

2016 SOUTH AFRICA DEMOGRAPHIC AND HEALTH SURVEY
 HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION				
PLACE NAME	_____			
NAME OF HOUSEHOLD HEAD	_____			
CLUSTER NUMBER	_____	_____	_____	_____
PSU NUMBER	_____	_____	_____	_____
DWELLING UNIT NUMBER	_____	_____	_____	_____
HOUSEHOLD NUMBER	_____	_____	_____	_____
HOUSEHOLD SELECTED FOR MALE SURVEY AND BIOMARKERS? (YES = 1; NO = 2)	_____			_____
HOUSEHOLD SELECTED FOR SALT SAMPLE COLLECTION? (YES = 1; NO = 2)	_____			_____

INTERVIEWER VISITS				
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	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY _____
				MONTH _____
				YEAR 2 0 1 _____
INTERVIEWER'S NAME	_____	_____	_____	INT. NO. _____
RESULT*	_____	_____	_____	RESULT* _____
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS _____
TIME	_____	_____		

<p>*RESULT CODES:</p> <p>1 COMPLETED</p> <p>2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT</p> <p>3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME</p> <p>4 POSTPONED</p> <p>5 REFUSED</p> <p>6 DWELLING VACANT OR ADDRESS NOT A DWELLING</p> <p>7 DWELLING DESTROYED</p> <p>8 DWELLING NOT FOUND</p> <p>9 OTHER _____ (SPECIFY)</p>	<p>TOTAL PERSONS IN HOUSEHOLD _____</p> <p>TOTAL ELIGIBLE WOMEN _____</p> <p>TOTAL ELIGIBLE MEN _____</p> <p>TOTAL CHILDREN ELIGIBLE FOR CAREGIVER'S QUEST. _____</p> <p>LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE _____</p>
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LANGUAGE OF QUESTIONNAIRE**	0 1	LANGUAGE OF INTERVIEW**	_____	HOME LANGUAGE OF RESPONDENT**	_____	TRANSLATOR USED (YES = 1, NO = 2)	_____
LANGUAGE OF QUESTIONNAIRE**	ENGLISH		**LANGUAGE CODES:				
			01 ENGLISH	05 seSOTHO	09 tshiVENDA		
			02 AFRIKAANS	06 seTSWANA	10 xiTSONGA		
			03 isiXHOSA	07 sePEDI	11 isiNDEBELE		
			04 isiZULU	08 siSWATI	12 OTHER		

SUPERVISOR	
NAME _____	NUMBER _____

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INTRODUCTION

Hello. My name is _____. I am working with Statistics South Africa. We are conducting a survey about health and other topics all over South Africa. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED . . . 1

RESPONDENT DOES NOT AGREE
TO BE INTERVIEWED . . . 2 → END



100	RECORD THE TIME.	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
		MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				

HOUSEHOLD SCHEDULE

							IF AGE 15 OR OLDER	
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		DATE OF BIRTH	AGE	MARITAL STATUS
1	2	3	4	5	6	6A	7	8
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP, SEX RESIDENCE AND AGE FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 8-27 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>What is (NAME)'s date of birth?</p> <p>On what day, month, and year was (NAME) born?</p> <p>IF DON'T KNOW DAY, RECORD '98'. IF DON'T KNOW MONTH, RECORD '98'. IF DON'T KNOW YEAR, RECORD '9998.'</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95'.</p> <p>COMPARE AND CORRECT 6A AND/OR 7 IF INCONSISTENT.</p>	<p>What is (NAME)'s current marital status?</p> <p>1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER</p>
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>	IN YEARS <input type="text"/>	<input type="text"/>
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>

TICK HERE IF CONTINUATION SHEET USED

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

7A) Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed?	YES <input type="checkbox"/>	ADD TO TABLE	NO <input type="checkbox"/>
7B) Are there any other people who may not be members of your family, such as domestic workers, lodgers, or friends who usually live here?	YES <input type="checkbox"/>	ADD TO TABLE	NO <input type="checkbox"/>
7C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?	YES <input type="checkbox"/>	ADD TO TABLE	NO <input type="checkbox"/>

- | | |
|------------------------------------|------------------------|
| 01 = HEAD | 07 = PARENT-IN-LAW |
| 02 = WIFE/HUSBAND/PARTNER | 08 = BROTHER OR SISTER |
| 03 = SON OR DAUGHTER | 09 = OTHER RELATIVE |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 10 = ADOPTED |
| 05 = GRANDCHILD | 11 = FOSTER |
| 06 = PARENT | 12 = STEPCHILD |
| | 13 = NOT RELATED |
| | 98 = DON'T KNOW |

LINE NO.	ELIGIBILITY				IF AGE 0-17 YEARS				IF AGE 0-5		IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS	
	9	9A	10	11	12	13	14	15	15A	15B	16	17	18	19
	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 OR, IF HOUSEHOLD SELECTED FOR MALE SURVEY BIO-MARKERS, CIRCLE LINE NUMBER OF ALL WOMEN AGE 15 AND OLDER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 18 AND OLDER	IF HOUSEHOLD SELECTED FOR MALE SURVEY AND BIO-MARKERS CIRCLE LINE NUMBER OF ALL MEN AGE 15 AND OLDER	IF HOUSEHOLD SELECTED FOR MALE SURVEY AND BIO-MARKERS CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	Is (NAME)'s biological mother alive? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Does (NAME)'s biological mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s biological father alive? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Does (NAME)'s biological father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	CHECK 13: IF MOTHER LIVES IN HOUSEHOLD, SKIP TO 16. IF MOTHER HAS DIED OR DOES NOT LIVE IN THE HOUSEHOLD, CIRCLE LINE NUMBER OF CHILD.	Who is the primary caregiver of (NAME)? RECORD CARE-GIVER'S LINE NUMBER.	Has (NAME) ever attended an educational institution? SEE CODES BELOW.	What is the highest level of education that (NAME) has attended? What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend an educational institution at any time during the 2016 academic year? SEE CODES BELOW.	During [this/that] academic year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.
01	01	01	01	01	Y N DK 1 2 8 ↓ GO TO 14		Y N DK 1 2 8 ↓ GO TO 15A		01	LINE NO. [] []	Y N 1 2 ↓ GO TO 20	[] []	Y N 1 2 ↓ GO TO 20	[] []
02	02	02	02	02	1 2 8 ↓ GO TO 14	[] []	1 2 8 ↓ GO TO 15A	[] []	02	[] []	1 2 ↓ GO TO 20	[] []	1 2 ↓ GO TO 20	[] []
03	03	03	03	03	1 2 8 ↓ GO TO 14	[] []	1 2 8 ↓ GO TO 15A	[] []	03	[] []	1 2 ↓ GO TO 20	[] []	1 2 ↓ GO TO 20	[] []
04	04	04	04	04	1 2 8 ↓ GO TO 14	[] []	1 2 8 ↓ GO TO 15A	[] []	04	[] []	1 2 ↓ GO TO 20	[] []	1 2 ↓ GO TO 20	[] []
05	05	05	05	05	1 2 8 ↓ GO TO 14	[] []	1 2 8 ↓ GO TO 15A	[] []	05	[] []	1 2 ↓ GO TO 20	[] []	1 2 ↓ GO TO 20	[] []
06	06	06	05	06	1 2 8 ↓ GO TO 14	[] []	1 2 8 ↓ GO TO 15A	[] []	06	[] []	1 2 ↓ GO TO 20	[] []	1 2 ↓ GO TO 20	[] []
07	07	07	07	07	1 2 8 ↓ GO TO 14	[] []	1 2 8 ↓ GO TO 15A	[] []	07	[] []	1 2 ↓ GO TO 20	[] []	1 2 ↓ GO TO 20	[] []

CODES FOR Qs. 17 AND 19: EDUCATION

PRE-PRIMARY SCHOOL

00 = LESS THAN 1 YEAR PRE-PRIMARY COMPLETED
(USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19.)
01=GRADE R/GRADE 0/RECEPTION

PRIMARY SCHOOL

10=LESS THAN 1 YEAR PRIMARY SCHOOL COMPLETED
(USE '10' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19.)
11=GRADE 1/SUB A/CLASS 1
12=GRADE 2/SUB B/CLASS 2
13=GRADE 3/STANDARD 1/AET 1 (KHA RI GUDE, SANLI)
14=GRADE 4/STANDARD 2
15=GRADE 5/STANDARD 3/AET 2
16=GRADE 6 /STANDARD 4
17=GRADE 7/STANDARD 5/AET 3

SECONDARY SCHOOL

20=LESS THAN 1 YEAR SECONDARY SCHOOL COMPLETED
(USE '20' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19.)
21=GRADE 8/STANDARD 6/FORM 1/NTC 1/N1/NC (V) LEVEL 2
22=GRADE 9/STANDARD 7/FORM 2/AET 4/NTC 2/N2/NC (V) LEVEL 3
23=GRADE 10/STANDARD 8/FORM 3/NTC 3/N3/NC (V) LEVEL 4
24=GRADE 11/STANDARD 9/FORM 4
25=CERTIFICATE OR DIPLOMA WITH LESS THAN GRADE 12/
STANDARD 10 COMPLETED
26=GRADE 12/STANDARD 10/FORM 5/MATRIC
27=N4/NTC4
28=N5/NTC5
29=N6/NTC6

HIGHER EDUCATION

30=FURTHER STUDIES INCOMPLETE OR ONGOING
31=CERTIFICATE OR DIPLOMA WITH GRADE 12/
STANDARD 10 COMPLETED
32=HIGHER DIPLOMA (TECHNIKON/
UNIVERSITY OF TECHNOLOGY)
33=POST HIGHER DIPLOMA (TECHNIKON/
UNIVERSITY OF TECHNOLOGY MASTERS, DOCTORAL)
34=BACHELORS DEGREE/BACHELORS DEGREE
AND POST GRADUATE DIPLOMA
35=HONOURS DEGREE
36=HIGHER DEGREE (MASTERS, DOCTORATE)

98 = DON'T KNOW

DISABILITY

LINE NO.	IF AGE 5 YEARS OR OLDER						GOVERNMENT GRANTS	
	PROBLEM OF VISION	PROBLEM OF HEARING	PROBLEM OF WALKING	PROBLEM OF REMEMBERING	PROBLEM WITH SELF-CARE	PROBLEM OF COMMUNICATING	26	27
	20	21	22	23	24	25	26	27
	Does (NAME) have difficulty seeing, even if wearing glasses? IF NO, CIRCLE "0". IF YES, PROBE: With some difficulty, with a lot of difficulty, or cannot see at all? IF WITH SOME DIFFICULTY, CIRCLE "1". IF WITH A LOT OF DIFFICULTY, CIRCLE "2". IF CANNOT SEE AT ALL, CIRCLE "3". IF DON'T KNOW CIRCLE "8".	Does (NAME) have difficulty hearing, even if wearing a hearing aid? IF NO, CIRCLE "0". IF YES, PROBE: With some difficulty, with a lot of difficulty, or cannot hear at all? IF WITH SOME DIFFICULTY, CIRCLE "1". IF WITH A LOT OF DIFFICULTY, CIRCLE "2". IF CANNOT HEAR AT ALL, CIRCLE "3". IF DON'T KNOW CIRCLE "8".	Does (NAME) have difficulty walking a kilometre or climbing a flight of steps? IF NO, CIRCLE "0". IF YES, PROBE: With some difficulty, with a lot of difficulty, or cannot walk or climb steps at all? IF WITH SOME DIFFICULTY, CIRCLE "1". IF WITH A LOT OF DIFFICULTY, CIRCLE "2". IF CANNOT WALK OR CLIMB AT ALL, CIRCLE "3". IF DON'T KNOW CIRCLE "8".	Does (NAME) have difficulty remembering or concentrating? IF NO, CIRCLE "0". IF YES, PROBE: With some difficulty, with a lot of difficulty, or cannot remember or concentrate at all? IF WITH SOME DIFFICULTY, CIRCLE "1". IF WITH A LOT OF DIFFICULTY, CIRCLE "2". IF CANNOT REMEMBER OR CONCENTRATE AT ALL, CIRCLE "3". IF DON'T KNOW CIRCLE "8".	Does (NAME) have difficulty with self-care such as washing all over or dressing? IF NO, CIRCLE "0". IF YES, PROBE: With some difficulty, with a lot of difficulty, or cannot do at all? IF WITH SOME DIFFICULTY, CIRCLE "1". IF WITH A LOT OF DIFFICULTY, CIRCLE "2". IF CANNOT DO AT ALL, CIRCLE "3". IF DON'T KNOW CIRCLE "8".	Does (NAME) have difficulty communicating in (his/her) usual language? For example, understanding others or others understanding (him/her)? IF NO, CIRCLE "0". IF YES, PROBE: With some difficulty, with a lot of difficulty, or cannot communicate at all? IF WITH SOME DIFFICULTY, CIRCLE "1". IF WITH A LOT OF DIFFICULTY, CIRCLE "2". IF CANNOT COMMUNICATE AT ALL, CIRCLE "3". IF DON'T KNOW CIRCLE "8".	Does (NAME) receive any social grant, old age grant, or social relief assistance from the government?	What type of government grant does (NAME) receive?
01	N YS YA YT DK 0 1 2 3 8	N YS YA YT DK 0 1 2 3 8	N YS YA YT DK 0 1 2 3 8	N YS YA YT DK 0 1 2 3 8	N YS YA YT DK 0 1 2 3 8	N YS YA YT DK 0 1 2 3 8	Y N 1 2 ↓ NEXT LINE	<input type="text"/>
02	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	1 2 ↓ NEXT LINE	<input type="text"/>
03	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	1 2 ↓ NEXT LINE	<input type="text"/>
04	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	1 2 ↓ NEXT LINE	<input type="text"/>
05	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	1 2 ↓ NEXT LINE	<input type="text"/>
06	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	1 2 ↓ NEXT LINE	<input type="text"/>
07	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	0 1 2 3 8	1 2 ↓ NEXT LINE	<input type="text"/>

CODES FOR Q. 27 : GOVT GRANTS

- 01 = OLD AGE (60-74; R1500; 75+; R1520)
- 02 = DISABILITY (18-59; R1500)
- 03 = CHILD SUPPORT (0-17; R350)
- 04 = CARE DEPENDENCY (0-17; R1500)
- 05 = FOSTER CHILD (<22; R890)
- 06 = WAR VETERAN (60+; R1520)
- 07 = IN-AID + OLD AGE (60-74; R1850; 75+; R1870)
- 08 = IN-AID + DISABILITY (18-59; R1850)
- 09 = IN-AID + WAR VETERAN (60+; R1870)
- 10 = SOCIAL RELIEF OF DISTRESS
- 98 = DON'T KNOW

TABLE FOR SELECTION OF WOMEN FOR THE HOUSEHOLD RELATIONS QUESTIONS

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN IN COLUMN 9A OF THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE WOMAN SELECTED FOR THE HOUSEHOLD RELATIONS QUESTIONS FROM THE LIST OF ELIGIBLE WOMEN IN COLUMN 9A OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED WOMAN IN THE SPACE BELOW THE TABLE.

EXAMPLE: THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER IS '716' AND THE HOUSEHOLD SCHEDULE COLUMN 9A SHOWS THAT THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD SERIAL NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND WOMAN WHO IS ELIGIBLE FOR THE WOMAN'S INTERVIEW (LINE NUMBER '04' IN THIS EXAMPLE). WRITE HER NAME AND LINE NUMBER IN THE SPACE BELOW THE TABLE.

LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN IN HOUSEHOLD SCHEDULE COLUMN 9A							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

NAME OF SELECTED WOMAN _____

HOUSEHOLD LINE NUMBER OF SELECTED WOMAN . .

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING/HOUSE 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOUR 13 PUBLIC/COMMUNAL TAP 14 BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 WATER-CARRIER/TANKER TRUCK 61 CART WITH SMALL TANK/WATER VENDOR .. 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER _____ 96 (SPECIFY)	→ 106 → 103 → 103
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING/HOUSE 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOUR 13 PUBLIC/COMMUNAL TAP 14 BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 WATER-CARRIER/TANKER TRUCK 61 CART WITH SMALL TANK/WATER VENDOR .. 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 OTHER _____ 96 (SPECIFY)	→ 106
103	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE/OUTSIDE YARD 3	→ 105
104	How long does it take to go there, get water, and come back?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
105	CHECK 101 AND 102: CODE '14' OR '21' CIRCLED? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 107
106	In the past two weeks, was the water from this source not available for at least one full day?	YES 1 NO 2 DON'T KNOW 8	
107	Do you do anything to the water to make it safer to drink?	YES, ALWAYS 1 YES, SOMETIMES 2 NO 3 DON'T KNOW 8	→ 109

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE/JIK B STRAIN THROUGH A CLOTH C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC) D SOLAR DISINFECTION E LET IT STAND AND SETTLE F OTHER _____ X (SPECIFY) DON'T KNOW Z	
109	What kind of toilet facility do members of your household usually use? IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WTH VENTILATION PIPE BUT NO GAUZE MESH/NETTING 22 PIT LATRINE WTHOUT VENTILATION PIPE 23 COMPOSTING TOILET/ ECOLOGICAL SANITATION SYSTEM 31 CHEMICAL TOILET 41 BUCKET TOILET 51 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY)	→ 113
110	Do you share this toilet facility with other households?	YES 1 NO 2	→ 112
111	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/> <input type="text"/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	
112	Where is this toilet facility located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE/OUTSIDE YARD 3	
113	What type of energy/fuel does your household mainly use for cooking?	ELECTRICITY FROM MAINS 01 ELECTRICITY FROM GENERATOR 02 ELECTRICITY FROM OTHER SOURCE 03 SOLAR ENERGY 04 GAS 05 PARAFFIN 06 COAL 07 WOOD 08 STRAW/SHRUBS/GRASS 09 AGRICULTURAL CROP 10 ANIMAL DUNG 11 NO FOOD COOKED IN HOUSEHOLD 95 OTHER _____ 96 (SPECIFY)	→ 116
114	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER _____ 6 (SPECIFY)	→ 116
115	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
116	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																														
116A	What type of energy/fuel does your household mainly use for heating/warming?	ELECTRICITY FROM MAINS 01 ELECTRICITY FROM GENERATOR 02 ELECTRICITY FROM OTHER SOURCE 03 SOLAR ENERGY 04 GAS 05 PARAFFIN 06 COAL 07 WOOD 08 STRAW/SHRUBS/GRASS 09 AGRICULTURAL CROP 10 ANIMAL DUNG 11 NO HEATING/WARMING IN HOUSEHOLD 95 OTHER _____ 96 (SPECIFY)																															
117	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 120																														
118	How many of the following animals does this household own? IF NONE, RECORD '00'. IF 95 OR MORE, RECORD '95'. IF UNKNOWN, RECORD '98'. a) Cattle? b) Horses, donkeys, or mules? c) Goats? d) Sheep? e) Pigs? f) Chickens or other poultry?	a) CATTLE b) HORSES/DONKEYS/MULES c) GOATS d) SHEEP e) PIGS f) CHICKENS/POULTRY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																															
120	CHECK 113 AND 116A: CODE '01' CIRCLED IN EITHER? NO <input type="checkbox"/> YES <input type="checkbox"/>		→ 121																														
121A	Does your household have electricity that is connected to the mains?	YES 1 NO 2																															
121	Does your household have any of the following in working condition: b) A radio? c) A television? d) A landline telephone? e) A desktop or laptop computer? f) A refrigerator? g) A vacuum cleaner or floor polisher? h) A microwave oven? i) An electric or gas stove? j) A washing machine?	<table border="0"><thead><tr><th></th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td>b) RADIO</td><td>1</td><td>2</td></tr><tr><td>c) TELEVISION</td><td>1</td><td>2</td></tr><tr><td>d) LANDLINE TELEPHONE ..</td><td>1</td><td>2</td></tr><tr><td>e) COMPUTER</td><td>1</td><td>2</td></tr><tr><td>f) REFRIGERATOR</td><td>1</td><td>2</td></tr><tr><td>g) VACUUM CLEANER</td><td>1</td><td>2</td></tr><tr><td>h) MICROWAVE OVEN</td><td>1</td><td>2</td></tr><tr><td>i) STOVE</td><td>1</td><td>2</td></tr><tr><td>k) WASHING MACHINE</td><td>1</td><td>2</td></tr></tbody></table>		YES	NO	b) RADIO	1	2	c) TELEVISION	1	2	d) LANDLINE TELEPHONE ..	1	2	e) COMPUTER	1	2	f) REFRIGERATOR	1	2	g) VACUUM CLEANER	1	2	h) MICROWAVE OVEN	1	2	i) STOVE	1	2	k) WASHING MACHINE	1	2	
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122	Does any member of this household own any of the following in working condition: a) A watch? b) A cell phone? c) A bicycle? d) A motorcycle or motor scooter? e) An animal-drawn cart? f) A car, bakkie, van or truck? g) A boat with a motor?	<table border="0"><thead><tr><th></th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td>a) WATCH</td><td>1</td><td>2</td></tr><tr><td>b) CELL PHONE</td><td>1</td><td>2</td></tr><tr><td>c) BICYCLE</td><td>1</td><td>2</td></tr><tr><td>d) MOTORCYCLE/SCOOTER</td><td>1</td><td>2</td></tr><tr><td>e) ANIMAL-DRAWN CART</td><td>1</td><td>2</td></tr><tr><td>f) CAR/BAKKIE/VAN/TRUCK ..</td><td>1</td><td>2</td></tr><tr><td>g) BOAT WITH MOTOR</td><td>1</td><td>2</td></tr></tbody></table>		YES	NO	a) WATCH	1	2	b) CELL PHONE	1	2	c) BICYCLE	1	2	d) MOTORCYCLE/SCOOTER	1	2	e) ANIMAL-DRAWN CART	1	2	f) CAR/BAKKIE/VAN/TRUCK ..	1	2	g) BOAT WITH MOTOR	1	2							
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124	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less often than once a month, or never?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS OFTEN THAN ONCE A MONTH 4 NEVER 5																															

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
124A	<p>How is the refuse or rubbish in this household mainly collected or removed?</p> <p>PROBE: How often is it removed?</p>	<p>REMOVED BY LOCAL AUTHORITY/PRIVATE COMPANY AT LEAST ONCE A WEEK 01</p> <p>REMOVED BY LOCAL AUTHORITY/PRIVATE COMPANY LESS OFTEN THAN ONCE A WEEK 02</p> <p>REMOVED BY COMMUNITY MEMBERS, CONTRACTED BY THE MUNICIPALITY AT LEAST ONCE A WEEK 03</p> <p>REMOVED BY COMMUNITY MEMBERS, CONTRACTED BY THE MUNICIPALITY LESS OFTEN THAN ONCE A WEEK 04</p> <p>REMOVED BY COMMUNITY MEMBERS AT LEAST ONCE A WEEK 05</p> <p>REMOVED BY COMMUNITY MEMBERS LESS OFTEN THAN ONCE A WEEK 06</p> <p>COMMUNAL REFUSE DUMP 07</p> <p>COMMUNAL CONTAINER/CENTRAL COLLECTION POINT 08</p> <p>OWN REFUSE DUMP 09</p> <p>OWN REFUSE BURNED 10</p> <p>NO RUBBISH DISPOSAL/DUMP OR LEAVE ANYWHERE 11</p> <p>OTHER _____ 96 (SPECIFY)</p>	
124B	<p>Do you know where you can get forms to apply for a government grant such as a child or old-age grant?</p>	<p>YES 1</p> <p>NO 2</p>	→ 124D
124C	<p>Where can you obtain forms?</p> <p>RECORD ALL MENTIONED.</p>	<p>POST OFFICE A</p> <p>BANK B</p> <p>MAGISTRATE'S COURT C</p> <p>SASSA/DEPARTMENT OF WELFARE/SOCIAL DEVELOPMENT OFFICE D</p> <p>PAY POINT E</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW/UNSURE Z</p>	
124D	<p>In the past 12 months, did any adult (18 years and above) in this household go hungry because there wasn't enough food?</p>	<p>NEVER 1</p> <p>SELDOM 2</p> <p>SOMETIMES 3</p> <p>OFTEN 4</p> <p>ALWAYS 5</p> <p>NOT APPLICABLE/NO ADULTS IN HOUSEHOLD 6</p>	
124E	<p>In the past 12 months, did any child (17 years or younger) in this household go hungry because there wasn't enough food?</p>	<p>NEVER 1</p> <p>SELDOM 2</p> <p>SOMETIMES 3</p> <p>OFTEN 4</p> <p>ALWAYS 5</p> <p>NOT APPLICABLE/NO CHILDREN IN HOUSEHOLD 6</p>	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
139	We would like to learn about the places that households use to wash their hands. Can you please show me where members of your household most often wash their hands?	OBSERVED, FIXED PLACE 1 OBSERVED, MOBILE 2 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT 3 NOT OBSERVED, NO PERMISSION TO SEE .. 4 NOT OBSERVED, OTHER REASON 5	→ 141A
140	OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2	
141	OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A ASH, MUD, SAND B NONE Y	
141A	OBSERVE TYPE OF DWELLING RECORD OBSERVATION.	DWELLING/HOUSE OR BRICK/CONCRETE BLOCK STRUCTURE ON A SEPARATE STAND/ YARD/FARM 01 TRADITIONAL DWELLING/HUT STRUCTURE MADE OF TRADITIONAL MATERIALS 02 FLAT OR APARTMENT IN BLOCK OF FLATS .. 03 CLUSTER HOUSE IN COMPLEX 04 TOWN HOUSE/SEMI-DETACHED HOUSE IN COMPLEX 05 SEMI-DETACHED HOUSE 06 DWELLING/HOUSE/FLAT/ROOM IN BACKYARD 07 INFORMAL DWELLING/SHACK IN BACKYARD .. 08 INFORMAL DWELLING/SHACK NOT IN BACKYARD (E.G., IN AN INFORMAL/SQUATTER SETTLEMENT OR ON FARM) 09 ROOM/FLATLET ON A PROPERTY OR LARGER DWELLING/SERVANTS' QUARTERS/ GRANNY FLAT 10 CARAVAN OR TENT 11 OTHER _____ 96 (SPECIFY)	
142	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 FINISHED FLOOR LAMINATED OR POLISHED WOOD 31 VINYL/ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY)	
143	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCHING/GRASS 12 MUD/SOD 13 RUDIMENTARY ROOFING PLASTIC 21 WATTLE AND DAUB 22 MUD WITH CEMENT MIX 23 BRICKS 24 WOOD PLANKS 25 CARDBOARD 26 FINISHED ROOFING CORRUGATED IRON/ZINC 31 WOOD 32 ASBESTOS 33 TILES 34 CEMENT 35 OTHER _____ 96 (SPECIFY)	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
144	<p>OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL WALLS</p> <p>NO WALLS 11</p> <p>DIRT/MUD 13</p> <p>RUDIMENTARY WALLS</p> <p>PLASTIC 21</p> <p>WATTLE AND DAUB 22</p> <p>STONE WITH MUD 23</p> <p>MUD WITH CEMENT MIX 24</p> <p>CARDBOARD 25</p> <p>REUSED WOOD 26</p> <p>FINISHED WALLS</p> <p>CEMENT 31</p> <p>STONE WITH LIME/CEMENT 32</p> <p>BRICKS 33</p> <p>CEMENT BLOCK/CONCRETE 34</p> <p>WOOD PLANKS 36</p> <p>CORRUGATED IRON/ZINC 37</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>									
144A	<p>CHECK COVER PAGE: HOUSEHOLD SELECTED FOR SALT COLLECTION?</p> <p align="center">YES <input type="checkbox"/></p> <p align="center">NO <input type="checkbox"/></p>	<p align="right">→ 146</p>									
145	<p>We would like to check whether the salt used in your household is adequately iodised. May I have a sample of the salt used to cook meals in your household?</p> <p>RECORD BAR CODE NUMBER FROM FIRST BAR CODE LABEL IN BOXES. PLACE THE 1ST BAR CODE LABEL ON THE SALT SAMPLE AND THE 2ND ON THE TRANSMITTAL FORM.</p>	<p align="center">BARCODE NUMBER</p> <table border="1" data-bbox="896 842 1227 898"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> <p>NO SALT IN HOUSEHOLD 99994</p> <p>REFUSED 99995</p> <p>OTHER 99996</p>									
146	<p>RECORD THE TIME.</p>	<p>HOURS <table border="1" data-bbox="1193 1106 1331 1162"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>MINUTES <table border="1" data-bbox="1193 1167 1331 1223"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p>									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS
