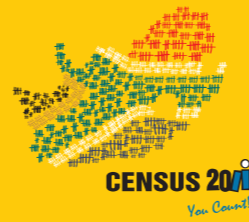




HOUSEHOLD QUESTIONNAIRE

FOR STATISTICAL USE ONLY

A



STATISTICS ACT NO. 6 OF 1999 (CONFIDENTIALITY)

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

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

18(1e) Any officer of Statistics South Africa who willfully discloses any data or

18(1g) 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 6 months or to both.

FOR OFFICE USE ONLY

ENUMERATION AREA NUMBER

Province Local municipality

Main place Sub-place

Physical identification of the dwelling unit

Postal code Landline/Cell phone of enumerated household

PARTICULARS OF THE HOUSEHOLD

Dwelling unit number Total number of persons in the household Males Females Total

Household number

Total number of households at this dwelling Questionnaire of completed for this household

Map reference number

Listing record number

If more than one questionnaire is used in the household, write the barcode of the 1st questionnaire below

METHOD OF QUESTIONNAIRE COMPLETION - Mark the appropriate circle with an X

A fieldworker through an interview A household member through self-completion

FIELD STAFF

Fieldworker ID No. Supervisor ID No.

Signature Signature

RESPONSE DETAILS

Visit No.	Date (actual)	Interview		Result Code	Next Visit (Planned)	
		Start Time	End Time		Date	Time
1						
2						
3						
4						

RESULT CODE	RESPONSE DETAILS
11	Completed
12	Partly completed
21	Non-contact
22	Refusal
31	Unoccupied
32	Vacant
33	Demolished
34	New dwelling under construction

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

.....

FINAL RESULT CODE

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

..... ON

OR PHONE THE CENSUS HOTLINE, TOLL FREE, ON **0800 110 248**



X-123456789



A0C

PROCEDURES OF ENUMERATION

Who should be the respondent?

- The head/acting head of the household.
- In the absence of head/acting head, any responsible adult member left in charge of the household.

Note:

- A household is a group of persons who live together, and provide themselves jointly with food or other essentials for living, or a single person who lives alone.
- Domestic workers are counted as a separate household even if they live in the same dwelling as the employer.

Who should be counted in this questionnaire?

- All persons present in the household on the reference night (midnight 9-10 October 2011)
- Include babies born before the reference night as well as visitors.
- Members who died after the reference night must be counted as alive.
- Members of the household who were absent overnight, for example working, travelling or at an entertainment venue, religious gathering, if they returned to the household the next day.
- Individuals in converted hostels, residential hotels and old age homes (depending on arrangement).

How to complete the questionnaire

- Read every question carefully
- Make sure that all the codes are written inside the boxes. For example: Correct Incorrect
- For numeric values, such as age, person number, number of children, the enumerator/respondent should write the correct answer in the box and include leading zeros. For example: 007
- For open-ended questions, the enumerator/respondent should write legibly in CAPITAL LETTERS in the boxes provided with no spaces between the words. For example Cape Town should be written as: CAPETOWN
- Do not write zeros in boxes where questions are not applicable

What to use when completing this questionnaire?

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



CENSUS 2011 DRESS REHEARSAL

X-123456789



CENSUS 2011 DRESS REHEARSAL

X-123456789



CENSUS 2011 DRESS REHEARSAL X-123456789



X-123456789

FLAP: PARTICULARS OF ALL INDIVIDUALS

Please write the name and surname of the household head and first names of every person who was present in this household on the census night (midnight 9-10 October 2011)

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 of the household. If people are equally decision-makers, then take the oldest person as the household head.

For babies with no name, write BABY.

Please include babies, small children, old people and visitors who were present in this household on the census night (9-10 October 2011)

F-00 PERSON NUMBER	F-01 PERSON NAME	F-02 AGE IN COMPLETED YEARS	F-03 SEX 1 = Male 2 = Female
Write 0 or 1 in the first box for all persons listed on the flap. Example: Row 1 0 1 Row 10 1 0	Example J O H N M A L U L E K E	Example 1 0 3 1 Example 2 Child less than 1 year 0 0 0	Example X 1 Male 2 Female Mark the appropriate circle with an X.
1			1 Male 2 Female
2			1 Male 2 Female
3			1 Male 2 Female
4			1 Male 2 Female
5			1 Male 2 Female
6			1 Male 2 Female
7			1 Male 2 Female
8			1 Male 2 Female
9			1 Male 2 Female
0			1 Male 2 Female

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

P-01 DATE OF BIRTH	P-02 RELATIONSHIP	P-03 MARITAL STATUS	P-04 SPOUSE OR PARTNER	P-05 POPULATION GROUP	P-06 LANGUAGE
What is (name's) date of birth?	What is (name's) relationship to the head or acting head of the household? <i>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.</i> 01 = Head/Acting Head 02 = Husband/Wife/Partner 03 = Son/Daughter 04 = Adopted Son/Daughter 05 = Stepchild 06 = Brother/Sister 07 = Parent (Mother/Father) 08 = Parent-in-law 09 = Grand/Great Grandchild 10 = Son/Daughter-in-law 11 = Brother/Sister-in-law 12 = Grandmother/Father 13 = Other relative 14 = Non-related person	What is (name's) PRESENT marital status? 1 = Married 2 = Living together like married partners 3 = Never married 4 = Widower/widow 5 = Separated 6 = Divorced	Who in this household is (name's) spouse or partner? <i>Write the person number of the spouse or partner in the appropriate boxes. If the spouse or partner does not reside in the household, write 98.</i> Note: Refer to person on flap e.g. 02	How would (name) describe him/herself in terms of population group? 1 = Black African 2 = Coloured 3 = Indian or Asian 4 = White 5 = Other <i>Write the appropriate code in the box.</i>	Which two languages does (name) 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 = Sign language 13 = Other <i>Write the appropriate code in the boxes. If no other language, write 00 in the second box.</i>
Example 1 9 0 4 1 9 7 9	Write the appropriate code in the boxes.	Write the appropriate code in the box. If 3-6, Go to P-05			
					First
					Second
					First
					Second
					First
					Second
					First
					Second
					First
					Second
					First
					Second
					First
					Second
					First
					Second

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

P-07 PROVINCE OF BIRTH	P-08 COUNTRY OF BIRTH	P-08a YEAR MOVED TO SOUTH AFRICA	P-09 SOUTH AFRICAN CITIZENSHIP	P-10 USUAL RESIDENCE	P-10a PROVINCE OF USUAL RESIDENCE	P-10b MUNICIPALITY/MAGISTERIAL DISTRICT OF USUAL RESIDENCE
<p>In which province was (name) born?</p> <p>01 = Western Cape 02 = Eastern Cape 03 = Northern Cape 04 = Free State 05 = Kwa-Zulu Natal 06 = North West 07 = Gauteng 08 = Mpumalanga 09 = Limpopo 10 = Outside South Africa 11 = Do not know</p> <p>Write the appropriate code in the boxes.</p> <p>If 01-09 or 11, Go to P-09</p>	<p>In which country was (name) born?</p> <p>Use CAPITAL LETTERS only</p> <p>Examples: NEWZEALAND, BOTSWANA, SIERRALEONE</p>	<p>In which year did (name) move to South Africa?</p> <p>If moved more than once into South Africa, please indicate the year of last move.</p> <p>Example</p> <p>1 9 9 8</p>	<p>Is (name) a South African citizen?</p> <p>1 = Yes 2 = No</p> <p>Mark the appropriate circle with an X.</p>	<p>Does (name) usually live in this household for at least four nights a week and has done so for the last six months? OR intends to live in this household for at least four nights a week for the next six months?</p> <p>1 = Yes 2 = No</p> <p>Mark the appropriate circle with an X.</p> <p>If 1, Go to P-11</p>	<p>In which province does (name) usually live?</p> <p>01 = Western Cape 02 = Eastern Cape 03 = Northern Cape 04 = Free State 05 = Kwa-Zulu Natal 06 = North West 07 = Gauteng 08 = Mpumalanga 09 = Limpopo 10 = Outside South Africa 11 = Do not know</p> <p>Write the appropriate code in the boxes.</p> <p>If 10, Go to P-11</p>	<p>In which municipality or magisterial district does (name) usually live?</p> <p>Use CAPITAL LETTERS only</p> <p>Example</p> <p>J O B U R G M E T R O</p>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="text"/>	<input type="text"/>



SECTION B: MIGRATION (Continued)

P-10c CITY/TOWN OF USUAL RESIDENCE	P-11 SINCE 2001	P-11a MONTH AND YEAR MOVED	P-11b PROVINCE OF PREVIOUS RESIDENCE	P-11c MUNICIPALITY/MAGISTERIAL DISTRICT OF PREVIOUS RESIDENCE	P-11d CITY/TOWN OF PREVIOUS RESIDENCE
<p>In which city/town does (name) usually live or what is the nearest city/town?</p> <p>Use CAPITAL LETTERS only</p>	<p>Has (name) been living in this place since October 2001?</p> <p>1 = Yes 2 = No 3 = Born after October 2001 but never moved 4 = Born after October 2001 and moved</p> <p>Write the appropriate code in the box.</p> <p>If 1 or 3, Go to P-12</p>	<p>When did (name) move to this place?</p> <p>Write the month and year in the appropriate boxes.</p> <p>Example</p> <p>0 4 2 0 0 2</p>	<p>In which province did (name) live before moving to this place?</p> <p>01 = Western Cape 02 = Eastern Cape 03 = Northern Cape 04 = Free State 05 = Kwa-Zulu Natal 06 = North West 07 = Gauteng 08 = Mpumalanga 09 = Limpopo 10 = Outside South Africa 11 = Do not know</p> <p>Write the appropriate code in the boxes.</p> <p>If 10, Go to P-12</p>	<p>In which municipality or magisterial district did (name) live before moving to this place?</p> <p>Use CAPITAL LETTERS only</p> <p>Example</p> <p>J O B U R G M E T R O</p>	<p>In which city/town did (name) live before or what was the nearest city/town?</p> <p>Use CAPITAL LETTERS only</p> <p>Example</p> <p>J O H A N N E S B U R G</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"/>	<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"/>



**SECTION C: GENERAL HEALTH AND FUNCTIONING -
ASK OF EVERYONE LISTED ON THE FLAP**

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

P-12 HEALTH AND FUNCTIONING	P-13 ASSISTIVE DEVICES AND MEDICATION	P-14 MOTHER ALIVE	P-14a MOTHER PERSON NUMBER	P-15 FATHER ALIVE
<p>Does (name) have difficulty in the following?</p> <p>A = Seeing even when using eye glasses? B = Hearing even when using a hearing aid? C = Communicating in his/her language (i.e. understanding others or being understood by others)? D = Walking or climbing stairs? E = Remembering or concentrating? F = With self-care such as washing all over, dressing or feeding?</p> <p>1 = No difficulty 2 = Some difficulty 3 = A lot of difficulty 4 = Cannot do at all 5 = Do not know 6 = Cannot yet be determined</p> <p><i>Write the appropriate code in the box.</i></p>	<p>Does (name) use any of the following?</p> <p>A = Eye glasses B = Hearing aid C = Walking stick or frame D = A wheelchair E = Chronic medication</p> <p>1 = Yes 2 = No 3 = Do not know</p> <p><i>Write the appropriate code in the box.</i></p>	<p>Is (name's) own biological mother still alive?</p> <p>1 = Yes 2 = No 3 = Do not know</p> <p><i>Mark the appropriate circle with an X.</i></p>	<p>Who in this household is (name's) biological mother?</p> <p><i>If the person's mother does not reside in the household (not listed on the flap), write 98.</i></p> <p>Note: Refer to person number on flap e.g. 02</p>	<p>Is (name's) own biological father still alive?</p> <p>1 = Yes 2 = No 3 = Do not know</p> <p><i>Mark the appropriate circle with an X.</i></p>
		If 2-3, Go to P-15		If 2-3, Go to P-16
<input type="radio"/> Seeing (A) <input type="radio"/> Walking / Climbing (D) <input type="radio"/> Hearing (B) <input type="radio"/> Remembering / Concentrating (E) <input type="radio"/> Communicating (C) <input type="radio"/> Self-care (F)	<input type="radio"/> Glasses (A) <input type="radio"/> Wheelchair (D) <input type="radio"/> Hearing aid (B) <input type="radio"/> Chronic medication (E) <input type="radio"/> Walking stick / frame (C)	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<input type="text"/> <input type="text"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know
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<input type="radio"/> Seeing (A) <input type="radio"/> Walking / Climbing (D) <input type="radio"/> Hearing (B) <input type="radio"/> Remembering / Concentrating (E) <input type="radio"/> Communicating (C) <input type="radio"/> Self-care (F)	<input type="radio"/> Glasses (A) <input type="radio"/> Wheelchair (D) <input type="radio"/> Hearing aid (B) <input type="radio"/> Chronic medication (E) <input type="radio"/> Walking stick / frame (C)	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<input type="text"/> <input type="text"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know
<input type="radio"/> Seeing (A) <input type="radio"/> Walking / Climbing (D) <input type="radio"/> Hearing (B) <input type="radio"/> Remembering / Concentrating (E) <input type="radio"/> Communicating (C) <input type="radio"/> Self-care (F)	<input type="radio"/> Glasses (A) <input type="radio"/> Wheelchair (D) <input type="radio"/> Hearing aid (B) <input type="radio"/> Chronic medication (E) <input type="radio"/> Walking stick / frame (C)	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<input type="text"/> <input type="text"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know
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<input type="radio"/> Seeing (A) <input type="radio"/> Walking / Climbing (D) <input type="radio"/> Hearing (B) <input type="radio"/> Remembering / Concentrating (E) <input type="radio"/> Communicating (C) <input type="radio"/> Self-care (F)	<input type="radio"/> Glasses (A) <input type="radio"/> Wheelchair (D) <input type="radio"/> Hearing aid (B) <input type="radio"/> Chronic medication (E) <input type="radio"/> Walking stick / frame (C)	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<input type="text"/> <input type="text"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know

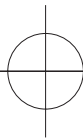


**SECTION D: PARENTAL SURVIVAL AND INCOME
(Continued)**

**SECTION E: EDUCATION - ASK OF ALL PERSONS
AGED 5 YEARS AND OLDER LISTED ON THE FLAP**

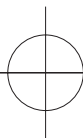
P-15a FATHER PERSON NUMBER	P-16 INCOME CATEGORY	P-17 SCHOOL ATTENDANCE	P-18 EDUCATIONAL INSTITUTION	P-19 PUBLIC OR PRIVATE																										
<p>Who in this household is (name's) biological father?</p> <p><i>If the person's father does not reside in the household (not listed on the flap), write 98.</i></p> <p>Note: Refer to person number on flap e.g. 02</p>	<p>What is the income category that best describes the gross monthly or annual income of (name) before deductions and including all sources of income?</p> <table border="0"> <tr> <td>Monthly</td> <td>Annual</td> </tr> <tr> <td>01 = No income</td> <td>No income</td> </tr> <tr> <td>02 = R1 - R400</td> <td>R1 - R4 800</td> </tr> <tr> <td>03 = R401 - R800</td> <td>R4 801 - R9 600</td> </tr> <tr> <td>04 = R801 - R1 600</td> <td>R9 601 - R19 200</td> </tr> <tr> <td>05 = R1 601 - R3 200</td> <td>R19 201 - R38 400</td> </tr> <tr> <td>06 = R3 201 - R6 400</td> <td>R38 401 - R76 800</td> </tr> <tr> <td>07 = R6 401 - R12 800</td> <td>R76 801 - R153 600</td> </tr> <tr> <td>08 = R12 801 - R25 600</td> <td>R153 601 - R307 200</td> </tr> <tr> <td>09 = R25 601 - R51 200</td> <td>R307 201 - R614 400</td> </tr> <tr> <td>10 = R51 201 - R102 400</td> <td>R614 401 - R1 228 800</td> </tr> <tr> <td>11 = R102 401 - R204 800</td> <td>R1 228 801 - R2 457 600</td> </tr> <tr> <td>12 = R204 801 or more</td> <td>R2 457 601 or more</td> </tr> </table> <p><i>Gross income should include all sources of income e.g. Social grants, UIF, remittances, rentals, investments, sales or products, services, etc.</i></p>	Monthly	Annual	01 = No income	No income	02 = R1 - R400	R1 - R4 800	03 = R401 - R800	R4 801 - R9 600	04 = R801 - R1 600	R9 601 - R19 200	05 = R1 601 - R3 200	R19 201 - R38 400	06 = R3 201 - R6 400	R38 401 - R76 800	07 = R6 401 - R12 800	R76 801 - R153 600	08 = R12 801 - R25 600	R153 601 - R307 200	09 = R25 601 - R51 200	R307 201 - R614 400	10 = R51 201 - R102 400	R614 401 - R1 228 800	11 = R102 401 - R204 800	R1 228 801 - R2 457 600	12 = R204 801 or more	R2 457 601 or more	<p>Does (name) presently attend an educational institution?</p> <p>1 = Yes 2 = No 3 = Do not know</p> <p><i>Mark the appropriate circle with an X.</i></p> <p><i>Attendance includes all part-time and full-time studies, whether in person or as a distance learner.</i></p> <p>If 2-3, Go to P-20</p>	<p>Which of the following educational institutions does (name) attend?</p> <p>1 = Pre-school (including day care, crèche, Grade R and Pre-Grade R in an ECD centre) 2 = Ordinary school (including Grade R learners who attend a formal school, Grade 1-12 learners & learners in special class) 3 = Special school 4 = Further Education and Training College (FET) 5 = Other College 6 = Higher Educational Institution (University/University of Technology) 7 = Adult Basic Education and Training Centre (ABET Centre) 8 = Literacy classes (e.g. Kha Ri Gude, SANLI) 9 = Home based education/home schooling</p> <p><i>Write the appropriate code in the box.</i></p>	<p>Is the institution that (name) is attending public or private?</p> <p>1 = Public (Government) 2 = Private (Independent) 3 = Do not know</p> <p><i>Mark the appropriate circle with an X.</i></p>
Monthly	Annual																													
01 = No income	No income																													
02 = R1 - R400	R1 - R4 800																													
03 = R401 - R800	R4 801 - R9 600																													
04 = R801 - R1 600	R9 601 - R19 200																													
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07 = R6 401 - R12 800	R76 801 - R153 600																													
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10 = R51 201 - R102 400	R614 401 - R1 228 800																													
11 = R102 401 - R204 800	R1 228 801 - R2 457 600																													
12 = R204 801 or more	R2 457 601 or more																													
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<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<input type="text"/>	<input type="radio"/> 1 Public <input type="radio"/> 2 Private <input type="radio"/> 3 Do not know																										
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<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<input type="text"/>	<input type="radio"/> 1 Public <input type="radio"/> 2 Private <input type="radio"/> 3 Do not know																										





SECTION E: EDUCATION (Continued)

P-20 LEVEL OF EDUCATION	P-21 FIELD OF EDUCATION
<p>What is the highest level of education that (name) has completed?</p> <p>98 = No schooling 00 = Grade 0 01 = Grade 1/Sub A 02 = Grade 2/Sub B 03 = Grade 3/Std 1/ABET 1 (Kha Ri Gude, SANLI) 04 = Grade 4/Std 2 05 = Grade 5/Std 3 / ABET 2 06 = Grade 6/Std 4 07 = Grade 7/Std 5 / ABET 3 If 98 or 00-07, Go to P-22 08 = Grade 8/Std 6 / Form 1 09 = Grade 9/Std 7/Form 2/ ABET 4 10 = Grade 10/Std 8/Form 3 11 = Grade 11/Std 9/Form 4 12 = Grade 12/Std 10 /Form 5 If 08-12, Go to P-23 13 = NTC I/N1/ NIC/(V) Level 2 14 = NTCII/N2/ NIC/(V) Level 3</p> <p><i>READ OUT: Diploma or certificate should have been at least six months study duration full-time (or equivalent).</i></p>	<p>In which field is (name's) highest post-school qualification?</p> <p>UNIVERSITY/TECHNIKON/COLLEGE 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 Sciences 07 = Education, Training or Development 08 = Engineering or Engineering Technology 09 = Health Care or Health Sciences 10 = Home Economics 11 = Industrial Arts, Traders 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</p> <p>FURTHER EDUCATION AND TRAINING (FET) 24 = Management 25 = Marketing 26 = Information Technology and Computer Science 27 = Finance, Economics and Accounting 28 = Office Administration 29 = Electrical Infrastructure Construction 30 = Civil Engineering and Building Construction 31 = Engineering 32 = Primary Agriculture 33 = Hospitality 34 = Tourism 35 = Safety in society 36 = Mechatronics 37 = Education and Development 38 = Other</p> <p><i>Write the appropriate code in the boxes.</i></p> <p>Any response, Go to P-23</p>
<p style="text-align: center;">□ □</p>	<p style="text-align: center;">□ □</p>
<p style="text-align: center;">□ □</p>	<p style="text-align: center;">□ □</p>
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<p style="text-align: center;">□ □</p>	<p style="text-align: center;">□ □</p>
<p style="text-align: center;">□ □</p>	<p style="text-align: center;">□ □</p>
<p style="text-align: center;">□ □</p>	<p style="text-align: center;">□ □</p>



**SECTION E: EDUCATION
(Continued)**

P-22 LITERACY

Does (name) have difficulty in doing any of the following?

- A = Writing his/her name
- B = Reading (e.g. newspapers, magazines, religious books etc) in any language
- C = Filling in a form (e.g. social grants forms)
- D = Writing a letter in any language
- E = Calculating/working out how much change he/she should receive when buying something
- F = Reading road signs

- 1 = No difficulty
- 2 = Some difficulty
- 3 = A lot of difficulty
- 4 = Unable to do
- 5 = Do not know

Write the code in the appropriate box.

<input type="radio"/> Writing his/her name (A)	<input type="radio"/> Writing a letter (D)
<input type="radio"/> Reading (B)	<input type="radio"/> Calculating (E)
<input type="radio"/> Filling a form (C)	<input type="radio"/> Reading road signs (F)

<input type="radio"/> Writing his/her name (A)	<input type="radio"/> Writing a letter (D)
<input type="radio"/> Reading (B)	<input type="radio"/> Calculating (E)
<input type="radio"/> Filling a form (C)	<input type="radio"/> Reading road signs (F)

<input type="radio"/> Writing his/her name (A)	<input type="radio"/> Writing a letter (D)
<input type="radio"/> Reading (B)	<input type="radio"/> Calculating (E)
<input type="radio"/> Filling a form (C)	<input type="radio"/> Reading road signs (F)

<input type="radio"/> Writing his/her name (A)	<input type="radio"/> Writing a letter (D)
<input type="radio"/> Reading (B)	<input type="radio"/> Calculating (E)
<input type="radio"/> Filling a form (C)	<input type="radio"/> Reading road signs (F)

<input type="radio"/> Writing his/her name (A)	<input type="radio"/> Writing a letter (D)
<input type="radio"/> Reading (B)	<input type="radio"/> Calculating (E)
<input type="radio"/> Filling a form (C)	<input type="radio"/> Reading road signs (F)

<input type="radio"/> Writing his/her name (A)	<input type="radio"/> Writing a letter (D)
<input type="radio"/> Reading (B)	<input type="radio"/> Calculating (E)
<input type="radio"/> Filling a form (C)	<input type="radio"/> Reading road signs (F)

<input type="radio"/> Writing his/her name (A)	<input type="radio"/> Writing a letter (D)
<input type="radio"/> Reading (B)	<input type="radio"/> Calculating (E)
<input type="radio"/> Filling a form (C)	<input type="radio"/> Reading road signs (F)

<input type="radio"/> Writing his/her name (A)	<input type="radio"/> Writing a letter (D)
<input type="radio"/> Reading (B)	<input type="radio"/> Calculating (E)
<input type="radio"/> Filling a form (C)	<input type="radio"/> Reading road signs (F)

<input type="radio"/> Writing his/her name (A)	<input type="radio"/> Writing a letter (D)
<input type="radio"/> Reading (B)	<input type="radio"/> Calculating (E)
<input type="radio"/> Filling a form (C)	<input type="radio"/> Reading road signs (F)

<input type="radio"/> Writing his/her name (A)	<input type="radio"/> Writing a letter (D)
<input type="radio"/> Reading (B)	<input type="radio"/> Calculating (E)
<input type="radio"/> Filling a form (C)	<input type="radio"/> Reading road signs (F)

SECTION F: EMPLOYMENT - ASK OF ALL PERSONS AGED 15 YEARS AND OLDER LISTED ON THE FLAP

P-23 EMPLOYMENT STATUS

(Answer all three questions and then follow the skip instruction below)

**In the SEVEN DAYS before 10 October ...
P-23a**

Did (name) work for a wage, salary, commission or any payment in kind (including paid domestic work), even if it was for only one hour?

- 1 = Yes
- 2 = No
- 3 = Do not know

Mark the appropriate circle with an X.

**In the SEVEN DAYS before 10 October ...
P-23b**

Did (name) run or do any kind of business, big or small, for herself/himself or with one or more partners, even if it was for only one hour?

- 1 = Yes
- 2 = No
- 3 = Do not know

Mark the appropriate circle with an X.

**In the SEVEN DAYS before 10 October ...
P-23c**

Did (name) help without being paid in any kind of business run by her/his household, even if it was for only one hour?

- 1 = Yes
- 2 = No
- 3 = Do not know

Mark the appropriate circle with an X.

If 1 (Yes) to any of P-23a, P-23b or P-23c, Go to P-29a

<input type="radio"/> 1 Yes
<input type="radio"/> 2 No
<input type="radio"/> 3 Do not know

<input type="radio"/> 1 Yes
<input type="radio"/> 2 No
<input type="radio"/> 3 Do not know

<input type="radio"/> 1 Yes
<input type="radio"/> 2 No
<input type="radio"/> 3 Do not know

<input type="radio"/> 1 Yes
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<input type="radio"/> 1 Yes
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<input type="radio"/> 1 Yes
<input type="radio"/> 2 No
<input type="radio"/> 3 Do not know

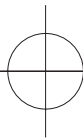
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<input type="radio"/> 2 No
<input type="radio"/> 3 Do not know

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<input type="radio"/> 2 No
<input type="radio"/> 3 Do not know

<input type="radio"/> 1 Yes
<input type="radio"/> 2 No
<input type="radio"/> 3 Do not know

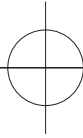
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<input type="radio"/> 2 No
<input type="radio"/> 3 Do not know







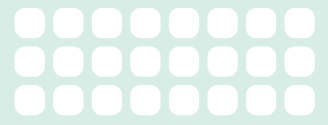
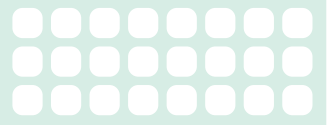
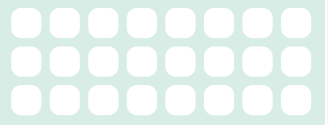
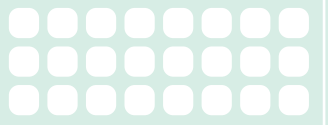




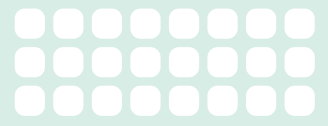
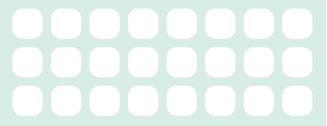
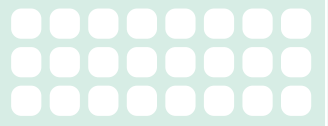
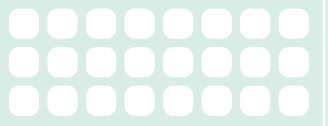




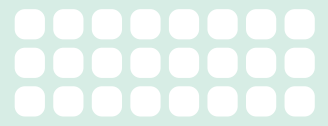
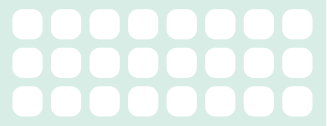
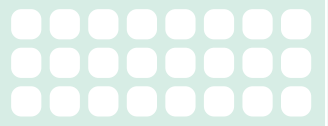
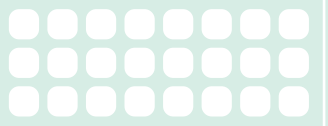




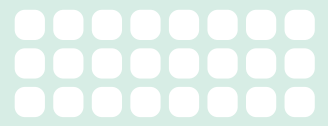
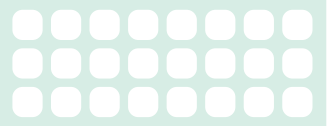
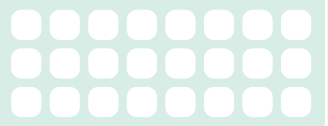
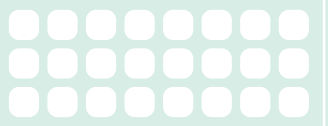




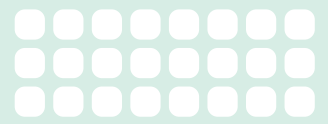

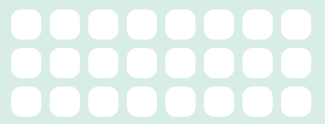
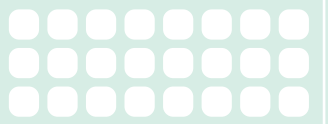


SECTION F: EMPLOYMENT (Continued)

P-24 TEMPORARY ABSENCE FROM WORK	P-25 LOOKING FOR WORK	P-26 LIKED TO WORK	P-27 REASONS FOR NOT WORKING	P-28 AVAILABLE TO WORK
<p>Even though (name) did not do any work for pay, profit or did not help without pay in a household business in the SEVEN DAYS before 10 October, did he/she have a paid job or business that he/she would definitely return to?</p> <p>1 = Yes 2 = No 3 = Do not know</p> <p>Mark the appropriate circle with an X.</p>	<p>In the four weeks before 10 October was (name) looking for any kind of job or trying to start any kind of business?</p> <p>1 = Yes 2 = No 3 = Do not know</p> <p>Mark the appropriate circle with an X.</p>	<p>Would (name) have liked to work in the SEVEN DAYS before 10 October?</p> <p>1 = Yes 2 = No 3 = Do not know</p> <p>Mark the appropriate circle with an X.</p>	<p>What was the main reason for not trying to find work or starting a business in the last four weeks before 10 October?</p> <p>01 = Awaiting the season for work 02 = Waiting to be recalled to former job 03 = Health reasons 04 = Pregnancy 05 = Disabled or unable to work (handicapped) 06 = Housewife/homemaker (family considerations/child care) 07 = Undergoing training to help find work 08 = No jobs available in the area 09 = Lack of money to pay for transport to look for work 10 = Unable to find work requiring his/her skills 11 = Lost hope of finding any kind of work 12 = No transport available 13 = Scholar or student 14 = Retired 15 = Too old/young to work 16 = Did not want to work 17 = Other</p> <p>Write the appropriate code in the boxes.</p>	<p>If a suitable job had been offered or circumstances had allowed, would (name) have been able to start work or a business in the SEVEN DAYS before 10 October?</p> <p>1 = Yes 2 = No 3 = Do not know</p> <p>Mark the appropriate circle with an X.</p>
<p>If 1, Go to P-29a</p>	<p>If 1, Go to P-28</p>	<p>If 2 or 3, Go to P-32</p>		<p>Any response, Go to P-32</p>
<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="text" value=""/><input type="text" value=""/></p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>
<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="text" value=""/><input type="text" value=""/></p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>
<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="text" value=""/><input type="text" value=""/></p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>
<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="text" value=""/><input type="text" value=""/></p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>
<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="text" value=""/><input type="text" value=""/></p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>
<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="text" value=""/><input type="text" value=""/></p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>
<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="text" value=""/><input type="text" value=""/></p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>
<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="text" value=""/><input type="text" value=""/></p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>
<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="text" value=""/><input type="text" value=""/></p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>
<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="text" value=""/><input type="text" value=""/></p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>



SECTION F: EMPLOYMENT (Continued)

P-29a INDUSTRY	P-29b MAIN GOODS OR SERVICES	P-30a OCCUPATION	P-30b MAIN TASK/DUTY	P-31 TYPE OF SECTOR
<p>What is the name of (name's) place of work/organisation/company/business? <i>Examples: KOMANIHOSPITAL, RAPELEPRIMARYSCHOOL, HARMONYGOLDMINING</i></p> <p>Write <i>OWNHOUSE</i> or <i>NOFIXEDLOCATION</i>, if relevant</p> <p>Use <i>CAPITAL LETTERS</i> only</p>	<p>What are the main goods or services produced at (name's) place of work or its main functions? <i>Examples: REALESTATE, CONSTRUCTION, CARREPAIRING, HOSPITALITYSERVICES</i></p> <p>For domestic workers, write <i>PRIVATEHOUSEHOLD</i></p> <p>Use <i>CAPITAL LETTERS</i> only</p>	<p>What kind of work does (name) usually do in his/her main job/business? <i>Examples: PRIMARYSCHOOLTEACHER, BUSINESSOWNER, OFFICECLEANER</i></p> <p>Use <i>CAPITAL LETTERS</i> only</p>	<p>What is (name's) main task or duty in this work? <i>Examples: TEACHINGCHILDREN, SELLINGFRUIT, BOOKKEEPING, FEEDINGCATTLE</i></p> <p>Use <i>CAPITAL LETTERS</i> only</p>	<p>Is (name's) place of work? 1 = In the formal sector 2 = In the informal sector 3 = Private household 4 = Do not know</p> <p>Write the appropriate code in the box.</p>
				<input type="text"/>
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SECTION G: FERTILITY - ASK OF WOMEN AGED 12-50 YEARS LISTED ON THE FLAP

P-32 CHILDREN EVER BORN	P-33 AGE AT FIRST BIRTH	P-34 TOTAL CHILDREN EVER BORN	P-35 TOTAL SURVIVING AND LIVING IN THE HOUSEHOLD	P-36 TOTAL SURVIVING AND LIVING ELSEWHERE	P-37 TOTAL CHILDREN NO LONGER ALIVE	P-38 LAST CHILD BORN	P-39 SEX OF LAST CHILD BORN	P-40 LAST CHILD BORN ALIVE	P-41 DATE OF DEATH OF LAST CHILD BORN
<p>Has (name) ever given birth to a live child, even if the child died soon after birth?</p> <p>1 = Yes 2 = No 3 = Do not know</p> <p>Mark the appropriate circle with an X.</p> <p>If 2 or 3, Go to H-01</p>	<p>At what age did (name) have her first child born?</p> <p>Example 2 5</p>	<p>How many children has (name) ever had that were born alive?</p> <p>Example Boys 0 2 Girls 0 2 Total 0 4</p> <p>Write the correct number in the boxes below</p>	<p>How many of (name's) children are still alive and living with her in this household, including grown-ups?</p> <p>Example Boys 0 2 Girls 0 1 Total 0 3</p> <p>Write the correct number in the boxes below</p>	<p>How many of (name's) children are still alive and living elsewhere, including grown-ups?</p> <p>Example Boys 0 0 Girls 0 0 Total 0 0</p> <p>Write the correct number in the boxes below</p>	<p>How many of (name's) children are no longer alive?</p> <p>Example Boys 0 0 Girls 0 1 Total 0 1</p> <p>Write the correct number in the boxes below</p>	<p>When was (name's) last child born, even if the child died soon after birth?</p> <p>Example 1 9 0 4 2 0 0 5</p>	<p>Is (name's) last child born male or female?</p> <p>1 = Male 2 = Female 3 = Do not know</p> <p>Mark the appropriate circle with an X.</p>	<p>Is (name's) last child born still alive?</p> <p>1 = Yes 2 = No 3 = Do not know</p> <p>Mark the appropriate circle with an X.</p> <p>If 1 or 3, Go to H-01</p>	<p>When did (name's) last child born die?</p> <p>Example 1 0 0 3 2 0 0 7</p>
<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<input type="text"/> <input type="text"/>	Boys <input type="text"/> <input type="text"/> Girls <input type="text"/> <input type="text"/> Total <input type="text"/> <input type="text"/>	Boys <input type="text"/> <input type="text"/> Girls <input type="text"/> <input type="text"/> Total <input type="text"/> <input type="text"/>	Boys <input type="text"/> <input type="text"/> Girls <input type="text"/> <input type="text"/> Total <input type="text"/> <input type="text"/>	Boys <input type="text"/> <input type="text"/> Girls <input type="text"/> <input type="text"/> Total <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="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<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="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<input type="text"/> <input type="text"/>	Boys <input type="text"/> <input type="text"/> Girls <input type="text"/> <input type="text"/> Total <input type="text"/> <input type="text"/>	Boys <input type="text"/> <input type="text"/> Girls <input type="text"/> <input type="text"/> Total <input type="text"/> <input type="text"/>	Boys <input type="text"/> <input type="text"/> Girls <input type="text"/> <input type="text"/> Total <input type="text"/> <input type="text"/>	Boys <input type="text"/> <input type="text"/> Girls <input type="text"/> <input type="text"/> Total <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="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<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="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<input type="text"/> <input type="text"/>	Boys <input type="text"/> <input type="text"/> Girls <input type="text"/> <input type="text"/> Total <input type="text"/> <input type="text"/>	Boys <input type="text"/> <input type="text"/> Girls <input type="text"/> <input type="text"/> Total <input type="text"/> <input type="text"/>	Boys <input type="text"/> <input type="text"/> Girls <input type="text"/> <input type="text"/> Total <input type="text"/> <input type="text"/>	Boys <input type="text"/> <input type="text"/> Girls <input type="text"/> <input type="text"/> Total <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="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<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="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<input type="text"/> <input type="text"/>	Boys <input type="text"/> <input type="text"/> Girls <input type="text"/> <input type="text"/> Total <input type="text"/> <input type="text"/>	Boys <input type="text"/> <input type="text"/> Girls <input type="text"/> <input type="text"/> Total <input type="text"/> <input type="text"/>	Boys <input type="text"/> <input type="text"/> Girls <input type="text"/> <input type="text"/> Total <input type="text"/> <input type="text"/>	Boys <input type="text"/> <input type="text"/> Girls <input type="text"/> <input type="text"/> Total <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="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<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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SECTION H: HOUSING, HOUSEHOLD GOODS AND SERVICES AND AGRICULTURAL ACTIVITIES - ASK OF EVERY HOUSEHOLD

H-01 TYPE OF LIVING QUARTERS

What is the type of these living quarters?

- 01 = Housing unit
- 02 = Converted Hostel (e.g. family unit)
- 03 = Residential Hotel
- 04 = Home for the aged
- 05 = Other

Write the appropriate code in the boxes.

If 03-05, Go to H-07

H-04 TENURE STATUS

What is the tenure status of this dwelling?

- 1 = Rented
- 2 = Owned but not yet paid off
- 3 = Occupied rent-free
- 4 = Owned and fully paid off
- 5 = Other

Write the appropriate code in the box.

Refers to the MAIN dwelling structure only and NOT to the land that it is situated on.

H-02 TYPE OF MAIN DWELLING

Which of the following best describes the MAIN dwelling and OTHER dwelling(s) that this household occupies?

- 01 = House or brick/concrete block structure on a separate stand or yard or on a farm
- 02 = Traditional dwelling/hut/structure made of traditional materials
- 03 = Flat or apartment in a block of flats
- 04 = Cluster house in complex
- 05 = Townhouse (semi-detached house in a complex)
- 06 = Semi-detached house
- 07 = 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 a farm)
- 10 = Room/flatlet on a property or a larger dwelling/servants' quarters/granny flat
- 11 = Caravan/tent
- 12 = Other

	Main dwelling	Other dwelling
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Write the appropriate code in the boxes.

H-05 ESTIMATED VALUE OF PROPERTY

What would you estimate the market value or municipal valuation of this property to be?

- 1 = Less than R50 000
- 2 = R50 001 – R100 000
- 3 = R100 001 – R200 000
- 4 = R200 001 – R400 000
- 5 = R400 001 – R800 000
- 6 = R800 001 – R1 600 000
- 7 = R1 600 001 – R3 200 000
- 8 = More than R3 200 001
- 9 = Do not know

Write the appropriate code in the box.

H-06 AGE OF THE PROPERTY

What is the age of this dwelling?

- 01 = Less than one year
- 02 = 1 - 5 years
- 03 = 6 - 10 years
- 04 = 11 - 20 years
- 05 = 21 - 30 years
- 06 = 31 - 40 years
- 07 = 41 - 50 years
- 08 = 51 - 60 years
- 09 = 61 years or older
- 10 = Do not know

Write the appropriate code in the boxes.

The age of the dwelling refers to when the building was completed, not the time of any later remodelling, additions or conversions. If the actual age is not known, give the best estimate.

H-02a CONSTRUCTION MATERIAL

What is the main material used for the construction of the roof and wall of the MAIN dwelling?

- | | |
|----------------------------|----------------------|
| 01 = Brick | 08 = Wattle and daub |
| 02 = Cement block/Concrete | 09 = Tile |
| 03 = Corrugated iron/zinc | 10 = Mud |
| 04 = Wood | 11 = Thatch/Grass |
| 05 = Plastic | 12 = Asbestos |
| 06 = Cardboard | 13 = Other |
| 07 = Mud and cement mix | |

ROOF	WALL
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Write the appropriate code in the boxes.

H-07 ACCESS TO PIPED WATER

In which way does this household mainly get piped water for household use?

- 1 = Piped (tap) water inside the dwelling
- 2 = Piped (tap) water inside the yard
- 3 = Piped (tap) water on community stand: distance less than 200m from dwelling
- 4 = Piped (tap) water on community stand: distance between 200m and 500m from dwelling
- 5 = Piped (tap) water on community stand: distance between 500m and 1000m (1 km) from dwelling
- 6 = Piped (tap) water on community stand: distance greater than 1000m (1 km) from dwelling
- 7 = No access to piped water

Write the appropriate code in the box.

H-03 ROOMS

How many rooms are there in the MAIN dwelling of this household?

- Dining rooms
- Living rooms
- Dining/Living room
- Bedrooms
- Study Rooms
- One room with multiple uses
- Other rooms
- Total Rooms**

Write the correct number of rooms in the boxes.

Exclude bathrooms and kitchen
Include garages if some members of the household are living in them

H-08 SOURCE OF WATER

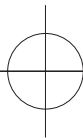
What is this household's MAIN source of WATER for household use?

- 1 = Regional/local water scheme (operated by municipality or other water services provider)
- 2 = Borehole
- 3 = Spring
- 4 = Rain water tank
- 5 = Dam/pool/stagnant water
- 6 = River/stream
- 7 = Water vendor
- 8 = Water tanker
- 9 = Other

Write the appropriate code in the box.

If 2-9, Go to H-10





SECTION H: HOUSING, HOUSEHOLD GOODS AND SERVICES AND AGRICULTURE ACTIVITIES (Continued)

H-09 RELIABILITY OF WATER SUPPLY
In the last 12 months, has this household had any interruptions in piped water supply?

1 = Yes **If 2, Go to H-10**
 2 = No

Mark the appropriate circle with an X.

H-09a RELIABILITY OF WATER SUPPLY
Did any specific interruption(s) in piped water supply last longer than two days ?

1 = Yes **If 2, Go to H-10**
 2 = No

Mark the appropriate circle with an X.

H-09b ALTERNATIVE WATER SOURCE
What alternative water source did the household use during water supply interruption?

1 = Borehole
2 = Spring
3 = Rain water tank
4 = Dam/pool/stagnant water Write the appropriate code in the box.
5 = River/stream
6 = Water vendor
7 = Water tanker
8 = Other
0 = None

H-10 TOILET FACILITIES
What is the MAIN type of TOILET facility used by this household?

1 = Flush toilet (connected to sewerage system)
2 = Flush toilet (with septic tank)
3 = Chemical toilet
4 = Pit toilet with ventilation (VIP) Write the appropriate code in the box.
5 = Pit toilet without ventilation
6 = Bucket toilet
7 = Other
0 = None

H-11 ENERGY/FUEL
What type of energy/fuel does this household MAINLY use for cooking, heating and lighting?

COOKING <input type="checkbox"/>	1 = Electricity	6 = Candles
HEATING <input type="checkbox"/>	2 = Gas	7 = Animal Dung
LIGHTING <input type="checkbox"/>	3 = Paraffin	8 = Solar
	4 = Wood	9 = Other
	5 = Coal	0 = None

Write the appropriate code in the box.

Note
- Wood (4), coal (5) and animal dung (7) cannot be used for lighting
- Candles (6) cannot be used for heating or cooking

H-12 REFUSE DISPOSAL
How is the refuse or rubbish from this household MAINLY disposed of?

1 = Removed by local authority/private company at least once a week
2 = Removed by local authority/private company less often
3 = Communal refuse dump Write the appropriate code in the box.
4 = Own refuse dump
5 = No rubbish disposal
6 = Other

H-13 HOUSEHOLD GOODS AND SERVICES
Does this household own any of the following in working order?

1 = Yes Write the appropriate code in the box.
2 = No

Refrigerator <input type="checkbox"/>	Motorcar <input type="checkbox"/>
Electric/gas stove <input type="checkbox"/>	Television <input type="checkbox"/>
Vacuum cleaner <input type="checkbox"/>	Radio <input type="checkbox"/>
Washing machine <input type="checkbox"/>	Landline/Telephone <input type="checkbox"/>
Computer <input type="checkbox"/>	Cell phone <input type="checkbox"/>
Satellite television <input type="checkbox"/>	Mail Post box/bag <input type="checkbox"/>
DVD Player <input type="checkbox"/>	Mail delivery at home <input type="checkbox"/>

H-13a ACCESS TO INTERNET
How does this household MAINLY access internet?

1 = From home
2 = From Cell phone
3 = From work
4 = From elsewhere
5 = No access to internet

Write the appropriate code in the box.

H-14 AGRICULTURAL ACTIVITIES
What kind of agricultural activity is the household involved in? (More than 1 activity can be chosen)

1 = Livestock production (cattle, goats, sheep, pigs, etc)
 2 = Poultry production (chicken, ducks, geese, guinea fowl, ostrich, etc)
 3 = Vegetable production
 4 = Production of other crops (grains, fruits, etc)
 5 = Fodder grazing/pasture/grass for animals
 6 = Other Mark the appropriate circle with an X.
 0 = None

If only 2-6, Go to H-14b. If 0, Go to M-00

H-14a LIVESTOCK
How many of the following does the household own?

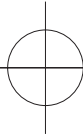
	0	1 - 10	11 - 100	+ 100
1 = Cattle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 = Sheep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 = Goats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 = Pigs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 = Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Mark the appropriate circle with an X.

H-14b PLACE OF AGRICULTURAL ACTIVITIES
Where does this household operate its agricultural activities?

1 = Farm land
 2 = Backyard or school
 3 = Communal or tribal land
 4 = Other

Mark the appropriate circle with an X.



SECTION I: MORTALITY IN THE LAST 12 MONTHS

<p>M-00 DEATH OCCURRED</p> <p>Has any member of this household passed away in the last 12 months (between 10 October 2010 and 9 October 2011)?</p> <p> <input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know </p> <p style="text-align: right;"><i>Mark the appropriate circle with an X.</i></p> <p style="text-align: center;">If 2 or 3, Questionnaire completed</p>	<p>M-00a NUMBER OF DEATHS</p> <p>How many members of the household passed away in the last 12 months (between 10 October 2010 and 9 October 2011)?</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> </p>	<p>ASK ONLY ABOUT DECEASED WOMEN THAT WERE AGED 12 - 50 AT THE TIME OF DEATH</p>
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M-01 NAME OF DECEASED	M-02 MONTH AND YEAR OF DEATH	M-03 SEX OF THE DECEASED	M-04 AGE OF THE DECEASED	M-05 NATURAL OR UNNATURAL DEATH	M-06 PREGNANT AT TIME OF DEATH	M-07 DEATH DURING BIRTH	M-08 POSTNATAL DEATH
<p>What was the first name of (the deceased)?</p> <p><i>Use CAPITAL LETTERS only</i></p>	<p>What was the MONTH and the YEAR of (the deceased's) death?</p> <p><i>Write the month and year in the appropriate boxes.</i></p>	<p>Was (the deceased) male or female?</p> <p>1 = Male 2 = Female</p> <p><i>Mark the appropriate circle with an X.</i></p>	<p>What was (the deceased's) age in completed years at the time of death?</p> <p><i>Write the age in the boxes. If age is less than 1 year, write 000.</i></p>	<p>Was the death due to a natural or an unnatural cause?</p> <p>1 = Natural (e.g. illness) 2 = Unnatural (e.g. accident, assault) 3 = Do not know</p> <p><i>Mark the appropriate circle with an X.</i></p>	<p>Did (the deceased) die while pregnant?</p> <p>1 = Yes 2 = No 3 = Do not know</p> <p><i>Mark the appropriate circle with an X.</i></p>	<p>Did (the deceased) die while giving birth?</p> <p>1 = Yes 2 = No 3 = Do not know</p> <p><i>Mark the appropriate circle with an X.</i></p>	<p>Did (the deceased) die within 6 weeks after delivery?</p> <p>1 = Yes 2 = No 3 = Do not know</p> <p><i>Mark the appropriate circle with an X.</i></p>
If 1 to M-06 or M-07, Questionnaire completed							
<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If more than 8 deaths in the household, use a second questionnaire. Write the barcode of the 1st questionnaire below:

THANK YOU FOR YOUR CO-OPERATION

