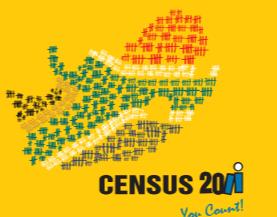


FOR OFFICE USE ONLY FOR OFFICE USE ONLY
**HOUSEHOLD QUESTIONNAIRE
FOR STATISTICAL USE ONLY**
A**STATISTICS ACT NO. 6 OF 1999 (CONFIDENTIALITY)**

- 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 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.

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 Questionnaire of completed for this household

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

Map reference number Questionnaire of completed for this household

Listing record number Questionnaire of completed for this household

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

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

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



AOC

PROCEDURES OF ENUMERATION**How to complete the questionnaire**

Read every question carefully!

Make sure that all the codes are written inside the boxes.

For example: 3Correct 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: 0 0 7
- 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: C A P E T O W N
- 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.

X-123456789
CENSUS 2011 DRESS REHEARSALX-123456789
CENSUS 2011 DRESS REHEARSAL

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

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X-123456789



A02

SECTION B: MIGRATION (Continued)



**SECTION C: GENERAL HEALTH AND FUNCTIONING -
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												
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X-123456789



A04

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

P-15a FATHER PERSON NUMBER	P-16 INCOME CATEGORY	
Who in this household is (name's) biological father?	What is the income category that best describes the gross monthly or annual income of (name) before deductions and including all sources of income?	
If the person's father does not reside in the household (not listed on the flap), write 98. Note: Refer to person number on flap e.g. 02	Monthly	Annual
	01 = No income 02 = R1 - R400 03 = R401 - R800 04 = R801 - R1 600 05 = R1 601 - R3 200 06 = R3 201 - R6 400 07 = R6 401 - R12 800 08 = R12 801 - R25 600 09 = R25 601 - R51 200 10 = R51 201 - R102 400 11 = R102 401 - R204 800 12 = R204 801 or more	No income R1 - R4 800 R4 801 - R9 600 R9 601 - R19 200 R19 201 - R38 400 R38 401 - R76 800 R76 801 - R153 600 R153 601 - R307 200 R307 201 - R614 400 R614 401 - R1 228 800 R1 228 801 - R2 457 600 R2 457 601 or more
	Gross income should include all sources of income e.g. Social grants, UIF, remittances, rentals, investments, sales or products, services, etc.	

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

P-17 SCHOOL ATTENDANCE	P-18 EDUCATIONAL INSTITUTION	P-19 PUBLIC OR PRIVATE
Does (name) presently attend an educational institution? 1 = Yes 2 = No 3 = Do not know	Which of the following educational institutions does (name) attend? 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	Is the institution that (name) is attending public or private? 1 = Public (Government) 2 = Private (Independent) 3 = Do not know
<i>Mark the appropriate circle with an X.</i>		<i>Mark the appropriate circle with an X.</i>
If 2-3, Go to P-20		<i>Write the appropriate code in the box.</i>
<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<input type="checkbox"/>	<input type="radio"/> 1 Public <input type="radio"/> 2 Private <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="checkbox"/>	<input type="radio"/> 1 Public <input type="radio"/> 2 Private <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="checkbox"/>	<input type="radio"/> 1 Public <input type="radio"/> 2 Private <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="checkbox"/>	<input type="radio"/> 1 Public <input type="radio"/> 2 Private <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="checkbox"/>	<input type="radio"/> 1 Public <input type="radio"/> 2 Private <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="checkbox"/>	<input type="radio"/> 1 Public <input type="radio"/> 2 Private <input type="radio"/> 3 Do not know
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<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<input type="checkbox"/>	<input type="radio"/> 1 Public <input type="radio"/> 2 Private <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="checkbox"/>	<input type="radio"/> 1 Public <input type="radio"/> 2 Private <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="checkbox"/>	<input type="radio"/> 1 Public <input type="radio"/> 2 Private <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="checkbox"/>	<input type="radio"/> 1 Public <input type="radio"/> 2 Private <input type="radio"/> 3 Do not know

Census 2011 - A® Statistics South Africa, November 2010



A05

SECTION E: EDUCATION (Continued)

P-20 LEVEL OF EDUCATION

What is the highest level of education that (name) has completed?

- 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

READ OUT: Diploma or certificate should have been at least six months study duration full-time (or equivalent).

- 15 = NTCIII/N3/NIC/(V) Level 4
- 16 = N4/NTC 4
- 17 = N5/NTC 5
- 18 = N6/NTC 6
- 19 = Certificate with less than Grade 12 /Std 10
- 20 = Diploma with less than Grade 12/Std 10
- 21 = Certificate with Grade 12/Std 10
- 22 = Diploma with Grade 12/Std 10
- 23 = Higher Diploma
- 24 = Post Higher Diploma (Masters, Doctoral Diploma)
- 25 = Bachelors degree
- 26 = Bachelors degree and Post graduate diploma
- 27 = Honours degree
- 28 = Higher degree (Masters/PhD)
- 29 = Other

If 13-28, Go to P-21

If 29, Go to P-22

Write the appropriate code in the boxes.

P-21 FIELD OF EDUCATION

In which field is (name's) highest post-school qualification?

- 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

- 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

Write the appropriate code in the boxes.

Any response, Go to P-23



**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.

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"/> Writing his/her name (A)	<input type="radio"/> Writing a letter (D)	<input type="radio"/> 1 Yes	<input type="radio"/> 1 Yes	<input type="radio"/> 1 Yes
<input type="radio"/> Reading (B)	<input type="radio"/> Calculating (E)	<input type="radio"/> 2 No	<input type="radio"/> 2 No	<input type="radio"/> 2 No
<input type="radio"/> Filling a form (C)	<input type="radio"/> Reading road signs (F)	<input type="radio"/> 3 Do not know	<input type="radio"/> 3 Do not know	<input type="radio"/> 3 Do not know
<input type="radio"/> Writing his/her name (A)	<input type="radio"/> Writing a letter (D)	<input type="radio"/> 1 Yes	<input type="radio"/> 1 Yes	<input type="radio"/> 1 Yes
<input type="radio"/> Reading (B)	<input type="radio"/> Calculating (E)	<input type="radio"/> 2 No	<input type="radio"/> 2 No	<input type="radio"/> 2 No
<input type="radio"/> Filling a form (C)	<input type="radio"/> Reading road signs (F)	<input type="radio"/> 3 Do not know	<input type="radio"/> 3 Do not know	<input type="radio"/> 3 Do not know
<input type="radio"/> Writing his/her name (A)	<input type="radio"/> Writing a letter (D)	<input type="radio"/> 1 Yes	<input type="radio"/> 1 Yes	<input type="radio"/> 1 Yes
<input type="radio"/> Reading (B)	<input type="radio"/> Calculating (E)	<input type="radio"/> 2 No	<input type="radio"/> 2 No	<input type="radio"/> 2 No
<input type="radio"/> Filling a form (C)	<input type="radio"/> Reading road signs (F)	<input type="radio"/> 3 Do not know	<input type="radio"/> 3 Do not know	<input type="radio"/> 3 Do not know
<input type="radio"/> Writing his/her name (A)	<input type="radio"/> Writing a letter (D)	<input type="radio"/> 1 Yes	<input type="radio"/> 1 Yes	<input type="radio"/> 1 Yes
<input type="radio"/> Reading (B)	<input type="radio"/> Calculating (E)	<input type="radio"/> 2 No	<input type="radio"/> 2 No	<input type="radio"/> 2 No
<input type="radio"/> Filling a form (C)	<input type="radio"/> Reading road signs (F)	<input type="radio"/> 3 Do not know	<input type="radio"/> 3 Do not know	<input type="radio"/> 3 Do not know
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<input type="radio"/> Reading (B)	<input type="radio"/> Calculating (E)	<input type="radio"/> 2 No	<input type="radio"/> 2 No	<input type="radio"/> 2 No
<input type="radio"/> Filling a form (C)	<input type="radio"/> Reading road signs (F)	<input type="radio"/> 3 Do not know	<input type="radio"/> 3 Do not know	<input type="radio"/> 3 Do not know
<input type="radio"/> Writing his/her name (A)	<input type="radio"/> Writing a letter (D)	<input type="radio"/> 1 Yes	<input type="radio"/> 1 Yes	<input type="radio"/> 1 Yes
<input type="radio"/> Reading (B)	<input type="radio"/> Calculating (E)	<input type="radio"/> 2 No	<input type="radio"/> 2 No	<input type="radio"/> 2 No
<input type="radio"/> Filling a form (C)	<input type="radio"/> Reading road signs (F)	<input type="radio"/> 3 Do not know	<input type="radio"/> 3 Do not know	<input type="radio"/> 3 Do not know
<input type="radio"/> Writing his/her name (A)	<input type="radio"/> Writing a letter (D)	<input type="radio"/> 1 Yes	<input type="radio"/> 1 Yes	<input type="radio"/> 1 Yes
<input type="radio"/> Reading (B)	<input type="radio"/> Calculating (E)	<input type="radio"/> 2 No	<input type="radio"/> 2 No	<input type="radio"/> 2 No
<input type="radio"/> Filling a form (C)	<input type="radio"/> Reading road signs (F)	<input type="radio"/> 3 Do not know	<input type="radio"/> 3 Do not know	<input type="radio"/> 3 Do not know
<input type="radio"/> Writing his/her name (A)	<input type="radio"/> Writing a letter (D)	<input type="radio"/> 1 Yes	<input type="radio"/> 1 Yes	<input type="radio"/> 1 Yes
<input type="radio"/> Reading (B)	<input type="radio"/> Calculating (E)	<input type="radio"/> 2 No	<input type="radio"/> 2 No	<input type="radio"/> 2 No
<input type="radio"/> Filling a form (C)	<input type="radio"/> Reading road signs (F)	<input type="radio"/> 3 Do not know	<input type="radio"/> 3 Do not know	<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
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? 1 = Yes 2 = No 3 = Do not know <i>Mark the appropriate circle with an X.</i>	In the four weeks before 10 October was (name) looking for any kind of job or trying to start any kind of business? 1 = Yes 2 = No 3 = Do not know <i>Mark the appropriate circle with an X.</i>	Would (name) have liked to work in the SEVEN DAYS before 10 October? 1 = Yes 2 = No 3 = Do not know <i>Mark the appropriate circle with an X.</i>	What was the main reason for not trying to find work or starting a business in the last four weeks before 10 October? 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 <i>Write the appropriate code in the boxes.</i>	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? 1 = Yes 2 = No 3 = Do not know <i>Mark the appropriate circle with an X.</i>
<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
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SECTION F: EMPLOYMENT (Continued)

Census 2011 - A® Statistics South Africa, November 2010



A09

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
Has (name) ever given birth to a live child, even if the child died soon after birth? 1 = Yes 2 = No 3 = Do not know	At what age did (name) have her first child born?	How many children has (name) ever had that were born alive?	How many of (name's) children are still alive and living with her in this household, including grown-ups?	How many of (name's) children are still alive and living elsewhere, including grown-ups?	How many of (name's) children are no longer alive?	When was (name's) last child born, even if the child died soon after birth?	Is (name's) last child born male or female? 1 = Male 2 = Female 3 = Do not know	Is (name's) last child born still alive? 1 = Yes 2 = No 3 = Do not know	When did (name's) last child born die?
<i>Mark the appropriate circle with an X.</i>	Example 2 5	Example Boys 0 2 Girls 0 2 Total 0 4	Example Boys 0 2 Girls 0 1 Total 0 3	Example Boys 0 0 Girls 0 0 Total 0 0	Example Boys 0 0 Girls 0 1 Total 0 1	Example Boys 1 9 Girls 0 4 Total 2 0 0 5	<i>Mark the appropriate circle with an X.</i>	Example 1 0 0 3 2 0 0 7	
If 2 or 3, Go to H-01		<i>Write the correct number in the boxes below</i>	<i>Write the correct number in the boxes below</i>	<i>Write the correct number in the boxes below</i>	<i>Write the correct number in the boxes below</i>		If 1 or 3, Go to H-01		
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<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<input type="checkbox"/>	Boys <input type="checkbox"/> Girls <input type="checkbox"/> Total <input type="checkbox"/>	Boys <input type="checkbox"/> Girls <input type="checkbox"/> Total <input type="checkbox"/>	Boys <input type="checkbox"/> Girls <input type="checkbox"/> Total <input type="checkbox"/>	Boys <input type="checkbox"/> Girls <input type="checkbox"/> Total <input type="checkbox"/>	<input type="checkbox"/> D D <input type="checkbox"/> M M <input type="checkbox"/> Y Y Y Y	<input type="radio"/> 1 Yes <input type="radio"/>		

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

If 03-05, Go to H-07

Write the appropriate code in the boxes.

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

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.

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

Write the appropriate code in the boxes.

H-03 ROOMS

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

- | | | |
|-----------------------------|--------------------------|--------------------------|
| Dining rooms | <input type="checkbox"/> | <input type="checkbox"/> |
| Living rooms | <input type="checkbox"/> | <input type="checkbox"/> |
| Dining/Living room | <input type="checkbox"/> | <input type="checkbox"/> |
| Bedrooms | <input type="checkbox"/> | <input type="checkbox"/> |
| Study Rooms | <input type="checkbox"/> | <input type="checkbox"/> |
| One room with multiple uses | <input type="checkbox"/> | <input type="checkbox"/> |
| Other rooms | <input type="checkbox"/> | <input type="checkbox"/> |
| Total Rooms | <input type="checkbox"/> | <input type="checkbox"/> |

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

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-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-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
- 2 = No

If 2, Go to H-10

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
- 2 = No

If 2, Go to H-10

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
- 5 = River/stream
- 6 = Water vendor
- 7 = Water tanker
- 8 = Other
- 0 = None

Write the appropriate code in the box.

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)
- 5 = Pit toilet without ventilation
- 6 = Bucket toilet
- 7 = Other
- 0 = None

Write the appropriate code in the box.

H-11 ENERGY/FUEL

What type of energy/fuel does this household MAINLY use for cooking, heating and lighting?

- | | |
|----------|-----------------------|
| COOKING | <input type="radio"/> |
| HEATING | <input type="radio"/> |
| LIGHTING | <input type="radio"/> |

- | | |
|-----------------|-----------------|
| 1 = Electricity | 6 = Candles |
| 2 = Gas | 7 = Animal Dung |
| 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
- 4 = Own refuse dump
- 5 = No rubbish disposal
- 6 = Other

Write the appropriate code in the box.

H-13 HOUSEHOLD GOODS AND SERVICES

Does this household own any of the following in working order?

- 1 = Yes
- 2 = No

Write the appropriate code in the box.

Refrigerator

Motorcar

Electric/gas stove

Television

Vacuum cleaner

Radio

Washing machine

Landline/Telephone

Computer

Cell phone

Satellite television

Mail Post box/bag

DVD Player

Mail delivery at home

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
- 0 = None

Mark the appropriate circle with an X.

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

0

2 = Sheep

0

3 = Goats

0

4 = Pigs

0

5 = Other

0

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

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

