



**Statistics  
South Africa**

Preferred supplier of quality statistics



# General Household Survey 2010

## A: Particulars of the dwelling

A1: PSU Number

A2: Assignment Number

A3: Dwelling Unit Number

A4: Physical ID of the Dwelling Unit/Household

A5: Telephone number of enumerated household

A6: Total number of persons in household

A7: Questionnaire number of this household

## B: Households at the selected dwelling unit

B1: Household number for this household

B2: Total number of households at selected dwelling

## C: Field staff

Survey Officer name  Persal Number

DSC name  Persal Number

PQM name  Persal Number

Unique No.

D: Survey period  3  2 0 1 0

## E: Response details

Visit No.	Date actual							Result Code							
	d	d	m	m	y	y	y		d	d	m	m	y	y	y
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

E2: FINAL RESULT CODE

E3: Comments and full details for result codes 2-11

RESULT CODES			
01	Completed	07	Listing error
02	Non-contact	08	Demolised
03	Refused	09	Change of status
04	Partly completed	10	Other non-response
05	No usable information	11	End at Question B
06	Vacant/unoccupied DU		

### **Aim and use of the survey**

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

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

### **The survey design**

A representative national sample of 30 800 Dwelling Units (DUs) has been drawn from the 3 080 Primary Sampling Units (PSUs) that form the current master sample. The master sample is based on the 2001 Population Census Enumeration Areas (EAs). Between 1 and 30 dwelling units have been randomly sampled from each PSU and all the households residing within these sampled dwelling units will be enumerated.

### **Write figures very carefully**

Close the zeros (0) so that they will not be mistaken for the sixes (6).

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

Your figures should be made like this:

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>0</b>

Your crosses should not touch the sides:



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

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

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

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

INTERVIEW START TIME  <sup>h</sup>  <sup>h</sup>  <sup>m</sup>  <sup>m</sup>

		01	02	03	04	05	06	07	08	09	10
<b>A</b>	<b>First name and surname</b> <i>Write down first name and surname of each member of the household, starting with the head or acting head. If more than one head or acting head take the oldest.</i>										
	<b>First name:</b> <b>Surname:</b>										
<b>B</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 → <b>If "No", End of interview</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	<b>C</b>	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
<b>D</b>	<b>What is .....s date of birth and age in completed years?</b>										
	<b>Day of Birth:</b> <i>Example of day 05</i>	d d <input type="text"/> <input type="text"/>	d d <input type="text"/> <input type="text"/>	d d <input type="text"/> <input type="text"/>	d d <input type="text"/> <input type="text"/>	d d <input type="text"/> <input type="text"/>	d d <input type="text"/> <input type="text"/>	d d <input type="text"/> <input type="text"/>	d d <input type="text"/> <input type="text"/>	d d <input type="text"/> <input type="text"/>	d d <input type="text"/> <input type="text"/>
	<b>Month of birth:</b> <i>Example of month 11</i>	m m <input type="text"/> <input type="text"/>	m m <input type="text"/> <input type="text"/>	m m <input type="text"/> <input type="text"/>	m m <input type="text"/> <input type="text"/>	m m <input type="text"/> <input type="text"/>	m m <input type="text"/> <input type="text"/>	m m <input type="text"/> <input type="text"/>	m m <input type="text"/> <input type="text"/>	m m <input type="text"/> <input type="text"/>	m m <input type="text"/> <input type="text"/>
	<b>Year of birth:</b> <i>Example of year 2007</i>	y y y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	y y y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	y y y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	y y y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	y y y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	y y y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	y y y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	y y y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	y y y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	y y y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<b>Age in years</b> <i>Less than one year = 0</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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		01	02	03	04	05	06	07	08	09	10
<b>E</b>	<b>What population group does ..... belong to?</b>										
	1 = Black African	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = Coloured	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	3 = Indian/Asian	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	4 = White	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
	5 = Other (specify in box below)	<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
<b>F</b>	<b>Is there any other person residing in this household, other than those already mentioned, who is not presently here?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No									
		→ If "Yes", Go back to A									

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## SECTION 1 : HOUSEHOLD SPECIFIC CHARACTERISTICS

*This section covers particulars of each person in the household*

		01	02	03	04	05	06	07	08	09	10
<b>1.1</b>	<b>What is .....’s relationship to the head of the household? (i.e. to the person in column 1)</b> 1 = Head/acting head 2 = Husband/wife/partner of person 01 3 = Son/daughter/stepchild/adopted child of person 01 4 = Brother/sister/stepbrother/stepsister of person 01 5 = Father/mother/stepfather/stepmother of person 01 6 = Grandparent/great grandparent of person 01 7 = Grandchild/great grandchild of person 01 8 = Other relative (e.g. in-laws or aunt/uncle) of person 01 9 = Non-related persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1.2a</b>	<b>What is .....’s present marital status?</b> 1 = Legally married 2 = Living together like husband and wife 3 = Divorced 4 = Separated, but still legally married 5 = Widowed 6 = Single, but have been living together with someone as husband/wife before 7 = Single and have never been married/never lived together as husband/wife before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1.2b</b>	<b>Does ....’s spouse/partner live in this household?</b> 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
<b>1.2c</b>	<i>Ask if yes in Q1.2b</i> <b>Which person is the spouse/partner of .....?</b> <i>Give person number</i>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Go to Q 1.3a

→ Go to Q1.3a

→ Go to Q1.3a

		01	02	03	04	05	06	07	08	09	10
<b>1.3a</b>	<b>Is ..... 's biological father still alive?</b> 1 = Yes 2 = No → <i>Go to Q1.4a</i> 3 = Do not know → <i>Go to Q1.4a</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>1.3b</b>	<b>Is ... 's biological father part of this household?</b> 1 = Yes 2 = No → <i>Go to Q1.4a</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>1.3c</b>	<b>Which person is ..... 's biological father?</b> <i>Give person number</i>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<b>1.4a</b>	<b>Is ..... 's biological mother still alive?</b> 1 = Yes 2 = No → <i>Go to Q1.5</i> 3 = Do not know → <i>Go to Q1.5</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>1.4b</b>	<b>Is ..... 's biological mother part of this household?</b> 1 = Yes 2 = No → <i>Go to Q1.5</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>1.4c</b>	<b>Which person is ..... 's biological mother?</b> <i>Give person number</i>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<b>1.5</b>	<i>Only ask for people younger than 22 years that are not living with one or more of his/her biological parents; otherwise go to 1.6</i> <b>Has .... been placed by the court (in terms of the children's act of 2005) in the care of an individual in this household for the purposes of foster care?</b> 1 = Yes 2 = No 3 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3



Ask for all household members aged 0-4 years. Otherwise go to Q1.12

		01	02	03	04	05	06	07	08	09	10
1.7	Does ..... attend a day care centre, crèche, Early Childhood Development Centre (ECD), play group, nursery school or pre-primary school?										
	1 = Yes → Go to Q1.9	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = No	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	3 = Do not know	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
1.8	Ask if "No" or "Do not know" in Q1.7 Where is he/she during the day for most of the time?										
	1 = At home with parent, foster parent or guardian → Go to Q1.10a	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = At home with another adult	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	3 = At home with someone younger than 18 years	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	4 = At someone else's dwelling	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
	5 = Other	<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
1.9	Ask if "Yes" in Q1.7 or Option 2, 3 or 4 in Q1.8 How often does a representative of the household speak or communicate with the caregiver about the child's progress and well-being?										
	1 = Daily	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = Weekly	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	3 = Monthly	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	4 = Seldom	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
	5 = Never	<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



		01	02	03	04	05	06	07	08	09	10	
<b>1.10a</b>	<b>Is .... exposed to an early childhood development programme in any way? ECD refers to the emotional, cognitive, sensory, spiritual, moral, physical, social and communication development of a child</b>											
	1 = Yes	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	
	2 = No → <b>Go to Q1.28</b>	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	
	3 = Do not know → <b>Go to Q1.28</b>	<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	
<b>1.10b</b>	<i>Ask if "Yes" in Q1.10a</i>											
	<b>Where does the early childhood development programme take place?</b>											
	<i>Read all the options</i>	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	
	1 = At home	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<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 = At ECD centre e.g. day care, crèche, pre-primary school, play group	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	3 = Other (specify in the block )	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2

→ **Go to Q1.28**

Ask for all household members who are 5 years and older and whose level of education is lower than Grade 7; otherwise go to Q1.12

	01	02	03	04	05	06	07	08	09	10
<p><b>1.11</b> I am now going to ask questions about various skills related to reading and writing.....  <b>Does .....have difficulty in doing any of the following...</b>            Read all the options.            Use the Codes below to indicate the degree of difficulty</p>										
a = Writing his/her name	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a
b = Reading (e.g. newspapers, magazines, religious books) at least one language	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b
c = Filling in a form (e.g. social grant forms) at least one language	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c
d = Writing a letter in at least one language	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d
e = Calculating/working out how much change he/she should receive when buying something in at least one language	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e
f = Reading road signs	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f
<p><b>CODES</b></p> <p>1 = No difficulty            2 = Some difficulty            3 = A lot of difficulty            4 = Unable to do            5 = Do not know</p>										

**Ask for all household members who are 5 years and older**

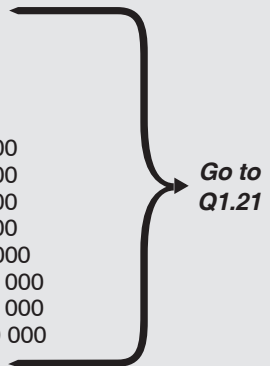
	01	02	03	04	05	06	07	08	09	10
<p><b>1.12 Is ..... currently attending any educational institution?</b>  <i>e.g. school, technical university, university, home school, pre-school, crèche, day care, distance/ correspondence education.</i>  <i>Only include courses of six months and longer.</i>                      1 = Yes → <b>Go to Q1.14</b>                      2 = No → <b>Go to Q1.28</b>                      3 = Do not know → <b>Go to Q1.28</b></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
<p><b>1.13 Ask if "No" in Q1.12</b>  <b>What is the main reason why ..... is currently not attending any educational institution?</b>                      01 = Too old/young                      02 = Has completed education/satisfied with my level of education/do not want to study                      03 = School/education institution is too far                      04 = Difficulties to get to school (transport)                      05 = No money for fees                      06 = He or she is working at home or business/job                      07 = Do not have time/too busy                      08 = Family commitment (e.g.child minding)                      09 = Education is useless or not interesting                      10 = Unable to perform at school                      11 = Illness                      12 = Pregnancy                      13 = Failed exams                      14 = Got married                      15 = Disability                      16 = Violence in school                      17 = Not accepted for enrolment                      18 = Other</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

→ **Go to Q1.28**

Ask if someone is currently attending an educational institution: those who answered “Yes” in Q1.12

	01	02	03	04	05	06	07	08	09	10
<p><b>1.14 Which of the following educational institutions does ..... attend?</b>  <i>Read all the options</i></p> <p>1 = Pre-school (including day care, crèche, pre-primary, ECD centre, nursery school)            2 = School (including Grade R/Grade 0 learners who attend a formal school)            3 = Adult Basic Education and Training Learning Centre (ABET Centre)            4 = Literacy classes (e.g. Kha Ri Gude)            5 = Higher Educational Institution (University/ University of Technology)            6 = Further Education and Training College (FET)            7 = Other College            8 = Home based education/home schooling            9 = Other than any of the above</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>1.15 Is the institution that .... is attending public or private?</b></p> <p>1 = Public (Government)            2 = Private (Independent)            3 = Do not know</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<p><b>1.16 Is it a correspondence/distance educational institution?</b>  <i>The student studies by post/via the internet (e.g. UNISA) in a correspondence/distance institution.</i></p> <p>1 = Yes → <b>Go to Q1.19</b>            2 = No            3 = Do not know</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

		01	02	03	04	05	06	07	08	09	10
<b>1.17a</b>	<p><b>What means of transport is usually used by ..... to get to the educational institution he/she attends?</b> <i>If more than one mode is used, indicate the one that covers the longest distance.</i></p> <p>01 = Walking  02 = Bicycle/motorcycle  03 = Minibus taxi/ sedan taxi/bakkie taxi  04 = Bus  05 = Train  06 = Minibus/bus provided by institution/ government and not paid for  07 = Minibus/bus provided and paid for by the institution  08 = Vehicle hired by a group of parents  09 = Own car or other private vehicle  10 = None, studies at/from home  11 = Other</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<b>1.17b</b>	<p><b>How long does it take ..... to get to the educational institution he/she attends?</b> <i>Specify for one direction only, using the usual means of transport</i></p> <p>1 = Less than 15 minutes  2 = 15 - 30 minutes  3 = 31 - 60 minutes  4 = 61 - 90 minutes  5 = More than 90 minutes  6 = Do not know</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1.18a</b>	<p><b>Is this educational institution the nearest of its kind (e.g. pre-school, primary, University) to your dwelling?</b></p> <p>1 = Yes → <b>Go to Q1.19</b>  2 = No  3 = Do not know → <b>Go to Q1.19</b></p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

	01	02	03	04	05	06	07	08	09	10
<b>1.18b</b> Ask if "No" in Q1.18a <b>What is the main reason why .... is not attending the nearest institution?</b> 01 = Inadequate facilities (e.g. classrooms, laboratories) 02 = Lack of resources/equipment (e.g. computers, textbooks, laboratory equipment, sports equipment) 03 = Lack of services (e.g. water, electricity, toilets) 04 = Quality of teaching is poor 05 = Overcrowded classes 06 = Lack of safety 07 = Weak management 08 = Lack of discipline 09 = No/too few extra-mural activities 10 = Not accepted for enrolment 11 = Preferred course/subject not offered 12 = Current institution better than closest 13 = Other (specify in the box below)										
<b>1.19</b> <b>What is the total amount of tuition fees paid by this household for ... this year?</b> Add expenses made to date as well as expected expenses for the remainder of the year. Do not include the cost of uniforms, books and other learning materials, accommodation fees, sports fees and transport fees. 00 = None 01 = R1 - R100 02 = R101 - R200 03 = R201 - R300 04 = R301 - R500 05 = R501 - R1 000 06 = R1 001 - R2 000 07 = R2 001 - R3 000 08 = R3 001 - R4 000 09 = R4 001 - R8 000 10 = R8 001 - R12 000 11 = R12 001 - R16 000 12 = R16 001 - R20 000 13 = More than R20 000 14 = Do not know 										

	01	02	03	04	05	06	07	08	09	10
<b>1.20</b> Ask if "None" in Q1.19 <b>If no fees were paid for education, why was it not paid?</b> 1 = Cannot afford to pay 2 = Do not want to pay 3 = No fee school (school did not ask for fees) 4 = ..... got a fee exemption 5 = ..... got a bursary covering all costs 6 = Other (specify in the block)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1.21</b> Ask for all respondents who are currently attending educational institutions <b>This academic year, has ..... benefited from any fee reductions and/or partial bursaries?</b> 1 = Yes 2 = No 3 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>1.22</b> During the past 6 months, what problems, if any, did ..... experience at the educational institution he/she attended? <i>Read all the options; Use the codes below</i> a = Lack of books b = Poor quality of teaching c = Lack of teachers d = Facilities in bad condition e = Fees too high f = Classes too large/too many learners g = Teachers are often absent from school h = Teachers were involved in strike i = Other (specify in the box below) <b>CODES</b> 1 = Yes 2 = No 3 = Do not know	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i

Ask Q1.23 to Q1.27 for people currently attending Grade R/0 (in school or pre-school, early learning centre), primary, secondary or any other kind of school. Otherwise go to Q1.28. Children receiving home based schooling / home school should be excluded from this section.

	01	02	03	04	05	06	07	08	09	10
<b>1.23 Which Grade is .....currently attending?</b> 00 = Grade R/0 01 = Grade 1 02 = Grade 2 03 = Grade 3 04 = Grade 4 05 = Grade 5 06 = Grade 6 07 = Grade 7 08 = Grade 8 09 = Grade 9 10 = Grade 10 11 = Grade 11 12 = Grade 12/Matric 13 = NC (V) Level 2 (N1/NTC 1) 14 = NC (V) Level 3 (N2/NTC 2) 15 = NC (V) Level 4 (N3/NTC 3) 16 = Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1.24 Is .....doing the same grade that he/she did last year or before (if there was a break in his/her education)?</b> 1 = Yes 2 = No 3 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3



		01	02	03	04	05	06	07	08	09	10
<b>1.25a</b>	<b>Does.... attend a school where food is given as part of the school feeding scheme/ Government nutrition program?</b> 1 = Yes 2 = No → <i>Go to Q1.26a</i> 3 = Do not know → <i>Go to Q1.26a</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>1.25b</b>	<b>Does.... eat the food provided as part of the school feeding scheme/Government nutrition program? If yes, specify how regularly food is eaten.</b> 1 = No 2 = Yes, every day 3 = Yes, a few times a week 4 = Yes, sometimes 5 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<b>1.26a</b>	<b>Has .... experienced any form of violence, corporal punishment or verbal abuse at school between January and June 2010?</b> 1 = Yes 2 = No → <i>Go to Q1.27</i> 3 = Do not know → <i>Go to Q1.27</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>1.26b</b>	<i>Ask if "Yes" in Q1.26a</i> <b>What kind of violence did .....experience?</b> <i>Read all the options</i> 1 = Corporal punishment by teacher 2 = Physical violence by teacher 3 = Verbal abuse (being insulted, teased or harassed) by teacher 4 = Verbal abuse (being insulted, teased or harassed) by other learners 5 = Physical abuse (being hit or punched) by another learner 6 = Other	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2

	01	02	03	04	05	06	07	08	09	10
<b>1.27a</b> Has ..... been absent from school during the past school calendar week (Monday to Friday)? 1 = Yes 2 = No → <b>Go to Q1.28</b> 3 = Do not know → <b>Go to Q1.28</b> 4 = Not applicable - school closed e.g. school holiday → <b>Go to Q1.28</b>	<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
<b>1.27b</b> Ask if "Yes" in Q1.27a <b>For how many days was ..... absent during the past school calendar week (Monday to Friday)? Write the number of days (Maximum 5)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1.27c</b> Ask if "Yes" in Q1.27a <b>What is the main reason why ..... was absent from school during the past school calendar week?</b> 01 = Illness/injury 02 = Did not want to go to school 03 = Need to take care of someone else at home 04 = Employed/Working outside the home 05 = Doing household chores 06 = The weather was bad 07 = No money for transport 08 = Lack of transport/problems with Transport 09 = Writing exams 10 = Does not feel safe at school 11 = Other (specify in the box) 12 = Do not know	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## HEALTH AND GENERAL FUNCTIONING

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

	01	02	03	04	05	06	07	08	09	10	
<b>1.28</b> Is ..... covered by a medical aid or medical benefit scheme or other private health insurance? <i>If the person is a dependant and covered by someone else's scheme, the answer is "Yes".</i> 1 = Yes 2 = No 3 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>1.29a</b> Does anyone in this household personally provide care for at least two hours per day to someone in the household who - owing to frailty, old age, disability or ill-health cannot manage without help? <i>If yes, specify which person and how much time is spent on this activity.</i> 1 = No → <b>Go to Q1.30a</b> 2 = Yes, 2-19 hours per week 3 = Yes, 20-49 hours per week 4 = Yes, 50 + hours per week 5 = Do not know → <b>Go to Q1.30a</b>	<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	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<b>1.29b</b> If "Yes" in 1.29a <b>Which person(s) does.... take care of?</b> <i>Give person number of the person, being cared for. If more than one person use the second block.</i>  Person 1  Person 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

		01	02	03	04	05	06	07	08	09	10	
<b>1.30a</b>	<b>During the past month, did ..... suffer from any illnesses or injuries?</b>											
	1 = Yes	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	
	2 = No → <b>Go to Q1.32a</b>	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	
	3 = Do not know → <b>Go to Q1.32a</b>	<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	
<b>1.30b</b>	<i>If "Yes" in Q1.30a</i>											
	<b>What sort of illnesses or injuries did ..... suffer from? Did ..... suffer from .....</b>											
	<i>Read all the options</i>	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	
	01 = Flu or acute respiratory tract infection	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	02 = Diarrhoea	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	03 = TB or severe cough with blood	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	04 = Abuse of alcohol or drugs	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	05 = Depression or mental illness	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	06 = Diabetes	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	07 = High blood pressure/hypertension	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	08 = Sexually transmitted diseases	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	09 = Cancer	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	10 = Motor vehicle accident injuries	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	11 = Gunshot wounds	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	12 = Severe trauma <i>due to violence, assault, beating</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	13 = Minor trauma (e.g. cuts, breaking arm)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
14 = Other illness or injury (specify in box below)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
15 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	

	01	02	03	04	05	06	07	08	09	10
<b>1.31a</b> Did ..... consult a health worker such as a nurse, doctor or traditional healer as a result of this illness or injury? 1 = Yes → <i>Go to Q1.32a</i> 2 = No → <i>Go to Q1.32a</i> 3 = Do not know → <i>Go to Q1.32a</i>	<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
<b>1.31b</b> If "No" in Q1.31a <b>What is the main reason, why ..... did not consult any health worker?</b> 1 = Too expensive 2 = Too far 3 = Not necessary/the problem was not serious enough 4 = Self medicated/treated myself 5 = Fear of stigmatization 6 = Do not know 7 = Other (specify in the box below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		01		02		03		04		05		06		07		08		09		10	
<b>1.32a</b>	<b>Has .....been informed by a medical practitioner or nurse that he/she suffers from any of the following chronic illnesses or conditions?</b>																				
	<i>Read all the options</i>	Yes No		Yes No		Yes No		Yes No		Yes No		Yes No		Yes No		Yes No		Yes No		Yes No	
	1 = Asthma	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	2 = Diabetes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	3 = Cancer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	4 = HIV and AIDS	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	5 = Hypertension/high blood pressure	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	6 = Arthritis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	7 = Other (specify in the box below)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2

If all options in 1.32a are "no" then → Go to Q1.33a

<b>1.32b</b>	If "Yes" to any option in 1.32a																						
	<b>Is .....taking medication for the chronic illness (es) listed in Q1.32a? Use codes 1 to 4 in the block next to the disease to indicate whether medication is taken or not</b>																						
		<input type="checkbox"/>	a	<input type="checkbox"/>	a	<input type="checkbox"/>	a	<input type="checkbox"/>	a	<input type="checkbox"/>	a	<input type="checkbox"/>	a	<input type="checkbox"/>	a	<input type="checkbox"/>	a	<input type="checkbox"/>	a	<input type="checkbox"/>	a	<input type="checkbox"/>	a
		<input type="checkbox"/>	b	<input type="checkbox"/>	b	<input type="checkbox"/>	b	<input type="checkbox"/>	b	<input type="checkbox"/>	b	<input type="checkbox"/>	b	<input type="checkbox"/>	b	<input type="checkbox"/>	b	<input type="checkbox"/>	b	<input type="checkbox"/>	b	<input type="checkbox"/>	b
	a = Asthma	<input type="checkbox"/>	c	<input type="checkbox"/>	c	<input type="checkbox"/>	c	<input type="checkbox"/>	c	<input type="checkbox"/>	c	<input type="checkbox"/>	c	<input type="checkbox"/>	c	<input type="checkbox"/>	c	<input type="checkbox"/>	c	<input type="checkbox"/>	c	<input type="checkbox"/>	c
	b = Diabetes	<input type="checkbox"/>	d	<input type="checkbox"/>	d	<input type="checkbox"/>	d	<input type="checkbox"/>	d	<input type="checkbox"/>	d	<input type="checkbox"/>	d	<input type="checkbox"/>	d	<input type="checkbox"/>	d	<input type="checkbox"/>	d	<input type="checkbox"/>	d	<input type="checkbox"/>	d
	c = Cancer	<input type="checkbox"/>	e	<input type="checkbox"/>	e	<input type="checkbox"/>	e	<input type="checkbox"/>	e	<input type="checkbox"/>	e	<input type="checkbox"/>	e	<input type="checkbox"/>	e	<input type="checkbox"/>	e	<input type="checkbox"/>	e	<input type="checkbox"/>	e	<input type="checkbox"/>	e
	d = HIV and AIDS	<input type="checkbox"/>	f	<input type="checkbox"/>	f	<input type="checkbox"/>	f	<input type="checkbox"/>	f	<input type="checkbox"/>	f	<input type="checkbox"/>	f	<input type="checkbox"/>	f	<input type="checkbox"/>	f	<input type="checkbox"/>	f	<input type="checkbox"/>	f	<input type="checkbox"/>	f
	e = Hypertension/high blood pressure	<input type="checkbox"/>	g	<input type="checkbox"/>	g	<input type="checkbox"/>	g	<input type="checkbox"/>	g	<input type="checkbox"/>	g	<input type="checkbox"/>	g	<input type="checkbox"/>	g	<input type="checkbox"/>	g	<input type="checkbox"/>	g	<input type="checkbox"/>	g	<input type="checkbox"/>	g
	f = Arthritis																						
g = Other (specify in the box below)																							
CODES																							
1 = Yes																							
2 = No																							
3 = Do not know																							
4 = Not applicable																							

Ask for all female household members.

	01	02	03	04	05	06	07	08	09	10	
<b>1.33a</b> Has any female household member been pregnant during the past 12 months? 1 = Yes 2 = No → Go to Q1.34 3 = Do not know → Go to Q1.34	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>1.33b</b> If "Yes" in Q1.33a What is the current status of this pregnancy? 1 = Currently still pregnant 2 = The child has been born alive 3 = The child died in the womb or during childbirth after the 7th month of pregnancy (stillbirth) 4 = The child died in the womb or the pregnancy ended before the 7th month of pregnancy (spontaneous abortion/miscarriage) 5 = The pregnancy was ended by choice before the child was born (termination of pregnancy/abortion by choice)	<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	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

Read out: I am now going to ask about the general functioning of persons within the household.

		01	02	03	04	05	06	07	08	09	10	
1.34	<b>Does... have difficulty in doing any of the following?</b> <i>Read all the options; use the codes below to indicate the degree of problems.</i>											
	a = Seeing (even with glasses if he/she wears them)	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	
	b = Hearing (even with a hearing aid, if he/she wears one)	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	
	c = Walking a kilometre or climbing a flight of steps	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	
	d = Remembering and concentrating	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	<input type="checkbox"/> d	
	e = With self-care, such as washing or dressing	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	<input type="checkbox"/> e	
	f = In communicating in his/her usual language including sign language (understanding others and being understood by others)	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	<input type="checkbox"/> f	
	<b>CODES</b> 1 = No difficulty 2 = Some difficulty 3 = A lot of difficulty 4 = Unable to do 5 = Do not know 6 = Cannot yet be determined											
1.35	<b>Does ..... use any of the following?</b> <i>Read all the options</i>	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	
	1 = Eye glasses/spectacles/contact lenses	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	2 = Hearing aid	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	3 = Walking stick/walking frame	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	4 = A wheelchair	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	5 = Chronic medication	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	6 = Other assistive devices (specify in box below)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2



**SOCIAL GRANTS AND SOCIAL RELIEF**

Ask for all household members

Read out: I am now going to ask about the use of social grants and social relief

		01		02		03		04		05		06		07		08		09		10	
<b>1.36a</b>	<b>Does anyone in this household receive a social grant, pension or social relief assistance from the Government?</b>																				
	1 = Yes	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	
	2 = No → <b>Go to Q1.39</b>	<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"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	
	3 = Do not know → <b>Go to Q1.39</b>	<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"/> 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	
<b>1.36b</b>	<i>If "Yes" in Q1.36a</i>																				
	<b>Does ... receive an .....? Answer for each person who qualified for the grant and NOT for the person who applied on behalf of/physically receives the money. Someone who used to work for the Government and receive a pension do <b>not get</b> an old age grant</b>																				
	<i>Read all the options</i>																				
	1 = Old-age grant (60+;R1080)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	2 = Disability grant (<60;R1080)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	3 = Child support grant (0-16;R250)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	4 = Care dependency grant (0-17;R1080)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	5 = Foster child grant (<22; R710)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	6 = War veterans grant (60+; R1100)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	7 = Grant-in-aid (R250 and should have another grant)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	8 = Social relief of distress	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2

If options 1, 4-8 Go to Q1.39,

If option 3 go to Q1.38, otherwise continue

<b>1.37</b>	<b>If "yes" for disability grant in 1.36b</b>																				
	<b>Please state whether the disability grant is.....</b>																				
	1 = Permanent disability	<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"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = Temporary disability	<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"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	3 = Do not know	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<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

		01	02	03	04	05	06	07	08	09	10
<b>1.38</b>	<p>If "yes" for child support grant in 1.36b</p> <p><b>Who made the child support grant application?</b></p> <p>1 = The biological parent</p> <p>2 = The nominated care giver</p> <p>3 = Someone outside the household, but most of the money is transferred to this household</p> <p>4 = Someone outside the household and most of the money is used outside this household</p> <p>5 = Someone outside the household, half of the money is used inside this household and half outside</p> <p>6 = Other</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1.39</b>	<p><b>Has ....made use of any of the following social welfare services provided or subsidised by the government during the past twelve months?</b></p> <p><i>Read all the options</i></p> <p>1 = Visits by community care givers ( for HIV, persons with disabilities and older persons)</p> <p>2 = Services for victims of domestic violence (shelters or counselling)</p> <p>3 = Social work services for drug abuse (counselling or admittance to substance abuse centres)</p> <p>4 = Child protection services ( prevention of abuse, neglect and abandonment of children)</p> <p>5 = Correctional services ( for children in conflict with the law)</p>	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>1.40</b>	<p><b>Write the person number of the person who responded on behalf of each household member for section 1.</b></p> <p>If a person responded for himself write his/her person number in his/her column.</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## SECTION 2 : ECONOMIC ACTIVITIES

Ask for all household members 15 years and older

		01	02	03	04	05	06	07	08	09	10
<b>2.1a</b>	<b>During the last calendar week (Sunday to Saturday) did ... work for a wage, salary, commission or any payment in kind (including paid domestic work), even if it was for only one hour?</b> <i>Examples: a regular job, contract, casual or piece work for pay, work in exchange for food or housing, paid domestic work.</i> 1 = Yes 2 = No 3 = Do not know	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
		<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<b>2.1b</b>	<b>During the last calendar week (Sunday to Saturday) did ... run or do any kind of business, big or small, for yourself or with one or more partners, even if it was for only one hour?</b> <i>Examples: Commercial farming, selling things, making things for sale, construction, repairing things, guarding cars, brewing beer, collecting wood or water for sale, hairdressing, crèche businesses, taxi or other transport business, having a legal or medical practice, performing in public, having a public phone shop, etc.</i> 1 = Yes 2 = No 3 = Do not know	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
		<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<b>2.1c</b>	<b>During the last calendar week (Sunday to Saturday) did ... help without being paid in any kind of business, even if it was for only one hour?</b> <i>Examples: Commercial farming, production of agricultural produce to sell, help to sell things, make things for sale or exchange, doing the accounts, cleaning up for the business, etc.</i> 1 = Yes 2 = No 3 = Do not know	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
		<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3

If "Yes" to any of the above go to Q2.2a. Otherwise answer Q2.1d

<b>2.1d</b>	<b>In the last calendar week (Sunday to Saturday), even though you did not do any work for pay or profit, do you have a job or business that you would definitely return to?</b> 1 = Yes 2 = No → Go to Q2.6a 3 = Do not know → Go to Q2.6a	<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

		01	02	03	04	05	06	07	08	09	10	
<b>2.2a</b>	<b>What is ..... 's total salary/pay at his/her main job?</b> Including overtime, allowances and bonus, before any tax or deductions. Give amount in whole figures, without any text or decimals. If "NONE", "REFUSE" or "DO NOT KNOW" write 999 999 999 and → <b>Go to Q2.3</b>	<b>Rands</b>	<b>Rands</b>	<b>Rands</b>	<b>Rands</b>	<b>Rands</b>	<b>Rands</b>	<b>Rands</b>	<b>Rands</b>	<b>Rands</b>	<b>Rands</b>	
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>2.2b</b>	<b>Ask only if an amount is given in Q2.2a</b> <b>Is this ....</b> 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	
		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.3</b>	<b>Only if "NONE", "REFUSE" or "DO NOT KNOW" in Q 2.2a. Show <i>prompt card 3</i> and mark the applicable code</b>	<b>Weekly</b>	<b>Monthly</b>	<b>Annually</b>								
		01 NONE	NONE	NONE								
		02 R1 - R46	R1 - R200	R1 - R2 400								
		03 R47 - R115	R201 - R500	R2 401 - R6 000								
		04 R116 - R231	R501 - R1 000	R6 001 - R12 000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		05 R232 - R346	R1 001 - R1 500	R12 001 - R18 000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		06 R347 - R577	R1 501 - R2 500	R18 001 - R30 000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		07 R578 - R808	R2 501 - R3 500	R30 001 - R42 000								
		08 R809 - R1 039	R3 501 - R4 500	R42 001 - R54 000								
		09 R1 040 - R1 386	R4 501 - R6 000	R54 001 - R72 000								
		10 R1 387 - R1 848	R6 001 - R8 000	R72 001 - R96 000								
		11 R1 849 - R2 540	R8 001 - R11 000	R96 001 - R132 000								
		12 R2 541 - R3 695	R11 001 - R16 000	R132 001 - R192 000								
		13 R3 696 - R6 928	R16 001 - R30 000	R192 001 - R360 000								
		14 R6 929 OR MORE	R30 001 OR MORE	R360 001 OR MORE								
		15 DON'T KNOW	DON'T KNOW	DON'T KNOW								
		16 REFUSE	REFUSE	REFUSE								

	01	02	03	04	05	06	07	08	09	10
<p><b>2.4a</b> What means of transport is usually used by ..... to get to his/her place of employment? <i>If more than one mode is used, indicate the one that covers the longest distance.</i></p> <p>1 = Office is at home → <b>Go to Q2.5</b>            2 = Walking            3 = Bicycle/motorcycle            4 = Minibus taxi/ sedan taxi/bakkie taxi            5 = Bus            6 = Train            7 = Lift club by a group of people sharing a private vehicle            8 = Own car/other private vehicle/company vehicle            9 = Other (specify in the block)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>2.4b</b> How many minutes does it take ..... to get to his/her place of employment? <i>Specify for one direction only, using the usual means of transport</i></p> <p>1 = Less than 15 minutes            2 = 15 - 30 minutes            3 = 31 - 60 minutes            4 = 61 - 90 minutes            5 = More than 90 minutes            6 = Do not know</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>2.5</b> Is the organization/business/branch where..... works</p> <p>1 = In the formal sector (registered to perform activity)            2 = In the informal sector (not registered to perform activity)            3 = Do not know</p>	<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

→ **Go to Q2.7**

	01	02	03	04	05	06	07	08	09	10
<b>2.6a</b> Ask if "No" to all in Q2.1a to Q2.1d <b>If .... is currently not working or running his/her own business, is he/she willing and or able to work?</b> 1 = Yes                      → <b>Go to Q2.7</b> 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
<b>2.6b</b> Ask if "No" in Q2.6a <b>Why is .... not willing and or able to work?</b> 1 = Pensioner/retired/too old 2 = Disabled and unable to work 3 = Housewife or taking care of home based tasks full-time 4 = Not interested to work 5 = Student 6 = Too young to work 7 = Other (specify in block)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

**Ask for all household members who are 15 years and older**

<b>2.7</b> Has ..... participated in a Government or municipal job creation programme or expanded public works programme in the past 6 months? <i>This includes community based workers such as community development workers, home based care workers etc.</i> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
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**SECTION 3 : GENERAL HOUSEHOLD INFORMATION AND SERVICE DELIVERY**

*This section covers general information regarding the household.  
Ask a responsible person in the household to answer on behalf of the household.*

**HOUSING**

**Ask all households**

3.1	Indicate the type of main dwelling and other dwelling that the household occupies?	Main dwelling	Other dwelling
	01 = Dwelling/house or brick/concrete block structure on a separate stand or yard or on farm		
	02 = Traditional dwelling/hut/structure made of traditional materials	<input type="checkbox"/>	<input type="checkbox"/>
	03 = Flat or apartment in a block of flats	<input type="checkbox"/>	<input type="checkbox"/>
	04 = Cluster house in complex		
	05 = Town house (semi-detached house in complex)		
	06 = Semi-Detached house		
	07 = Dwelling/house/flat/room in backyard		
	08 = Informal dwelling/shack in backyard		
	09 = Informal dwelling/shack not in backyard, e.g. in an informal/squatter settlement or on farm		
	10 = Room/flatlet on a property or a larger dwelling/servants' quarters/granny flat		
	11 = Caravan/tent	<input type="checkbox"/>	<input type="checkbox"/>
	12 = Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

3.2	Thinking back five years ago, what type of dwelling/dwellings did this household occupy?	Main dwelling	Other dwelling
	01 = Dwelling/house or brick/concrete block structure on a separate stand or yard or on farm		
	02 = Traditional dwelling/hut/structure made of traditional materials		
	03 = Flat or apartment in a block of flats	<input type="checkbox"/>	<input type="checkbox"/>
	04 = Cluster house in complex		
	05 = Town house (semi-detached house in complex)		
	06 = Semi-Detached house		
	07 = Dwelling/house/flat/room in backyard		
	08 = Informal dwelling/shack in backyard		
	09 = Informal dwelling/shack not in backyard, e.g. in an informal/squatter settlement or on farm		
	10 = Room/flatlet on a property or a larger dwelling/servants' quarters/granny flat		
	11 = Caravan/tent		
	12 = Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>
	13 = Household did not exist	<input type="checkbox"/>	<input type="checkbox"/>

3.3	<b>What is the main material used for the walls and the roof of the main dwelling?</b> 01 = Bricks 02 = Cement block/concrete 03 = Corrugated iron/zinc 04 = Wood 05 = Plastic 06 = Cardboard 07 = Mud and cement mix 08 = Wattle and daub 09 = Tile 10 = Mud 11 = Thatching/grass 12 = Asbestos 13 = Other (specify)	<b>Walls</b>  <input type="checkbox"/> <input type="checkbox"/>	<b>Roof</b>  <input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3.4	<b>In what condition are the walls and the roof of the main dwelling? Is it very weak, weak, needing repairs, good or very good?</b> 1 = Very weak 2 = Weak 3 = Need minor repairs 4 = Good 5 = Very good	<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
3.5	<b>Specify how many rooms the household occupies in each of the categories below? Exclude garages and outbuildings unless a household member is living in them. Write the number in the appropriate box.</b>  How many open plan dining rooms/sitting rooms/TV rooms?  How many lounge/dining room/sitting room/TV room (closed)?  How many kitchens?  How many bedrooms?  How many bathrooms?  How many toilets (rooms with only a toilet)?  How many other rooms?  <b>Total</b>	<b>Number of Rooms</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

3.6	<b>What is the tenure status of the dwelling that the household occupies at present?</b> <i>Read all the options</i> 1 = Rented 2 = Owned, but not yet paid off to bank/financial institution 3 = Owned, but no yet paid off to private lender 4 = Owned and fully paid off → <i>Go to Q3.8</i> 5 = Occupied rent-free → <i>Go to Q3.8</i> 6 = Other → <i>Go to Q3.8</i> 7 = Do not know → <i>Go to Q3.8</i>	<input type="checkbox"/>
		<input type="checkbox"/>
3.7	<b>How much rent or mortgage do you pay per month?</b> 1 = Less than R500 2 = R501 - R1 000 3 = R1 001 - R3 000 4 = R3 001 - R5 000 5 = R5 001 - R7 000 6 = More than R7 000 7 = Do not know	<input type="checkbox"/>
3.8	<b>What would you estimate the market value or the municipal valuation of this property to be?</b> 1 = Less than R50 000 2 = R50 001 - R250 000 3 = R250 001 - R500 000 4 = R500 001 - R1 000 000 5 = R1 000 001 - R1 500 000 6 = R1 500 001 - R2 000 000 7 = R2 000 001 - R3 000 000 8 = More than R3 000 000 9 = Do not know	<input type="checkbox"/>
3.9	<b>When was this dwelling originally built?</b> <i>Mark the period in which the building was completed, not the time of any later remodeling, additions or conversions. If year is not known, give best estimate.</i> 1 = 2006 - 2010 (0 - 5 years) 2 = 2001 - 2005 (6 - 10 years) 3 = 1991 - 2000 (11 - 20 years) 4 = 1981 - 1990 (21 - 30 years) 5 = 1971 - 1980 (31 - 40 years) 6 = 1961 - 1970 (41 - 50 years) 7 = 1941 - 1960 (51 - 70 years) 8 = Prior to 1941 (Older than 70 years) 9 = Do not know	<input type="checkbox"/>



<b>3.10a</b>	<b>Is the dwelling you live in an RDP or state subsidised dwelling? Do not include housing subsidies for government employees.</b> 1 = Yes 2 = No 3 = Do not know	→ <b>Go to Q3.11</b> → <b>Go to Q3.11</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>3.10b</b>	<i>Ask if "Yes" in 3.10a</i> <b>Was this household the original beneficiary (first occupants) of this dwelling?</b> 1 = Yes 2 = No 3 = Do not know		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>3.11</b>	<b>Did any member of this household receive a government housing subsidy, such as an RDP housing subsidy, to obtain this dwelling or any other dwelling? Do not include housing subsidies for government employees.</b> 1 = Yes 2 = No 3 = Do not know		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>3.12a</b>	<b>Is any member of this household on a waiting list/demand database for an RDP or state subsidised dwelling?</b> 1 = Yes 2 = No 3 = Do not know	→ <b>Go to Q3.13</b> → <b>Go to Q3.13</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>3.12b</b>	<b>How many household members are on the waiting list/demand database?</b>		<input type="checkbox"/> <input type="checkbox"/>
<b>3.12c</b>	<b>In which year were they put onto the waiting list/demand database?</b>		
	Person 1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Person 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Person 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

### WATER - Ask all households

<b>3.13</b>	<b>What is the household's main source of drinking water?</b> 01 = Piped (tap) water in dwelling/house 02 = Piped (tap) water in yard 03 = Borehole in yard with 04 = Rain-water tank in yard 05 = Neighbour's tap 06 = Public/communal tap 07 = Water-carrier/tanker 08 = Borehole outside yard 09 = Flowing water/stream/river 10 = Stagnant water/dam/pool 11 = Well 12 = Spring 13 = Other (specify)	→ <b>Go to Q3.15</b> → <b>Go to Q3.15</b> → <b>Go to Q3.15</b> → <b>Go to Q3.15</b>	<input type="checkbox"/> <input type="checkbox"/>
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*Ask if water is not in dwelling, or in yard. Otherwise go to Q3.15*

<b>3.14a</b>	<b>How far is the water source from the dwelling or yard (200m is equal to the length of two football/soccer fields)?</b> 1 = Less than 200 metres 2 = 201 - 500 metres 3 = 501 - 1 kilometre 4 = More than 1 kilometre 5 = Do not know	<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 if water is not from a tap. Otherwise go to Q3.15*

<b>3.14b</b>	<b>Did you use piped or tap water at any time in the past while living in this community, but have stopped as a result of the system breaking down?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
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**Ask all households**

3.15	<p><b>Is the water from the main source of drinking water before any treatment .....</b>  <i>Read all the options</i></p> <p>1 = Safe to drink?                  2 = Clear (has no colour / free of mud)?                  3 = Good in taste?                  4 = Free from bad smells?</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> </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
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											
3.16	<p><b>Do household members treat the water used for drinking?</b> <i>This may include boiling, adding chlorine or other chemicals, filtering.</i></p> <p>1 = Yes, always                  2 = Yes, sometimes                  3 = No, never</p>	<table border="0"> <tr> <td><input type="checkbox"/> 1</td> </tr> <tr> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 3</td> </tr> </table>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3							
<input type="checkbox"/> 1												
<input type="checkbox"/> 2												
<input type="checkbox"/> 3												
3.17	<p><b>Is your main source of drinking water supplied by a municipality?</b></p> <p>1 = Yes                  2 = No → <b>Go to Q3.24</b>                  3 = Do not know → <b>Go to Q3.24</b></p>	<table border="0"> <tr> <td><input type="checkbox"/> 1</td> </tr> <tr> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 3</td> </tr> </table>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3							
<input type="checkbox"/> 1												
<input type="checkbox"/> 2												
<input type="checkbox"/> 3												
3.18	<p><i>Ask if "Yes" in Q3.17</i>  <b>How do you rate the municipal water services you receive?</b></p> <p>1 = Good                  2 = Average                  3 = Poor</p>	<table border="0"> <tr> <td><input type="checkbox"/> 1</td> </tr> <tr> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 3</td> </tr> </table>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3							
<input type="checkbox"/> 1												
<input type="checkbox"/> 2												
<input type="checkbox"/> 3												
3.19a	<p><b>Does the household pay for municipal water?</b> <i>Include payment to a Water Board or Water Services Provider. If cost of water is included in a levy/rent paid to a housing complex/owner/landlord, the response should be "No".</i></p> <p>1 = Yes → <b>Go to Q3.20</b>                  2 = No</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												
<input type="checkbox"/> 2												

3.19b	<p><i>Ask if "No" in Q3.19a</i>  <b>What is the main reason why the household does not pay for water?</b></p> <p>01 = Use own source of water                  02 = Use a free water source                  03 = Pay directly to landlord as part of rent                  04 = Payment included in levy                  05 = Permission from municipality not to pay                  06 = Do not have water meter                  07 = Water meter not working/broken                  08 = Do not receive water bill                  09 = Community decision not to pay                  10 = Cannot afford to pay                  11 = Water supply irregular                  12 = Water supply has been stopped                  13 = Other (specify)</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>				
3.20	<p><b>Does this household receive free basic water from the municipality?</b></p> <p>1 = Yes                  2 = No                  3 = Do not know</p>	<table border="0"> <tr> <td><input type="checkbox"/> 1</td> </tr> <tr> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 3</td> </tr> </table>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 1					
<input type="checkbox"/> 2					
<input type="checkbox"/> 3					

<b>3.21a</b>	<p><b>Has your municipal water supply been interrupted at any time during the last 12 months?</b></p> <p>1 = Yes 2 = No → <b>Go to Q3.24</b></p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>3.21b</b>	<p><i>Ask if 'Yes' in 3.21a</i></p> <p><b>If yes, what was the main reason for the interruption?</b></p> <p>1 = Burst pipes / water leaks 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 (cut off) 7 = Vandalism 8 = Construction 9 = Other (specify) 10 = Do not know</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>3.22</b>	<p><b>Thinking about the interruptions in your municipal water supply over the last 12 months, was any specific interruption longer than two days?</b></p> <p>1 = Yes 2 = No 3 = Do not know</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>3.23</b>	<p><b>If you add all the days that your municipal water supply was interrupted over the last 12 months, was it more than 15 days in total?</b></p> <p>1 = Yes 2 = No 3 = Do not know</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

### SANITATION - Ask all households

<b>3.24</b>	<p><b>What type of toilet facility is used by this household?</b></p> <p>1 = Flush toilet connected to a public sewerage system 2 = Flush toilet connected to a septic tank → <b>Go to Q3.26</b> 3 = Chemical toilet → <b>Go to Q3.26</b> 4 = Pit latrine/toilet with ventilation pipe → <b>Go to Q3.26</b> 5 = Pit latrine/toilet without ventilation pipe → <b>Go to Q3.26</b> 6 = Bucket toilet → <b>Go to Q3.26</b> 7 = None → <b>Go to Q3.29</b> 8 = Other (specify) → <b>Go to Q3.29</b></p>	<input type="checkbox"/>
<b>3.25</b>	<p><i>Ask if flush toilet connected to public sewerage (option1) in Q3.24</i></p> <p><b>Does this household pay for the sewerage system?</b></p> <p>1 = Yes 2 = No 3 = Do not know</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

### Ask all households

<b>3.26</b>	<p><b>Is the toilet facility shared with other households?</b></p> <p>1 = Yes 2 = No</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>3.27</b>	<p><b>Is the toilet facility in the dwelling, in the yard or outside the yard?</b></p> <p>1 = In dwelling → <b>Go to Q3.29</b> 2 = In yard → <b>Go to Q3.26</b> 3 = Outside yard</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

### Ask if the toilet is outside the yard. Otherwise go to Q3.29

<b>3.28</b>	<p><b>How far is the nearest toilet facility to which the household has access? (200m is equal to the length of two football/soccer fields)</b></p> <p>1 = Less than 200m 2 = 201m - 500m 3 = More than 500m</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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## ELECTRICITY

Ask all households

<b>3.29</b>	<b>Thinking back five years ago, did this household have a connection to the MAINS electricity supply, then?</b> 1 = Yes 2 = No 3 = Household did not exist 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<b>3.30a</b>	<b>Does this household presently have a connection to the MAINS electricity supply?</b> 1 = Yes 2 = No 3 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>3.30b</b>	<b>Is your electricity supplied by :</b> 1 = The municipality (pre-paid or receive a bill from municipality) 2 = Eskom (pre-paid or receive a bill from Eskom) 3 = Private supplier 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<b>3.31a</b>	<b>How do you rate the quality of the electricity supply services (maintenance, meter reading, billing, complaint handling, connection installation) you receive?</b> 1 = Good 2 = Average 3 = Poor	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>3.31b</b>	<b>Did you contact the call centre with a complaint related to electricity during the past year?</b> 1 = Yes 2 = No 3 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>3.31c</b>	<b>If yes, what kind of service did you receive?</b> 1 = Was the call centre available the first time? 2 = Did you get a response within a reasonable time? 3 = Was the problem resolved in one call?	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

<b>3.31d</b>	<b>Was your electricity cut during the past 6 months without prior notification, even though you paid your bill? If yes, how many times did it happen?</b> <i>Write 0 if it did not happen at all and</i> → <b>Go to Q3.32</b> <i>For users of pre-paid systems write 88 for not applicable</i>	<input type="checkbox"/> <input type="checkbox"/>
<b>3.31e</b>	<b>Did any of these interruptions last for more than 12 hours? If yes, how many of them?</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>3.32</b>	<b>Was the electricity cut off during the past 30 days for non-payment for this household? If there was no electricity because the pre-paid card was empty it is not considered to be an electricity cut off because of non-payment.</b> 1 = Yes 2 = No 3 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>3.33</b>	<b>Does this household receive free basic electricity?</b> 1 = Yes 2 = No 3 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

Ask all households

<b>3.34</b>	<b>What is the main source of energy/fuel for this household?</b>	<b>Cooking</b>	<b>Heating</b>	<b>Lighting</b>
	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, (specify) 11 = None	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

## WASTE MANAGEMENT AND REFUSE REMOVAL

Ask all households

<b>3.35</b>	<p><b>How is the refuse or rubbish of this household collected or removed?</b></p> <p>01 = Removed by local authority/private company at least once a week</p> <p>02 = Removed by local authority/private company less often than once a week</p> <p>03 = Removed by community members, contracted by the Municipality, at least once a week</p> <p>04 = Removed by community members, contracted by the Municipality, less often than once a week</p> <p>05 = Removed by community members at least once a week</p> <p>06 = Removed by community members less often than once a week</p> <p>07 = Communal refuse dump/communal container</p> <p>08 = Own refuse dump → <b>Go to Q3.37a</b></p> <p>09 = Dump or leave rubbish anywhere → <b>Go to Q3.37a</b></p> <p>10 = Other (specify) → <b>Go to Q3.37a</b></p>	<input type="checkbox"/> <input type="checkbox"/>	
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Ask if answer was options 1-7 in Q3.35. Otherwise go to Q3.37a

<b>3.36a</b>	<p><b>Is this household currently paying for the removal of refuse or rubbish?</b></p> <p>1 = Yes → <b>Go to Q3.37a</b></p> <p>2 = No</p> <p>3 = Do not know → <b>Go to Q3.37a</b></p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
<b>3.36b</b>	<p><i>Ask if "No" in 3.36a</i></p> <p><b>Would this household be willing to pay for the removal of refuse or rubbish?</b></p> <p>1 = Yes</p> <p>2 = No</p> <p>3 = Do not know</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	

<b>3.37a</b>	<p><b>Does this household collect waste for recycling?</b></p> <p>1 = Yes → <b>Go to Q3.39</b></p> <p>2 = No → <b>Go to Q3.39</b></p> <p>3 = Do not know</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3															
<b>3.37b</b>	<p><b>Which of the following does the household collect for recycling?</b></p> <p><i>Read all the options</i></p> <p>1 = Paper, cardboard/boxes</p> <p>2 = Glass/glass bottles</p> <p>3 = Plastic/plastic bags/plastic bottles</p> <p>4 = Metal / Aluminium cans</p> <p>5 = Oil (household/automotive)</p> <p>6 = Ash, rubble and bricks</p>	<table border="0"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> </tbody> </table>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
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<b>3.38</b>	<p><b>Does your household sell any of the waste collected for recycling?</b></p> <p>1 = Yes</p> <p>2 = No</p> <p>3 = Do not know</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3															

## ENVIRONMENT

Ask all households

<p><b>3.39 Which of the following environmental problems do you experience in your community/on your and neighbouring farms?</b> <i>Read all the options</i></p> <p>1 = Irregular or no waste removal</p> <p>2 = Littering</p> <p>3 = Water pollution</p> <p>4 = Outdoor/indoor air pollution</p> <p>5 = Land degradation/over-utilisation of natural resources (e.g. soil erosion, potholes and dongas, overgrazing, cutting of trees for firewood)</p> <p>6 = Excessive noise/noise pollution</p> <p>7 = Other (specify)</p>	<table> <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> <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	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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<input type="checkbox"/> 1	<input type="checkbox"/> 2																		
<p><b>3.40 In the past 12 months have you or any member of your household .....</b> <i>Read all the options</i></p> <p>1 = Used pesticides in your dwelling?</p> <p>2 = Used pesticides in your garden/yard?</p> <p>3 = Used herbicides/weed killers in your garden/yard?</p>	<table> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> </table>	Yes	No	N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<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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<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3																	
<p><b>3.41 Does the household</b> <i>Read all the options</i></p> <p>1 = Deliberately cut down on the amount of municipal water used?</p> <p>2 = Deliberately cut down on the use of electricity/gas?</p> <p>3 = Make sure that your noise do not disturb others?</p> <p>4 = Deliberately reduced waste product production?</p>	<table> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td></td> </tr> </table>	Yes	No	N/A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2				
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## COMMUNICATION AND POSTAL SERVICES

Ask all households

<p><b>3.42 Does this household have a functional/working landline telephone in the dwelling?</b> 1 = Yes 2 = No</p>	<table> <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					
<input type="checkbox"/> 2					
<p><b>3.43 Thinking back five years ago, did this household have a functional/working landline telephone in the dwelling then?</b> 1 = Yes 2 = No 3 = Household did not exist 4 = Do not know</p>	<table> <tr> <td><input type="checkbox"/> 1</td> </tr> <tr> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 4</td> </tr> </table>	<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					
<p><b>3.44 Is there a functional/working cellular telephone available within this household?</b> 1 = Yes 2 = No</p>	<table> <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					
<input type="checkbox"/> 2					

Ask if answer is "No" to Q3.42 and Q3.44. Otherwise go to Q3.46

<p><b>3.45 How far is the nearest accessible telephone?</b> 1 = 500 metres or less 2 = 501 metres to 1 kilometres 3 = More than 1km up to 5 kilometres 4 = More than 5 kilometres</p>	<table> <tr> <td><input type="checkbox"/> 1</td> </tr> <tr> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 4</td> </tr> </table>	<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					

<b>3.46 Do members of this household use any of the following internet services?</b> <i>Read all the options</i>	Yes	No	
	1 = Internet connection in the household	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	2 = Internet in a library/community hall/Thusong centre	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	3 = Internet for students at a school/university/college	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	4 = At place of work	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	5 = Internet Café 2km or less from the household	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	6 = Internet Café more than 2km from the household	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	7 = Do not know	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	8 = Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="text"/>			
<b>3.47 How does this household receive most of its mail/post?</b>	1 = Delivered to the dwelling		
	2 = Delivered to a post box/private bag		
	3 = Through friend or neighbour or relative	<input type="checkbox"/>	
	4 = Through a shop		
	5 = Through a school		
	6 = Through a workplace		
	7 = Through a tribal/traditional/local authority office		
	8 = Do not receive mail		
	9 = Other (specify)		
<input type="text"/>			

**TRANSPORT**

*Ask all households*

<b>3.48 Please specify if members of this household used minibus taxi/ sedan taxi/bakkie taxis during the last calendar week (Sunday to Saturday)?</b>	1 = Total number of trips during the last calendar week <i>Write 0 if no trip was made</i> → <b>Go to Q3.49</b>	<input type="text"/>
	2 = How much money is spent in total on this form of transport by all household members during the last calendar week? <i>Write 8888 if do not know</i>	<input type="text"/>
	3 = How far do you have to travel to get to the nearest minibus taxi /sedan taxi/bakkie taxi stop <i>Write 0 for less than one kilometer and 888 if do not know</i>	<input type="text"/>
	<input type="text"/>	
<b>3.49 Please specify if members of this household used buses during the last calendar week (Sunday to Saturday)?</b>	1 = Total number of trips during the last calendar week <i>Write 0 if no trip was made</i> → <b>Go to Q3.50</b>	<input type="text"/>
	2 = How much money is spent in total on this form of transport by all household members during the last calendar week? <i>Write 8888 if do not know</i>	<input type="text"/>
	3 = How far do you have to travel to get to the nearest bus stop <i>Write 0 for less than one kilometer and 888 if do not know</i>	<input type="text"/>
	<input type="text"/>	
<b>3.50 Please specify if members of this household used trains during the last calendar week (Sunday to Saturday)?</b>	1 = Total number of trips during the last calendar week <i>Write 0 if no trip was made</i> → <b>Go to Q3.51</b>	<input type="text"/>
	2 = How much money is spent in total on this form of transport by all household members during the last calendar week? <i>Write 8888 if do not know</i>	<input type="text"/>
	3 = How far do you have to travel to get to the nearest train station <i>Write 0 for less than one kilometer and 888 if do not know</i>	<input type="text"/>
	<input type="text"/>	

## HEALTH AND WELFARE

Ask all households

3.51	<p><b>If anyone in this household gets ill and decides to seek medical help, where do most of them usually go first?</b>  <b>Public sector</b> (<i>i.e. government, provincial or community institution</i>)            01 = Hospital            02 = Clinic            03 = Other in public sector (specify in block below)</p> <p><b>Private sector</b> (<i>including private clinics, surgery, private hospitals and sangomas</i>)            04 = Hospital            05 = Clinic            06 = Private doctor/specialist            07 = Traditional healer            08 = Spiritual healer's workplace/church            09 = Pharmacy/chemist            10 = Health facility provided by employer            11 = Alternative medicine, e.g. homoeopathist            12 = Other in private sector (specify)            13 = Do not know</p>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.52a	<p><b>What means of transport is usually used by most household members to get to the health facility the household normally uses?</b>            1 = Walking            2 = Minibus taxi/sedan taxi/bakkie taxi            3 = Bus            4 = Train            5 = Own transport            6 = Bicycle/motorcycle            7 = Other (specify)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.52b	<p><b>How long does it take when using the usual means of transport to get to the health institution that your household normally goes to?</b>  <i>Specify for one direction only, using the usual means of transport</i>            1 = Less than 15 minutes            2 = 15 - 29 minutes            3 = 30 - 89 minutes            4 = 90 minutes and more            5 = Do not know</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.53a	<p><b>Is this facility the nearest of its kind (clinic/hospital/health centre etc.) to your dwelling?</b>            1 = Yes            2 = No</p>				
	→ Go to Q3.54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.53b	<p>Answer if "No" in 3.53a  <b>If not the nearest, why is the household normally not using the nearest facility?</b>            01 = Facilities not clean            02 = Long waiting time            03 = Opening times not convenient            04 = Too expensive            05 = Drugs that were needed, not available            06 = Staff rude or uncaring or turned patient away            07 = Incorrect diagnosis            08 = Not on medical aid scheme list of facilities            09 = Prefer to use a State/Provincial health institution            10 = Prefer to use a private health institution            11 = Other (specify)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



3.54a	<b>When was your (the respondent's) last visit to the health facility normally used by the household?</b> 1 = During the past year 2 = More than a year ago 3 = I have never been there      → <i>Go to Q3.57</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																				
3.54b	<b>Did you (the respondent) experience any of the following during your most recent visit to the health worker/facility that you normally use?</b> <i>Read all the options</i> 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 (specify)	<table border="0"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> </tbody> </table>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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3.55	<b>How satisfied were you (the respondent) with the service you received during this particular visit?</b> 1 = Very satisfied 2 = Somewhat satisfied 3 = Neither satisfied nor dissatisfied 4 = Somewhat dissatisfied 5 = Very dissatisfied 6 = Do not know	<input type="checkbox"/>																				
3.56	<b>Did you (the respondent) pay for this service during your most recent visit? <i>If the person is a medical aid scheme member and the medical aid paid, indicate 'yes'.</i></b> 1 = Yes 2 = No 3 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																				

3.57	<b>In the past 12 months, did any adult (18 years and above) in this household go hungry because there wasn't enough food?</b> 1 = Never 2 = Seldom 3 = Sometimes 4 = Often 5 = Always 6 = Not applicable (No adults in household)	<input type="checkbox"/>
3.58	<b>In the past 12 months, did any child (17 years or younger) in this household go hungry because there wasn't enough food?</b> 1 = Never 2 = Seldom 3 = Sometimes 4 = Often 5 = Always 6 = Not applicable (No children in household)	<input type="checkbox"/>
3.59	<b>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?</b> 1 = Yes 2 = No 3 = Don't know 4 = Not applicable (No children in household)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

**SAFETY AND SECURITY**

*Ask all households*

<b>3.60</b>	<b>Regarding your own safety, how safe do you feel if you are walking in this area at night?</b> 1 = Very safe 2 = Rather safe 3 = Rather unsafe 4 = Very unsafe	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<b>3.61</b>	<b>Thinking about your physical safety in your neighbourhood, how safe do you and other members of the household feel living here?</b> 1 = Very safe 2 = Rather safe 3 = Rather unsafe 4 = Very unsafe	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

**LAND**

*Ask all households*

<b>3.62</b>	<b>Did the household receive a Government land grant as part of the land reform program or another Government support program to obtain a plot of land for residence or farming?</b> 1 = Yes, for residence 2 = Yes, for farming 3 = No 4 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
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## SECTION 4 : FOOD ACCESS AND SUPPLY, INCOME AND EXPENDITURE

Ask all households

<b>4.1</b>	<b>Did your household run out of money to buy food during the past year?</b> → <i>If "No" Go to Q4.2</i> Has it happened 5 or more days in the past 30 days?	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>4.2</b>	<b>Did you cut the size of meals during the past year because there was not enough food in the house?</b> → <i>If "No" Go to Q4.3</i> Has it happened 5 or more days in the past 30 days?	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>4.3</b>	<b>Did you skip any meals during the past year because there was not enough food in the house?</b> → <i>If "No" Go to Q4.4</i> Has it happened 5 or more days in the past 30 days?	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>4.4</b>	<b>Did you eat a smaller variety of foods during the past year than you would have liked to, because there was not enough food in the house?</b> → <i>If "No" Go to Q4.5</i> Has it happened 5 or more days in the past 30 days?	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>4.5</b>	<b>Please specify how many times the household ate the following foods during the past seven days.</b> <i>Read all the options</i>	<b>Number of Times in Past Seven Days</b>
	1 = Maize, rice, sorghum, millet, bread and other cereals	<input type="checkbox"/> <input type="checkbox"/>
	2 = Potatoes, sweet potatoes, cassava	<input type="checkbox"/> <input type="checkbox"/>
	3 = Beans, peas, groundnuts, cashew nuts or other nuts	<input type="checkbox"/> <input type="checkbox"/>
	4 = Vegetables, relish or leaves	<input type="checkbox"/> <input type="checkbox"/>
	5 = Fruit	<input type="checkbox"/> <input type="checkbox"/>
	6 = Beef, goat, poultry, pork, fish, eggs	<input type="checkbox"/> <input type="checkbox"/>
	7 = Milk, yoghurt and other dairy products	<input type="checkbox"/> <input type="checkbox"/>
	8 = Sugar and sugar products	<input type="checkbox"/> <input type="checkbox"/>
	9 = Oils, fat and butter	<input type="checkbox"/> <input type="checkbox"/>

## AGRICULTURAL ACTIVITIES

Ask all households

<b>4.6</b>	<b>Has the household been involved in the production of any kind of food or agricultural products during the past twelve months? (e.g. livestock, crops, poultry, food gardening, forestry, fish, etc. )</b> 1 = Yes 2 = No → <i>Go to Q4.15a</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>4.7</b>	<b>What kind of food production/agricultural activities is the household involved in?</b> <i>Read all the options</i>	Yes No
	1 = Livestock production (cattle, goats, sheep, pigs, etc.)	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	2 = Poultry production (chickens, ducks, geese, guinea fowl, etc.)	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	3 = Grains and food crops (maize, wheat, beans, sorghum, millet, groundnuts etc.)	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	4 = Industrial crops (e.g. tea, coffee, cotton, tobacco)	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	5 = Fruit and vegetable production	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	6 = Fodder, grazing/pasture or grass for animals	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	7 = Fish farming/aquaculture	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	8 = Forestry	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	9 = Game farming	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	10 = Other	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>4.8</b>	<b>Why do you grow farm produce or keep stock for the household?</b> 1 = As a main source of food for the household 2 = As the main source of income/earning a living 3 = As an extra source of income 4 = As an extra source of food for the household 5 = As a leisure activity or hobby e.g. gardening	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

<b>4.9a</b>	<b>Did your household sell any of your produce?</b> 1 = Yes 2 = No <span style="float: right;">→ Go to Q4.10</span>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																								
<b>4.9b</b>	<b>To whom did your household sell most of your produce?</b> <i>Read all the options</i> 1 = Local buyers from this district 2 = Buyers from neighbouring cities and towns 3 = Formal markets in South Africa 4 = Export agencies/ international buyers 5 = Other	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5																								
<b>4.10</b>	<b>Has your household received any of the following kinds of agricultural related assistance from the government during the past 12 months?</b> <i>Read all the options</i> 1 = Training 2 = Visits from extension officers from the Department of Agriculture 3 = Grants (money that does not have to be paid back) 4 = Loans (money that has to be paid back) 5 = Inputs (seed, fertilizer, etc.) as part of a loan 6 = Inputs (seed, fertilizer, etc.) for free 7 = Dipping and vaccination services for livestock from State veterinarian or other Department 8 = Other (specify)	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																								
<b>4.11</b>	<i>Ask if household owns livestock or poultry</i> <b>How many of the following does the household own?</b> 1 = Cattle 2 = Sheep 3 = Goats 4 = Pigs 5 = Chickens/ducks/geese 6 = Other	<table border="1"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>																								

**Continue if the household planted grains/vegetables/fruits/trees (forestry)/pastures/ industrial crops. Otherwise go to Q4.15a**

<b>4.12</b>	<b>Where does the household practise its crop planting activities?</b> <i>Read all the options</i> 1 = Farm land (communal or private) 2 = Backyard garden (can include, vegetables, fruits, grains ) 3 = School garden (can include, vegetables, fruits, grains) 4 = Communal garden (more than one household involved, can include vegetables, fruits, grains ) 5 = On verges of roads and unused public/municipal land 6 = Other	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
<b>4.13</b>	<b>Approximately how big is the land that the household uses for crop production? Estimate total area if more than one piece.</b> 1 = Less than 500 m <sup>2</sup> (approximately one soccer field) 2 = 500 m <sup>2</sup> to 9999m <sup>2</sup> (Between one soccer field and 1 ha) 3 = 1 but less than 2 hectares 4 = 2 but less than 5 hectares 5 = 5 but less than 10 hectares 6 = 10 but less than 20 hectares 7 = 20 or more hectares 8 = Do not know	<input type="checkbox"/>
<b>4.14</b>	<b>On what basis does the household have access to the land used for crop production? If more than one kind of tenure system applies for different pieces of land, give an answer for the biggest piece</b> 1 = Owns the land 2 = Rents the land 3 = Sharecropping 4 = Tribal authority 5 = State land 6 = Other specify) 7 = Do not know	<input type="checkbox"/>

## HOUSEHOLD INCOME SOURCES AND EXPENDITURE

Ask all households

<p><b>4.15a What are the sources of income for this household?</b>  <i>Read all the options</i></p> <p>1 = Salaries/wages/commission                  2 = Income from a business                  3 = Remittances (money received from people living elsewhere)                  4 = Pensions                  5 = Grants (include old age grant here)                  6 = Sales of farming products and services                  7 = Other income sources e.g. rental income, interest                  8 = No income → <b>Go to Q4.17</b></p>	<table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2</td> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2</td> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2</td> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2</td> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2</td> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2</td> <td><input type="checkbox"/> 1 <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	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<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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<p><b>4.15b Which one of the above income sources is the main source of income?</b>  <i>Write the option number in the block provided. If only one source of income write the code of that one source.</i></p>	<input type="text"/>														
<p><b>4.16 If the household receives an income from remittances, please specify approximately how much they receive per month? If no income received from remittances write 0.</b></p>	<table border="0"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
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<p><b>4.16a If the household receives an income from pensions (do not include income from age old grants), please specify approximately how much they receive per month? If no income received from remittances write 0.</b></p>	<table border="0"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
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<p><b>4.17 What was the total household expenditure in the last month?</b>  <i>Include money spent on food, clothing, transport, rent and rates, alcohol and tobacco, school fees, entertainment and any other expenses.</i></p> <p>01 = R0                  02 = R1 - R199                  03 = R200 - R399                  04 = R400 - R799                  05 = R800 - R1 199                  06 = R1 200 - R1 799                  07 = R1 800 - R2 499                  08 = R2 500 - R4 999                  09 = R5 000 - R9 999                  10 = 10 000 or more                  11 = Do not know                  12 = Refuse</p>	<input type="text"/> <input type="text"/>						
<p><b>4.18 Does the household own any of the following?</b></p> <p>1 = Television                  2 = Radio                  3 = Refrigerator</p>	<table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2</td> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2</td> <td><input type="checkbox"/> 1 <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
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<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2						
<p><b>4.19 Is this household registered with the local municipality as an indigent household?</b> <i>An indigent household is unable to fully meet payments for electricity, water, sanitation and refuse removal and gets all or some of the basic services free.</i></p> <p>1 = Yes                  2 = No                  3 = Not applicable e.g. live on farm                  4 = Do not know</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4						

**Thank the respondent!**

h h m m

INTERVIEW END TIME

**INTERVIEWER TO ANSWER QUESTIONS BELOW**

<b>4.20</b>	<b>Indicate the column number of the person who answered most of the questions in Section 3 and 4</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>4.21</b>	<b>In what language was the main part of the interview conducted?</b> 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)	<input type="checkbox"/> <input type="checkbox"/>                     
<b>4.22</b>	<b>What type of living quarters are these?</b> 1 = Private dwelling 2 = Workers hostel	<input type="checkbox"/> 1 <input type="checkbox"/> 2

**GENERAL COMMENTS**

<b>Question Number</b>	<b>Person Number</b>	<b>General comments</b>