 3 go to Section 4

Read out: I am now going to ask you some questions about the last domestic trip

3.4	<p>Considering the last domestic trip undertaken by one or more members of the household, what was the main reason for this trip? Was it a ...</p> <p>1 = Leisure/vacation/holiday trip 2 = Trip visiting friends or family 3 = Business/conference or professional trip 4 = Medical 5 = Religious 6 = Funeral 7 = Study trip 8 = Other</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 <input type="checkbox"/> 8
3.5	<p>What was the household's principal destination in this last domestic trip? Was it...</p> <p>1 = Western Cape 2 = Eastern Cape 3 = Northern Cape 4 = Free State 5 = Kwa-Zulu Natal 6 = North West 7 = Gauteng 8 = Mpumalanga 9 = Limpopo</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 <input type="checkbox"/> 8 <input type="checkbox"/> 9

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3.9	Please indicate which of the following items were included in the package and state the value of each item,	INCLUDED YES NO	VALUE	DON'T KNOW
	a. Airfare	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/>
	b. Land transport	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/>
	c. Accommodation	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/>
	d. Food and beverages	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/>
	e. Recreation and entertainments (e.g. payments to a botanical garden, zoo etc)	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/>
	f. Medical expenses	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/>
	g. Shopping	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/>
	h. Other	<input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/>
	i. Total trip Add a – h to confirm i			<input type="checkbox"/>

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3.6	How many nights were members of this household away from home on the last domestic trip? a. Number of nights spent away from home?	NUMBER OF NIGHTS	DON'T KNOW
3.7	How many members of this household went on this last domestic trip? 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 Add a + b + c + d to confirm e.	NUMBER OF HOUSEHOLD MEMBERS	DON'T KNOW

3.8	Was this last domestic trip a package deal with an all-inclusive price? 1 = Yes 2 = No 3 = Don't know } → Go to Q3.11	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Ask only if "No" or "Don't know" to Q 3.8

3.10	How much did the members of the household spend/consume/ use on the following, which was NOT included in the package, during this last domestic trip?	AMOUNT SPENT/ CONSUMED/ USED	DON'T KNOW
	a. Airfare		<input type="checkbox"/>
	b. Land transport		<input type="checkbox"/>
	c. Accommodation		<input type="checkbox"/>
	d. Food and beverages		<input type="checkbox"/>
	e. Recreation and entertainment (eg payments to a botanical garden, zoo etc)		<input type="checkbox"/>
	f. Medical expenses		<input type="checkbox"/>
	g. Shopping		<input type="checkbox"/>
	h. Other		<input type="checkbox"/>
	i. Total		<input type="checkbox"/>
	Add a-h to confirm i		
	Go to Q3.12		

3.11	How much did the members of the household spend/consume/ use on the following during this last domestic trip?	AMOUNT SPENT/ CONSUMED/ USED	DON'T KNOW
	a. Airfare		<input type="checkbox"/>
	b. Land transport		<input type="checkbox"/>
	c. Accommodation		<input type="checkbox"/>
	d. Food and beverages		<input type="checkbox"/>
	e. Recreation and entertainment (e.g payments to a botanical garden, zoo etc)		<input type="checkbox"/>
	f. Medical expenses		<input type="checkbox"/>
	g. Shopping		<input type="checkbox"/>
	h. Other		<input type="checkbox"/>
	i. Total		<input type="checkbox"/>
	Add a-h to confirm i		

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14	<p>Did this household incur any trip-related expenses before setting out on the last domestic trip (including travel insurance, buying clothes for the trip, camera film, batteries, etc)?</p> <p>1 = YES 2 = NO 3 = DON'T KNOW } → Go to Q3.16</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
3.15	<p>If yes in Q3.14</p> <p>How much did the household spend (total pre-trip spend)? (R)</p>	
3.16	<p>Did this household incur any trip-related expenses after returning from the last domestic trip (including development of films, etc)?</p> <p>1 = YES 2 = NO 3 = DON'T KNOW } → Go to section 4</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
3.17	<p>If yes in Q3.16</p> <p>How much did the household spend (total post-trip spend)? (Rands)</p>	

3.12	<p>What type of accommodation did the members of the household use during the stay on this last domestic trip?</p> <p>1 = Hotel 2 = Bed and breakfast establishment 3 = Guest House 4 = Lodge 5 = Self catering establishment 6 = Stayed with friends or family 7 = Other (specify)</p>	<p>If yes, number of nights spent</p> <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>								
3.13	<p>What was the principal mode of transport that the members of the household used during this last domestic trip?</p> <p>1 = TRAIN 2 = BUS 3 = TAXI 4 = AIRCRAFT 5 = OTHER (Specify)</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5								

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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 ON A PROPERTY OR A LARGER DWELLING/ SERVANT'S QUARTERS/GRANNY FLAT	<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 ON A PROPERTY OR A LARGER DWELLING/ SERVANT'S QUARTERS/GRANNY FLAT	<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	<input type="checkbox"/> 12

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4.3	<p>What is the main material used for the walls and the roof of the main dwelling? <i>Mark one code in each column.</i></p> <p>01 = BRICKS 02 = CEMENT BLOCK/CONCRETE 03 = CORRUGATED IRON/ZINC 04 = WOOD 05 = PLASTIC 06 = CARDBOARD 07 = MIXTURE OF MUD AND CEMENT 08 = WATTLE AND DAUB 09 = TILE 10 = MUD 11 = THATCHING 12 = ASBESTOS 13 = OTHER, specify</p>	<p>Walls</p> <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 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13</p>	<p>Roof</p> <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 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13</p>
4.4	<p>In what condition are the walls and the roof of the main dwelling?</p> <p>1 = Very weak 2 = Weak 3 = Needs minor repairs 4 = Good 5 = Very good</p>	<p>Walls</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p>	<p>Roof</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p>

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4.5	<p>What is the total number of rooms in the dwelling(s) that the household occupies? <i>Excluding toilets and bathrooms</i></p>	<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</p>
4.6	<p>Is the dwelling</p> <p>1 = Owned and fully paid off → Go to Q4.12.3 2 = Owned, but not yet fully paid off → Go to Q4.12 3 = Rented → Go to Q4.7.a 4 = Occupied rent-free as part of employment contract of family member or yourself → Go to Q4.7.b 5 = Occupied rent-free not as part of employment contract of family member → Go to Q4.7.b 6 = Occupied as a Boarder → Go to Q4.8</p>	<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</p>

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Ask if answer to Q4.6 is 3 (dwelling rented)

4.7.a What is the amount of rent paid for this dwelling?		Costs for the past month
1.1	Amount paid by you excluding amount subsidised	
1.2	Amount subsidised (e.g. by employer)	
1.3	Amount paid for garage and/or domestic worker's room if rented separately	
1.4	Total rent paid, for this dwelling unit Add 1.1, 1.2 and 1.3 to confirm 1.4	
Go to Q4.9		

Ask if answer to Q4.6 is 4 or 5 (dwelling occupied rent-free)

4.7.b	What is the value of monthly rent you would pay? (for only those who occupy dwellings rent free Q4.6) → Go to Q4.10	
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Ask if answer to Q4.6 is 6 (dwelling occupied as a boarder)

4.8	What is the amount of boarding or lodging (in this dwelling) paid for the past month? (This item only covers permanent boarding and also includes amounts paid to members of your family if you board with them, excluding meals) (Rands) → Go to Q4.10	
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4.9	How much levy did you pay in the last month? (in the case of dwelling-units under sectional title or share-holding / block scheme)	
4.10	Does the rent / boarding include ...? 1 = Electricity 2 = Water 3 = Garage/parking space 4 = Refuse removal 5 = Levy 6 = Other, specify	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2
4.11	Is this dwelling unit rented with or without furniture? 1 = UNFURNISHED 2 = SEMI-FURNISHED 3 = FURNISHED	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

→ GO TO Q4.18

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Ask if answer to Q4.6 is 2(dwelling owned but not fully paid off)

4.12	PAYMENT ON THE DWELLING (including additional payments for immovable improvements) you can ask for a copy of mortgage bond statement).	Cost for the past month
4.12.1	Monthly instalment for the past month (including voluntary additional monthly payment but excluding insurance) <ul style="list-style-type: none"> a. Capital b. Interest c. Total (a+b) 	<input type="text"/>
4.12.2	Subsidy (Amount received from employer, or value of reduction in instalment if loan is repaid at a rate lower than the current interest rate)	<input type="text"/>

Ask if answer to Q4.6 is 1 or 2 (dwelling owned)

4.12.3	Please state the amount of <u>levy</u> paid for the past month (Rands)	<input type="text"/>
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Ask if answer to Q4.6 is 1 or 2 (dwelling owned) otherwise go to Q4.18

4.13	ADDITIONAL SINGLE AMOUNT PAID TO BANK/BUILDING SOCIETY REGARDING MORTGAGE BOND (You can ask for a copy of the loan statement)	Cost for the past 12 months
4.13.1	Capital payments (including deposit)	<input type="text"/>
4.13.2	Other payments such as transfers duty and transfer costs and registration of mortgage bond	<input type="text"/>
4.13.3	Contributions made towards communal provision of housing services, such as water facilities and electricity supply (e.g. communal tap)	<input type="text"/>
4.13.4	Payment for right to access a piece of land (tribal/shacks)	<input type="text"/>

4.14	Did the household do any repairs and improvements to this dwelling-unit of which payments were not included in the dwelling-unit mortgage bond above in the past 12 months? 1 = YES 2 = NO → Go to Q4.16	<input type="checkbox"/> 1 <input type="checkbox"/> 2
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4.15	Amount paid on:	Cost for the past 12 months
a.	Maintenance and repair of dwelling (existing buildings, swimming pools, etc. Including paints, wallpaper, etc.)	
b.	Services for maintenance and repair of dwelling (plumbers, electricians, carpenters, etc)	
c.	Improvements (Additions and alterations including installation of security systems, build-in furniture, solar energy systems, swimming pools and garden lay-outs)	
d.	Services for improvements (carpenters, electricians, etc)	
e.	Security structures (including fences, electric gates)	
f.	Security systems (including alarms, panic buttons)	
g.	Security Services (including reaction services and neighbourhood watch)	
h.	Building materials not included in (a) or (c) (e.g. for building houses)	
4.16	What is the value of rent you could collect per month, if you were to rent this dwelling out?	

4.17	State the estimated reasonable market value for which this property could be sold (Rands)	Amount	Don't know
			<input type="checkbox"/>

Ask all household members

4.18	<p>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></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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WATER

Ask all households

4.19	<p>What is the household's main source of water? <i>Mark one code for each column</i></p> <p>01 = PIPED (TAP) WATER IN DWELLING 02 = PIPED (TAP) WATER ON SITE OR IN YARD Go to Q4.21 03 = BOREHOLE ON SITE 04 = RAIN-WATER TANK ON SITE 05 = NEIGHBOUR'S TAP 06 = PUBLIC/COMMUNAL TAP 07 = WATER-CARRIER/TANKER 08 = BOREHOLE OFF SITE/COMMUNAL 09 = FLOWING WATER/STREAM/RIVER 10 = STAGNANT WATER/DAM/POOL 11 = WELL 12 = SPRING 13 = OTHER, specify</p>	<p>Drinking</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 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13	<p>Other</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 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13
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Ask if water is not in dwelling, yard or on site, otherwise go to Q4.21

4.20	<p>How far is the water source from the dwelling, yard or site (200m is equal to two football fields)?</p> <p>1 = LESS THAN 200M 2 = BETWEEN 201M – 500M 3 = BETWEEN 501M – 1KM 4 = MORE THAN 1 KM 5 = DON'T KNOW</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
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4.21	<p>Is the water from the main source of drinking water.....</p> <p>1 = Safe to drink? 2 = Clear (have no colour / free of mud)? 3 = Good in taste? 4 = Free from bad smells?</p>	YES <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	NO <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2
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4.22	<p>Do household members treat the water used for drinking?</p> <p>1 = Yes, always 2 = Yes, sometimes 3 = No, never</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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4.23	<p>Does this household have access to piped water from a local municipality?</p> <p>1 = Yes, always 2 = No</p> <p style="text-align: right;">→ Go to Q 4.27</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
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4.24	<p>How do you rate the municipal water services you receive?</p> <p>1 = GOOD 2 = AVERAGE 3 = POOR</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
4.25	<p>Does the household pay for water?</p> <p>1 = YES → Go to Q 4.27 2 = No → Go to Q 4.26</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
4.26	<p>Why does the household not pay for water?</p> <p>01 = Metering system is irregular 02 = No metering system is in place 03 = Billing system is irregular 04 = No billing system is in place 05 = Meter is broken 06 = Can't afford to pay for water 07 = Unhappy with the level of service provided 08 = The government should supply all water free 09 = Others do not pay for water 10 = The household only uses the free basic amount 11 = Other, specify.....</p>	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2

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4.27	<p>How often does the household have water interruptions in its piped water supply?</p> <p>1 = DAILY 2 = WEEKLY 3 = MONTHLY 4 = 6 MONTHLY 5 = YEARLY 6 = ALMOST NEVER → Go to Q 4.30</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
4.28	<p>What normally causes the interruption?</p> <p>1 = Burst Pipes 2 = Pump not working 3 = General Maintenance 4 = Not enough water in the system (demand too high) 5 = Water only delivered at fixed times 6 = non-payment for services (cutt off) 7 = Vandalism 8 = Other, specify 9 = 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 <input type="checkbox"/> 8 <input type="checkbox"/> 9
4.29	<p>The last time it happened, when was the problem rectified?</p> <p>1 = THE SAME DAY 2 = WITHIN TWO DAYS 3 = WITHIN A WEEK 4 = LONGER THAN A WEEK 5 = LONGER THAN A MONTH, specify..... 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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SANITATION Ask all households			
4.30 What type of toilet facility is available for this household? Main type	In dwelling	On site	Off site
Toilet facility			
1 = FLUSH TOILET WITH OFFSITE DISPOSAL	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13
2 = FLUSH TOILET WITH ON SITE DISPOSAL (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 4.34			<input type="checkbox"/> 73

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Ask if the toilet is not in dwelling, otherwise Go to Q 4.32

4.31	How far is the nearest toilet facility to which the household has access? 1 = LESS THAN 2 MINUTES (LESS THAN 200M) 2 = 2 MINUTES BUT LESS THAN 5 MINUTES (201M - 500M) 3 = MORE THAN 5 MINUTES (MORE THAN 500M)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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4.32 Is the toilet facility shared with other households?

	1 = YES 2 = NO	<input type="checkbox"/> 1 <input type="checkbox"/> 2
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Ask if answer to Q 4.30 is "BUCKET TOILET". Otherwise Go to Q 4.34

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

4.34	Does this household have a connection to the MAINS electricity supply? 1 = YES 2 = NO → Go to Q 4.37	<input type="checkbox"/> 1 <input type="checkbox"/> 2
4.35	Does this household receive free electricity? 1 = YES 2 = NO	<input type="checkbox"/> 1 <input type="checkbox"/> 2

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4.36	Was electricity cut off for non-payment for this household in the past month? 1 = YES 2 = NO	<input type="checkbox"/> 1 <input type="checkbox"/> 2
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4.37	What is the main source of Energy/fuel for this household?	Cooking	Heating	Lighting
	01 = ELECTRICITY FROM MAINS 02 = ELECTRICITY FROM GENERATOR 03 = GAS 04 = PARAFFIN 05 = WOOD 06 = COAL 07 = CANDLES 08 = ANIMAL DUNG 09 = SOLAR ENERGY 10 = OTHER, <i>specify</i> 11 = NONE	<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

4.38	Thinking back five years ago, did this household have a connection to the MAINS electricity supply, then? 1 = YES 2 = NO 3 = HOUSEHOLD DID NOT EXIST 4 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
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4.39	<p>How is the refuse or rubbish for this household taken care of?</p> <p>1 = REMOVED BY LOCAL AUTHORITY AT LEAST ONCE A WEEK <input type="checkbox"/> 1</p> <p>2 = REMOVED BY LOCAL AUTHORITY LESS OFTEN THAN ONCE WEEK <input type="checkbox"/> 2</p> <p>3 = REMOVED BY COMMUNITY MEMBERS AT LEAST ONCE A WEEK <input type="checkbox"/> 3</p> <p>4 = REMOVED BY COMMUNITY MEMBERS LESS OFTEN THAN ONCE A WEEK <input type="checkbox"/> 4</p> <p>5 = COMMUNAL REFUSE DUMP/COMMUNAL CONTAINER <input type="checkbox"/> 5</p> <p>6 = OWN REFUSE DUMP <input type="checkbox"/> 6</p> <p>7 = NO RUBBISH REMOVAL <input type="checkbox"/> 7</p> <p>8 = OTHER, specify..... <input type="checkbox"/> 8</p>
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Ask if answer to Q4.39 is 3, 4, 5, 6, 7 or 8 otherwise go to Q4.41

4.40	<p>Would this household be willing to pay rates for a refuse service?</p> <p>1 = YES <input type="checkbox"/> 1</p> <p>2 = NO <input type="checkbox"/> 2</p> <p>3 = ALREADY PAYING <input type="checkbox"/> 3</p> <p>4 = DON'T KNOW <input type="checkbox"/> 4</p>
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Ask for all households

4.41	<p>How far is the nearest buy back center, if any, from this dwelling? (e.g. a recycling center that exchanges recyclables for cash)</p> <p>1 = LESS THAN 100 M <input type="checkbox"/> 1</p> <p>2 = 100 M – LESS THAN 200 M <input type="checkbox"/> 2</p> <p>3 = 200 M - LESS THAN 1 KM <input type="checkbox"/> 3</p> <p>4 = 1 KM – LESS THAN 5 KM <input type="checkbox"/> 4</p> <p>5 = 5 KM – LESS THAN 10 KM <input type="checkbox"/> 5</p> <p>6 = 10 KM OR MORE <input type="checkbox"/> 6</p> <p>7 = DON'T KNOW THE DISTANCE TO BUY BACK CENTRE <input type="checkbox"/> 7</p> <p>8 = DON'T KNOW IF THERE IS ANY BUY BACK CENTER NEARBY <input type="checkbox"/> 8</p> <p>9 = NO BUY BACK CENTRE <input type="checkbox"/> 9</p>
4.42	<p>Does your neighbourhood have a community / school programme for recycling?</p> <p>1 = YES <input type="checkbox"/> 1</p> <p>2 = NO <input type="checkbox"/> 2</p> <p>3 = DON'T KNOW <input type="checkbox"/> 3</p>
4.43	<p>Does this household collect waste for recycling?</p> <p>1 = YES <input type="checkbox"/> 1</p> <p>2 = NO <input type="checkbox"/> 2</p> <p style="text-align: right;">→ Go to Q 4.47</p>

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4.44	<p>Which of the following does the household collect for recycling?</p> <p>a) Paper, cardboard / boxes</p> <p>b) Glass / glass bottles</p> <p>c) Plastic/plastic bags / plastic bottles</p> <p>d) Aluminium cans / metal</p> <p>e) Oil (household / automotive)</p> <p>f) Ash, rubble and bricks</p>	<p>YES NO</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>
4.45	<p>Why does the household collect waste for recycling?</p> <p>a) To reduce waste</p> <p>b) To get money from recycled items</p> <p>c) To save energy/natural resources</p> <p>d) To save landfill space</p> <p>e) To reduce litter and pollution</p> <p>f) Don't know</p>	<p>YES NO</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>
4.46	<p>Does any member of this household earn a living by collecting waste for recycling?</p> <p>1 = YES</p> <p>2 = NO</p> <p>→ Go to Q 4.49</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p>

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Ask if answer is "No" to Q 4.43. Otherwise Go to Q4.49

4.47	How does this household currently dispose of the following?	THROUGH GENERAL GARBAGE DISPOSAL	OWN REFUSE DUMP	OTHER
4.48	<p>Why does the household not collect waste for recycling?</p> <p>1 = THROWN OUT INTO DUSTBIN FOR REFUSE COLLECTION</p> <p>2 = DON'T THINK IT IS IMPORTANT</p> <p>3 = DO NOT HAVE ADEQUATE FACILITIES</p> <p>4 = TOO FEW RECYCLABLES</p> <p>5 = NOT ENOUGH FINANCIAL BENEFIT</p> <p>6 = NO TIME TO COLLECT WASTE</p> <p>7 = DON'T KNOW</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 1</p>	<p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 2</p>	<p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 3</p>

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4.49	<p>Does this household make compost from</p> <p>1 = Kitchen waste? 2 = Garden waste?</p> <p>If No to both Go to Q 4.51</p>	<p>YES NO</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>								
4.50	<p>How much waste does this household compost on average per week from</p> <p>a) Kitchen waste b) Garden waste</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center; padding: 2px;">LESS THAN 1 LARGE REFUSE REMOVAL BAG</td> <td style="width: 25%; text-align: center; padding: 2px;">1 - 3 LARGE REFUSE REMOVAL BAGS</td> <td style="width: 25%; text-align: center; padding: 2px;">MORE THAN 3 LARGE REFUSE REMOVAL BAGS</td> <td style="width: 25%; text-align: center; padding: 2px;">NO COMPOST FROM THIS SOURCE</td> </tr> <tr> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 1 <input type="checkbox"/> 1</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 2 <input type="checkbox"/> 2</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 3 <input type="checkbox"/> 3</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> 4 <input type="checkbox"/> 4</td> </tr> </table>	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	<input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 4
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							
<input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 4							
4.51	<p>Which of the following environmental problems do you experience in your community?</p> <p>a) Waste removal / littering b) Water pollution c) Outdoor/indoor air pollution d) Land degradation / overutilisation of natural resources (e.g. soil erosion, potholes and dongas, overgrazing, cutting of trees for firewood) e) Excessive noise/noise pollution f) Other, specify</p>	<p>YES NO</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>								

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4.52	<p>In the past 12 months have you or any member of your household</p> <p>1 = Deliberately used public transport, walked or cycled instead of using a car? 2 = Used pesticides in your dwelling? 3 = Used pesticides in your garden/yard? 4 = Used herbicides/weed killers in your garden/yard?</p>	<p>YES NO</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>
4.53	<p>Does the household</p> <p>a) Deliberately cut down on the amount of water use? b) Deliberately cut down on the use of electricity/gas? c) Make sure that your noises do not disturb others? d) Have a car?</p>	<p>YES NO</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>
4.54	<p>Does this household have a functional/working landline telephone in the dwelling?</p> <p>1 = YES 2 = NO</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>
4.55	<p>Is there a cellular telephone available to this household for regular use?</p> <p>1 = YES 2 = NO</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>

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Questionnaire ID

Ask if answer is "No" to both Q 4.54 and Q 4.55 Otherwise Go to 4.57

4.56	How far does it take from here, to the nearest accessible telephone, using your usual means of transport? 1 = 14 MIN OR LESS 2 = 15 - 29 MIN 3 = 30 - 44 MIN 4 = 45 - 59 MIN 5 = 60 MIN OR MORE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
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Ask for all households		
4.57	Thinking back five years ago, did this household have a functional/working landline telephone in the dwelling then? 1 = YES 2 = NO 3 = HOUSEHOLD DID NOT EXIST 4 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

4.58	How does this household receive most of its mail/post? 1 = DELIVERED TO THE DWELLING 2 = DELIVERED TO A POST BOX/PRIVATE BAG 3 = THROUGH FRIEND OR NEIGHBOUR 4 = THROUGH A SHOP 5 = THROUGH A SCHOOL 6 = THROUGH A WORKPLACE 7 = THROUGH A TRIBAL/LOCAL AUTHORITY OFFICE 8 = DO NOT RECEIVE MAIL 9 = OTHER, specify.....	<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
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4.59	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>	WALK-ING	MINIBUS TAXI	BUS (PUBLIC)	TRAIN	OWN TRANS-PORT	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 Q4.59, specify:.....

Questionnaire ID

<p>4.62</p> <p>How many square meters or hectares of land does the household have access to for agricultural purposes, if any?</p> <p>1 = LESS THAN 5000 m² (5000 m² is approximately one soccer field)</p> <p>2 = 5000m² - 9999m²</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>	<p>4.63</p> <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, specify.....</p> <p>6 = DON'T KNOW</p>	<p>4.64</p> <p>What farming activities, if any, take place on the land? Is it.....?</p> <p>1 = Field crops</p> <p>2 = Horticulture</p> <p>3 = Livestock</p> <p>4 = Poultry</p> <p>5 = Orchards</p> <p>6 = Other (Specify).....</p>
<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p>	<p>YES NO</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>

4.60	How long in minutes does it take or would it take, from here to reach the nearestusing the usual means of transport?					
Facility	14 MIN OR LESS	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

<p>4.61</p> <p>Does this household have access to land that is or could be used for agricultural purposes?</p> <p>1 = YES (Exclude communal grazing land)</p> <p>2 = NO</p> <p>→ Go to Q 4.65</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p>
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Questionnaire ID

Ask for all households

<p>4.65</p>	<p>In the past 12 months, did any adult (18 years and above) in this household go hungry because there wasn't enough food?</p> <p>1 = NEVER 2 = SELDOM 3 = SOMETIMES 4 = OFTEN 5 = ALWAYS 6 = NOT APPLICABLE (NO ADULTS IN HOUSEHOLD)</p>	<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</p>
<p>4.66</p>	<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>	<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</p>
<p>4.67</p>	<p>In the past 12 months, was there any young person, aged 5 – 17 years, who has left this household, and you do not know his/her whereabouts or to live on the streets?</p> <p>1 = YES 2 = NO 3 = DON'T KNOW 4 = NOT APPLICABLE (NO CHILDREN IN HOUSEHOLD)</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p>

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<p>4.68</p>	<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 AND SERVICES 5 = OTHER NON-FARM INCOME 6 = NO INCOME</p>	<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</p>
<p>4.69</p>	<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>	<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</p>

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4.70	<p>How much did this household spend on the following in the last month? (Rands only)</p> <p>a) Transport</p> <p>b) Housing</p> <p>c) Clothing</p> <p>d) Food</p> <p>e) Personal appearance</p> <p>f) Other</p>																	
4.71	<p>During the past 12 months, has any member of this household</p> <p>a) had things stolen?</p> <p>b) been harassed or threatened by a household member?</p> <p>c) been harassed or threatened by someone outside the household?</p> <p>d) been sexually molested by a household member?</p> <p>e) been sexually molested by someone outside the household?</p> <p>f) been beaten up or hurt by a household member?</p> <p>g) been beaten up or hurt by someone outside the household?</p> <p>h) been murdered by a household member</p> <p>i) been murdered by someone outside the household</p>	<table border="0"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> </table>	YES	NO	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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<input type="checkbox"/> 1	<input type="checkbox"/> 2																	

4.72	<p>If anyone in this household gets ill and decides to seek medical help, where do they usually go first? Public sector (i.e. government, provincial or community institution)</p> <p>01 = HOSPITAL</p> <p>02 = CLINIC</p> <p>03 = OTHER IN PUBLIC SECTOR, specify</p> <p>Private sector (including private clinics, surgery, private hospitals and sangomas)</p> <p>04 = Hospital</p> <p>05 = Clinic</p> <p>06 = Private doctor/specialist</p> <p>07 = Traditional healer</p> <p>08 = Pharmacy/chemist</p> <p>09 = Health facility provided by employer</p> <p>10 = Other in private sector, specify</p> <p>11 = Don't know</p>	<table border="0"> <tr> <td><input type="checkbox"/> 01</td> </tr> <tr> <td><input type="checkbox"/> 02</td> </tr> <tr> <td><input type="checkbox"/> 03</td> </tr> <tr> <td><input type="checkbox"/> 04</td> </tr> <tr> <td><input type="checkbox"/> 05</td> </tr> <tr> <td><input type="checkbox"/> 06</td> </tr> <tr> <td><input type="checkbox"/> 07</td> </tr> <tr> <td><input type="checkbox"/> 08</td> </tr> <tr> <td><input type="checkbox"/> 09</td> </tr> <tr> <td><input type="checkbox"/> 10</td> </tr> <tr> <td><input type="checkbox"/> 11</td> </tr> </table>	<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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<input type="checkbox"/> 08													
<input type="checkbox"/> 09													
<input type="checkbox"/> 10													
<input type="checkbox"/> 11													
4.73	<p>Is the facility you / this household consult(s) open 24 hours?</p> <p>1= YES Go to Q4.76</p> <p>2= NO CONTINUE</p>	<table border="0"> <tr> <td><input type="checkbox"/> 1</td> </tr> <tr> <td><input type="checkbox"/> 2</td> </tr> </table>	<input type="checkbox"/> 1	<input type="checkbox"/> 2									
<input type="checkbox"/> 1													
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Questionnaire ID

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4.74	From what time does the facility you / this household consult(s) open?	H	H	M	M

4.75	From what time does the facility you / this household consult(s) close?	H	H	M	M

4.76	Does the household own any of the following? 1 = Television 2 = Radio 3 = Books	YES	NO
		<input type="checkbox"/> 1	<input type="checkbox"/> 2
		<input type="checkbox"/> 1	<input type="checkbox"/> 2
		<input type="checkbox"/> 1	<input type="checkbox"/> 2

INTERVIEW END TIME:

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*End of interview.
Thank the respondent!*

Interviewer to answer questions on next page.

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Questionnaire ID

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4.77	Indicate the column number of the person who answered the questions in Section 4	
4.78	<p><i>In what language was the main part of the interview conducted?</i></p> <p>01 = AFRIKAANS 02 = ENGLISH 03 = ISINDEBELE/SOUTH NDEBELE/NORTH NDEBELE 04 = ISIXHOSA/XHOSA 05 = ISIZULU/ZULU 06 = SEPEDI/NORTHERN SOTHO 07 = SESOTHO/SOUTHERN SOTHO/SOTHO 08 = SETSWANA/TSWANA 09 = SISWATI/SWAZI 10 = TSHIVENDA/VENDA 11 = XITSONGA/TSONGA 12 = OTHER, specify </p>	<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
4.79	<p><i>What is the type of these living quarters?</i></p> <p>1 = PRIVATE DWELLING 2 = WORKERS HOSTEL</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2

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Questionnaire ID

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FOR PROCESSING

	NAME
HQ CHECKING	
CODING	

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