

INFORMATION REGARDING THE HOUSEHOLD

ANYBODY DIED (H-31) Has any member of this household died in the past 12 months, i.e. between 10 October 2000 and 10 October 2001? Y = Yes N = No Dot the appropriate box. <input type="checkbox"/> Y <input type="checkbox"/> N	DECEASED (H-31a) (If YES to H-30) What was the first name of the deceased? What was the month and year of death? Write the month and year of death. Month Year M M Y Y Y Y What is the sex of the deceased? M = Male F = Female Dot the appropriate box. M F What was the age in years at death? For example, if 2 years of age write 0 0 2 Did (the person) die from an accident or through violence? Y = Yes N = No Dot the appropriate box. Y N If the deceased was a woman under 50 years, did (the person) die while pregnant or within six weeks after delivery? Y = Yes N = No Dot the appropriate box. Y N
If YES, how many? <input type="checkbox"/>	
Go to H-31a.	
If NO, the questionnaire is completed.	



A

CONFIDENTIALITY

STATISTICS ACT NO.6, 1999

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

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

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

CENSUS 2001

HOUSEHOLD QUESTIONNAIRE FOR STATISTICAL USE ONLY

FOR OFFICE USE

EA number: Name of local munic.:

Record number: Household number: Main place:

Institution number: Province: Sub-place:

WHAT IS THE SURNAME OF THE HEAD/ACTING HEAD ?

<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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Thank you for your co-operation.

FOR OFFICE USE

If more than 1 questionnaire was completed for this household (more than 10 persons present in this household on the night between 9 - 10 October 2001), write the barcode of the first questionnaire in the boxes below.

<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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Enumerator's name and signature (confirming that s/he has completed or checked the questionnaire).

Name: _____ Signature: _____

Date:

Supervisor's name and signature (to indicate that s/he has checked enumerator's work)

Name: _____ Signature: _____

Date:

Physical address: Postal code:

..... Telephone no:

How many questionnaires were completed for this household?

If more than one questionnaire, what is the number of this questionnaire?

This Questionnaire should be completed for all households living in housing units and collective living quarters including those located in institutions (for example boarding schools, prisons, hospitals, etc.)

- Who completed this questionnaire?**
- An enumerator through an interview. Use a dot.
 - A household member through self-completion. Use a dot.

Completion of this questionnaire

First fill in the full name of the household head or acting head and the number of persons in the household. If you are a grandchild of head/acting head of household, write the name of all other persons to be counted.

Read every question carefully.

Look at the **classifications** where applicable and find the alternative that best applies to the response.

For example, in question P-04 a grandchild belongs to category 0.

- Who should be counted in Census 2001?**
- Every person **young or old** in South Africa on census night, 9 - 10 October, should be counted in the household where s/he spent the night. Include non-citizens and visitors if they spent census night in the household.
 - Include:** Babies born before midnight between 9 - 10 October and household members who died after midnight between 9 - 10 October 2001 as alive. (Census records the situation as at midnight between 9 - 10 October as the reference point).
 - Members of the household who are absent overnight, for example working, travelling or at an entertainment venue, are to be counted in the household if they **return to it the next day, i.e. 10 October**.
 - Persons who stayed in institutions on census night are counted in those places.
 - Domestic workers** are counted as a separate household even if they live in the same household as the employer.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
6	7	8	9	0

Do not leave spaces or use hyphens. For example, Cape Town should be written in this way:

C	A	P	E	T	O
W	N				



LASER LABELS



SHOULD YOU ENCOUNTER ANY DIFFICULTIES IN THE COMPLETION OF THE QUESTIONNAIRE, PLEASE CONTACT

..... ON OR PHONE THE CENSUS HOTLINE, TOLL FREE, ON **0800 110248**



NAME
(P-00)

Please write the name and surname of the household head and first names of every person who was present in this household on the night between 9 - 10 October.
One name on each row.
Start with head or acting head of household.

The head or acting head is the person who is the main decision-maker in the household. If people are equally decision-makers, take the oldest person.
For babies with no name, write BABY.

Age	Sex
<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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<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"/>

Have you included babies, small children, old people and visitors who were present in this household on the night between 9 - 10 October.

SECTION A: INFORMATION FOR PERSONS IN THE HOUSEHOLD - ASK OF EVERYONE

PERSON NO (P-01)	DATE OF BIRTH (P-02)	SEX (P-03)	RELATIONSHIP (P-04)
Assign row or person number to each person starting from 01. For example, first person becomes 01 , the tenth person becomes 10 . The eleventh person becomes 11 in the second questionnaire (if used).	What is (the person's) date of birth and age in completed years? If date of birth not known give (the person's) age in completed years. If age not known give an estimate of age. Date of birth is recorded as DD/MM/YYYY. DD is for day / MM is for month and / YYYY is for year. For example, if the person was born on 7 September 1963, write 07 for the day DD, 09 for the month MM, and 1963 for the year YYYY. For babies less than one year write 000 for age, and for person 7 years and 10 months old write 007 for age.	Is (the person) male or female? M = Male F = Female Dot the appropriate box.	What is (the person's) relationship to the head or acting head of the household? The head or acting head is the person listed in row 1 (of the first questionnaire, if more than one questionnaire has been completed for this household). See definition of head in column P-00. 01 = Head/acting head 02 = Husband/wife/partner 03 = Son/daughter 04 = Adopted child 05 = Stepchild 06 = Brother/sister 07 = Parent 08 = Parent-in-law 09 = Grand/greatgrand child 10 = Son/daughter-in-law 11 = Brother/sister-in-law 12 = Other relative 13 = Non related person
	Date of birth	Sex	Write the appropriate code in the boxes.
<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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<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 B: INFORMATION ON HOUSING

TYPE OF LIVING QUARTERS (H-23)	TYPE OF HOUSING UNIT (H-23a)	MORE THAN ONE DWELLING (H-23b)	ROOMS (H-24)	SHARING 1 ROOM (H-24a)
What is the type of these living quarters? 1 = Housing unit 2 = Residential hotel 3 = Students' residence 4 = Home for the aged 5 = Workers' hostel 6 = Other (specify) If 2-5 go to H-25 <input type="checkbox"/>	Which type of dwelling or housing unit does this household occupy? If this household lives in MORE THAN ONE DWELLING, write the code of the MAIN dwelling that the household occupies in the boxes. 01 = House or brick structure on a separate stand or yard 02 = Traditional dwelling/hut/structure made of traditional materials 03 = Flat in block of flats 04 = Town/cluster/semi-detached house (simplex, duplex, triplex) 05 = House/flat/room in back yard 06 = Informal dwelling/shack in back yard 07 = Informal dwelling/shack NOT in back yard, e.g. in an informal/squatter settlement 08 = Room/flatlet not in back yard but on a shared property <input type="text"/>	Does this household occupy more than one dwelling on this site? Y = Yes N = No Dot the appropriate box.	How many rooms, including kitchens, are there for this household? Count all rooms in all dwellings. Exclude bathrooms, sheds, garages, stables, etc. unless persons are living in them. For example, if 4 rooms 04	If one room only: Are there two or more households sharing a single room? Y = Yes N = No Dot the appropriate box.
<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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<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"/>

TENURE STATUS (H-25)	PIPED WATER (H-26)	SOURCE OF WATER (H-26a)	TOILET FACILITY (H-27)
What is the tenure status of the household? If the household uses several dwellings, write the code for the main dwelling in the box. 1 = Owned and fully paid off 2 = Owned but not yet paid off 3 = Rented 4 = Occupied rent-free 5 = Other (specify) <input type="text"/>	In which way does this household obtain PIPED WATER for domestic use? Write only one code in the box. 1 = No access to piped (tap) water 2 = Piped (tap) water on community stand: distance greater than 200 m from dwelling 3 = Piped (tap) water on community stand: distance less than 200 m from dwelling 4 = Piped (tap) water inside yard 5 = Piped (tap) water inside dwelling <input type="text"/>	What is this household's MAIN source of WATER for domestic use? Write only one code in the box. 1 = Regional/local water scheme (operated by a Water Service Authority or Provider) 2 = Borehole 3 = Spring 4 = Rain-water tank 5 = Dam / pool / stagnant water 6 = River/stream 7 = Water vendor 8 = Other (specify) <input type="text"/>	What is the MAIN type of TOILET facility that is available for use by this household? Write only one code in the box. 1 = Flush toilet (connected to sewerage system) 2 = Flush toilet (with septic tank) 3 = Chemical toilet 4 = Pit latrine with ventilation (VIP) 5 = Pit latrine without ventilation 6 = Bucket latrine 7 = None <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ENERGY/FUEL (H-28)	HOUSEHOLD GOODS (H-29)						
What type of energy/fuel does this household MAINLY use for cooking, for heating and for lighting? Write one code in each box. 1 = Electricity 2 = Gas 3 = Paraffin 4 = Wood 5 = Coal 6 = Candles 7 = Animal dung 8 = Solar 9 = Other (specify) Note: - Wood (4), coal (5) and animal dung (7) cannot be used for lighting - Candles (6) cannot be used for cooking or heating	Does the household have any of the following (in working condition)? Y = Yes N = No Dot the appropriate box for each item.						
<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Cooking</td> <td>Heating</td> <td>Lighting</td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Cooking	Heating	Lighting	<input type="text"/> Radio <input type="text"/> Refrigerator <input type="text"/> Television <input type="text"/> Telephone in the dwelling <input type="text"/> Computer <input type="text"/> Cell-phone If YES to telephone or cellphone go to H-30
<input type="text"/>	<input type="text"/>	<input type="text"/>					
Cooking	Heating	Lighting					
<input type="text"/>	<input type="text"/>						

ACCESS TO TELEPHONE (If NO to "telephone" and "cell-phone" in H-28) (H-29a)	REFUSE OR RUBBISH (H-30)
Where do members of this household MAINLY use a telephone? Write only one code in the box. 1 = At a neighbour nearby 2 = At a public telephone nearby 3 = At another location nearby 4 = At another location, not nearby 5 = No access to a telephone <input type="text"/>	How is the refuse or rubbish of this household MAINLY disposed of? Write only one code in the box. 1 = Removed by local authority at least once a week 2 = Removed by local authority less often 3 = Communal refuse dump 4 = Own refuse dump 5 = No rubbish disposal 6 = Other (specify) <input type="text"/>
<input type="text"/>	<input type="text"/>



WOMEN AGED BETWEEN 12 AND 50 YEARS (BORN BETWEEN 1951 AND 1989)

LAST CHILD BORN

(P-20b)
If (the person) has ever given live birth: **When was (the person's) last child born?**

Date of Birth:
DD/MM/YYYY

What is the sex of that child?:
M = Male
F = Female

Is that child alive or dead?
A = Alive
D = Dead

Write the day, month and year of the last live birth and dot the appropriate box of the sex. If multiple birth, indicate only the last child. Dot the appropriate box whether the child is still alive on Census night 9 - 10 October.
DO NOT COUNT STILLBIRTHS (children born dead).

Date of birth: _____ Sex: _____ Alive/Dead: _____

D	D	M	M	Y	Y	Y	Y	M	F	A	D				
D	D	M	M	Y	Y	Y	Y	M	F	A	D				
D	D	M	M	Y	Y	Y	Y	M	F	A	D				
D	D	M	M	Y	Y	Y	Y	M	F	A	D				
D	D	M	M	Y	Y	Y	Y	M	F	A	D				
D	D	M	M	Y	Y	Y	Y	M	F	A	D				
D	D	M	M	Y	Y	Y	Y	M	F	A	D				
D	D	M	M	Y	Y	Y	Y	M	F	A	D				
D	D	M	M	Y	Y	Y	Y	M	F	A	D				
D	D	M	M	Y	Y	Y	Y	M	F	A	D				
D	D	M	M	Y	Y	Y	Y	M	F	A	D				
D	D	M	M	Y	Y	Y	Y	M	F	A	D				

TRAVEL TO SCHOOL OR PLACE OF WORK (P-21)
How does (the person) usually travel to school or to his/her place of work? Indicate the main mode of travel even if s/he was temporarily absent that week.
0 = Not applicable
1 = On foot
2 = By bicycle
3 = By motorcycle
4 = By car as a driver
5 = By car as a passenger
6 = By minibus/ taxi
7 = By bus
8 = By train
9 = Other
If more than one mode of travel, write the code of the mode that covers the longest distance.

INCOME CATEGORY (P-22)
What is the income category that best describes the gross income of (this person) before tax? Choose from the table below the code that corresponds to the income level.

CODE	MONTHLY	ANNUAL
01	No income	No income
02	R 1 – R 400	R 1 – R 4 800
03	R 401 – R 800	R 4 801 – R 9 600
04	R 801 – R 1 600	R 9 601 – R 19 200
05	R 1 601 – R 3 200	R 19 201 – R 38 400
06	R 3 201 – R 6 400	R 38 401 – R 76 800
07	R 6 401 – R 12 800	R 76 801 – R 153 600
08	R 12 801 – R 25 600	R 153 601 – R 307 200
09	R 25 601 – R 51 200	R 307 201 – R 614 400
10	R 51 201 – R 102 400	R 614 401 – R 1 228 800
11	R 102 401 – R 204 800	R 1 228 801 – R 2 457 600
12	R 204 801 or more	R 2 457 601 or more

A monthly income of R1 500 is code 04 and an annual income of R25 000 is code 05.

ASK OF EVERYONE

MARITAL STATUS (P-05)
What is (the person's) PRESENT marital status?
1 = Married civil/religious
2 = Married traditional/customary
3 = Polygamous marriage
4 = Living together like married partners
5 = Never married
6 = Widower/widow
7 = Separated
8 = Divorced

Write only one code per person in the box.

If both civil/religious and traditional marriage, indicate civil/religious.

If categories 5-8 go to (P-06).

SPOUSE (P-05a)
If categories 1-4 in P-05

Who, in the household, is (the person's) spouse or partner?
Write the person number of the spouse or partner in the appropriate box.

For example, if the spouse of the head of the household is the person listed in row 2 write **0 2** in row 1.

If a man has more than one wife, write the row number of the first wife. Write the row number of the husband for each of his wives.

If spouse is not in the household write **9 9**.

POPULATION GROUP (P-06)
How would (the person) describe him/herself in terms of population group?
1 = Black African
2 = Coloured
3 = Indian or Asian
4 = White
5 = Other (specify)

LANGUAGE (P-07)
Which language does (the person) speak most often in this household?
01 = Afrikaans
02 = English
03 = IsiNdebele
04 = IsiXhosa
05 = IsiZulu
06 = Sepedi
07 = Sesotho
08 = Setswana
09 = SiSwati
10 = Tshivenda
11 = Xitsonga
12 = Other (specify)

Write only one code per person.

RELIGION (P-08)
What is (the person's) religion, denomination, or belief?
Please write the complete name. For example, Apostolic Faith Mission, Dutch Reformed Church, Hinduism, Islam, Zion Christian Church.

If no religion, write NONE.

Use CAPITAL LETTERS only.



ASK OF EVERYONE

BORN IN SA? (P-09)	PLACE OF BIRTH (P-09a)	COUNTRY OF BIRTH (P-09b)	CITIZENSHIP (P-10) (P-10a)	USUALLY LIVE (P-11) (P-11a)
Was (the person) born in South Africa? Include former "homelands" as South Africa. Y = Yes N = No	If YES to P-09 In which province was (the person) born? 1 = Western Cape 2 = Eastern Cape 3 = Northern Cape 4 = Free State 5 = KwaZulu-Natal 6 = North West 7 = Gauteng 8 = Mpumalanga 9 = Northern Province Go to P-10	If NO to P-09 In which country was (the person) born? Write the present name of the country. Use CAPITAL LETTERS only.	Is (the person) a South African citizen? Y = Yes N = No Dot the appropriate box. If YES go to P-11 If NO (P-10a) What is the name of the country of citizenship? Use CAPITAL LETTERS only.	Does (the person) usually live in this household for at least four nights a week? Y = Yes N = No Dot the appropriate box. If YES go to P-12 If NO (P-11a) Where does (the person) usually live? IF IN THE SAME PLACE as the place of enumeration, dot the S box. IF NOT the same place, write the PROVINCE P R , MAIN PLACE (city, town, tribal area, administrative area) and SUB-PLACE (suburb, ward, village, farm, informal settlement). IF ANOTHER COUNTRY, write the name of the country in the boxes below. Use CAPITAL LETTERS only.
Y N		C O U N T R Y	Y N C O U N T R Y	Y N S P R M A I N P L A C E S U B P L A C E
Y N		C O U N T R Y	Y N C O U N T R Y	Y N S P R M A I N P L A C E S U B P L A C E
Y N		C O U N T R Y	Y N C O U N T R Y	Y N S P R M A I N P L A C E S U B P L A C E
Y N		C O U N T R Y	Y N C O U N T R Y	Y N S P R M A I N P L A C E S U B P L A C E
Y N		C O U N T R Y	Y N C O U N T R Y	Y N S P R M A I N P L A C E S U B P L A C E
Y N		C O U N T R Y	Y N C O U N T R Y	Y N S P R M A I N P L A C E S U B P L A C E
Y N		C O U N T R Y	Y N C O U N T R Y	Y N S P R M A I N P L A C E S U B P L A C E
Y N		C O U N T R Y	Y N C O U N T R Y	Y N S P R M A I N P L A C E S U B P L A C E
Y N		C O U N T R Y	Y N C O U N T R Y	Y N S P R M A I N P L A C E S U B P L A C E



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ASK OF WOMEN AGED BETWEEN 12 AND 50 YEARS (BORN BETWEEN 1951 AND 1989)

TOTAL BIRTHS (P-20)	STILL LIVING (P-20a)
How many children, if any, has (the person) ever had, that were born alive? If none write 0 0 and go to P-21. How many of these were boys? How many of these were girls? Include ALL her children, i.e. those who are still living, whether or not they live in this household, and those who are dead. DO NOT COUNT STILLBIRTHS (children born dead).	If the person has ever given live birth: If boys: How many boys are still alive? If girls: How many girls are still alive? For example, if 2 children of the 3 given in P-20 are still alive, 1 boy and 1 girl, write:
Total 0 3 For example Boys 0 2 Girls 0 1	Total 0 2 Boys 0 1 Girls 0 1
Total	Boys
Boys	Girls
Girls	Total
Total	Boys
Boys	Girls
Girls	Total
Total	Boys
Boys	Girls
Girls	Total
Total	Boys
Boys	Girls
Girls	Total
Total	Boys
Boys	Girls
Girls	Total



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ASK FOR ALL PERSONS AGED 10 YEARS AND OLDER (BORN BEFORE 10 OCTOBER 1991) WHO HAD WORK

Table with 4 columns: COMPANY/BUSINESSACTIVITY (P-19b), OCCUPATION (P-19c), HOURS WORKED (P-19d), PLACE OF WORK (P-19e) (P-19f). Includes instructions for each column and a grid for data entry.

ASK OF EVERYONE

Table with 5 columns: FIVE YEARS AGO (P-12), FROM WHERE MOVED (P-12a), IN WHICH YEAR (P-12b), DISABILITY (P-13), MOTHER ALIVE (P-14) (P-14a). Includes instructions for each column and a grid for data entry.



ASK OF EVERYONE			ALL AGED 5 YEARS OR MORE		ALL PERSONS WITH POST-SCHOOL QUALIFICATIONS	
FATHER ALIVE			PRESENT SCHOOL ATTENDANCE		LEVEL OF EDUCATION	
(P-15) (P-15a)			(P-16) (P-16a)		(P-17)	
Is (the person's) own biological father still alive?			Does (the person) presently attend an educational institution?		What is the highest level of education that (the person) has completed?	
Y = Yes N = No D = Do not know			1 = No (Go to P-17) 2 = Yes: Pre-school 3 = Yes: School 4 = Yes: College 5 = Yes: Technikon 6 = Yes: University 7 = Yes: Adult education centre 8 = Yes: Other (specify)		99= No schooling 00= Grade 0 01= Grade 1/Sub A 02= Grade 2/Sub B 03= Grade 3/Standard 1 04= Grade 4/Standard 2 05= Grade 5/Standard 3 06= Grade 6/Standard 4 07= Grade 7/Standard 5 08= Grade 8/Standard 6/ Form 1 09= Grade 9/Standard 7/ Form 2 10= Grade 10/Standard 8/ Form 3/NTCI 11= Grade 11/Standard 9/ Form 4/NTCII 12= Grade 12/Standard 10/ Form 5/Matric./NTCIII	
If YES: (P-15a) Who in this household is (the person's) father? For example, if the father is the person listed in row 2, write 0 2 .			Please include studies by correspondence/ distance education. If YES: (P-16a) Is this institution public or private? 1 = public (government) 2 = private 3 = don't know		If categories 13-20 in P-17 In which field is (the person's) highest post-school qualification?	
If the father does not live in this household, write 9 9 in the appropriate boxes.					01 = Agriculture or Renewable Natural Resources 02 = Architecture or Environmental Design 03 = Arts, Visual or Performing 04 = Business, Commerce or Management Sciences 05 = Communication 06 = Computer Science or Data Processing 07 = Education, Training or Development 08 = Engineering or Engineering Technology 09 = Health Care or Health Sciences 10 = Home Economics 11 = Industrial Arts, Trades or Technology 12 = Languages, Linguistics or Literature 13 = Law 14 = Libraries or Museums 15 = Life Sciences or Physical Sciences 16 = Mathematical Sciences 17 = Military Sciences 18 = Philosophy, Religion or Theology 19 = Physical Education or Leisure 20 = Psychology 21 = Public Administration or Social Services 22 = Social Sciences or Social Studies 23 = Other (Specify)	
Personno.			Institution		Type	
Y N			Y N		Y N	
D			D		D	
Y	N					
D						
Y	N					
D						
Y	N					
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Y	N					
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Y	N					
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Y	N					
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Y	N					
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Y	N					
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Y	N					
D						



ASK FOR ALL PERSONS AGED 10 YEARS AND OLDER (BORN BEFORE 10 OCTOBER 1991)					
ANY WORK IN THE 7 DAYS BEFORE 10 OCTOBER (P-18)	DID NOT HAVE ANY WORK			HAD WORK	
	REASON WHY NOT WORKING (P-18a)	ACTIVE STEPS (P-18b)	AVAILABILITY (P-18c)	WORK STATUS (P-19)	BUSINESS/COMPANY NAME (P-19a)
In the SEVEN DAYS before 10 October did (the person) do any work for PAY (in cash or in kind) PROFIT or FAMILY GAIN, for one hour or more?	If NO to P-18 What is the main reason why (the person) did not have work in the seven days before 10 October? 1 = Scholar or student 2 = Home-maker or housewife 3 = Pensioner or retired person/ too old to work 4 = Unable to work due to illness or disability 5 = Seasonal worker not working presently 6 = Does not choose to work 7 = Could not find work	If NO to P-18 In the PAST FOUR WEEKS before 10 October has (the person) taken active steps to find employment? Y = Yes N = No For example, (the person) went to visit factories or other employment places, placed or answered advertisements, looked for land or a building or equipment to start own business or farm.	If NO to P-18 If offered work, how soon could (the person) start? 1 = Within one week 2 = More than 1 week, up to 2 weeks 3 = More than 2 weeks, up to 4 weeks 4 = Some time after 4 weeks 5 = Does not choose to work Go to P-20	If YES to P-18 How can one best describe (the person's) main activity or work status? 1 = Paid employee 2 = Paid family worker 3 = Self-employed 4 = Employer 5 = Unpaid family worker 6 = Other (specify)	If YES to P-18 What is the FULL name of the business/company or organisation for whom (the person) works? If the person works for him/herself, and the business does not have a name, write SELF in the appropriate row. If doing PAID domestic work in a private household, write DOMESTIC SERVICE. Use CAPITAL LETTERS only.
1 = Yes: formal registered (non-farming) 2 = Yes: informal unregistered (non-farming) 3 = Yes: farming 4 = Yes: has work but was temporarily absent 5 = No: did not have work	If more than one reason, write the code of the MAIN (most important) reason.				
If YES go to P-19					

