

Total number of persons

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TO BE COMPLETED FOR EACH PERSON IN THE HOUSEHOLD IN A SEPARATE COLUMN. REMEMBER TO INCLUDE BABIES. PLEASE INCLUDE YOURSELF.
SECTION A:

		Person 1
1.1 Please indicate the first name or initials of each person who spent CENSUS NIGHT, (night between Wednesday 9 October and Thursday 10 October 1996) in this household. Start with the HEAD OR ACTING HEAD of the household by entering his/her details in COLUMN 1. (Please include yourself and babies.)	NAME (We ask for first names or initials to make it easy to complete the questionnaire.)	
1.2 Is (the person) male or female? (Circle the appropriate code in each column)	1 = Male 2 = Female	1 2
2. What is (the person's) date of birth? (Give as much information as is known.) Or else, please give this person's age in years or give an estimate.	Date of birth (Day (DD), Month (MM), Year (YY)) Age: For babies under one year, write "0" years, if date of birth is not known.	DD MM YY YRS
3. What is (each individual's) relationship to (the person listed in column 1)? (Of the first questionnaire, if applicable)	1 = Head/acting head of household 2 = Husband/wife/partner 3 = Son/daughter/stepchild/adopted child 4 = Brother/sister 5 = Father/mother 6 = Grandparent 7 = Grandchild 8 = Other relative (e.g. in-laws) 9 = Non-related person	1 2 3 4 5 6 7 8 9
4. What is (the person's) PRESENT marital status? (Circle the applicable code)	1 = Never married 2 = Married: Civil/religious 3 = Married: Traditional/customary 4 = Living together (with partner) 5 = Widower/widow 6 = Divorced/separated	1 2 3 4 5 6
5. How would (the person) describe him-/herself?	1 = African/Black 2 = Coloured 3 = Indian/Asian 4 = White	1 2 3 4
6.1 Which language does (the person) speak MOST OFTEN AT HOME?	Write the language in the space provided.	
6.2 Does (the person) speak more than one language AT HOME?	1 = Yes 2 = No	1 2
(If "Yes") Specify the language he/she speaks NEXT MOST OFTEN.	Write the language in the space provided.
7. What is (the person's) religion, denomination or belief?	Please state the complete name or official abbreviation e.g. Apostolic Faith Mission;	

This question is optional.

Catholic Church; Dutch Reformed Church; Hindu Faith; Muslim Faith; Zion Christian Church, (ZCC).
If no religion, write "none".

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SECTION A:**

		Person 1
8.1 Was (the person) born in South Africa? (Include the former Transkei, Bophuthatswana, Venda, Ciskei - TBVC states)	1 = Yes 2 = No	1 2
8.2 (If "No") In what country was the person born?	Write in the name of the country
9.1 Is (the person) a citizen of:	1 = South Africa only (including the former TBVC states)? 2 = South Africa and another country (dual citizenship)? 3 = Another country only?	1 2 3
9.2 (If dual citizenship or citizenship of another country) What is the name of the country?	Write in the name of the country
10. Is (the person) a migrant worker? (Someone who is absent from home FOR MORE THAN A MONTH each year to work or to seek work.)	1 = Yes 2 = No	1 2
11.1 Is this DWELLING (e.g. house, room, shack, flat) the place where (the person) usually lives, i.e. where (the person) spends at least four nights per week?	1 = Yes 2 = No	1 2
11.2 (If "No") Where does (this person) usually live?	Name of suburb/village/settlement: Name of city/town/farm/tribal authority: Name of magisterial district: If not South Africa, please state name of country: If no usual address, circle "3" 3
12.1 In which year did (the person) move to the DWELLING (e.g. house, room, shack, flat) where he/she usually lives?	Write in the year that he/she moved OR 1 = The person has never moved. (Lived in the dwelling since birth)	19 1
12.2 (For the person who has moved) From where did (the person) move? (Before moving into the dwelling where he/she usually lives)	Name of suburb/village/settlement: Name of city/town/farm/tribal authority: Name of magisterial district: If not South Africa, please state name of country:

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		Person 1
<p>13. Does (the person) have a serious sight, hearing, physical or mental disability?</p> <p>(If "Yes") Circle all applicable disabilities for the person.</p>	<p>1 = Yes 2 = No</p> <p>1 = Sight (serious eye defects) 2 = Hearing/speech 3 = Physical disability (e.g. paralysis) 4 = Mental disability</p>	<p>1 2 1 2 3 4</p>
<p>14.1 Is (the person's) own mother still alive?</p>	<p>1 = Yes 2 = No 3 = Don't know</p>	<p>1 2 3</p>
<p>14.2 Is (the person's) own father still alive? (These questions refer to the person's biological parents.)</p>	<p>1 = Yes 2 = No 3 = Don't know</p>	<p>1 2 3</p>
<p>QUESTION 15 SHOULD BE ANSWERED FOR ALL FEMALES IN THE HOUSEHOLD BORN BEFORE 10 OCTOBER 1984 (12 YEARS OR OLDER): FOR OTHERS, ENTER N/A (not applicable)</p>		
<p>15.1 How many children, if any, has the woman ever given birth to? (live births) (Please include her children, who are not living with her and those who have died.)</p>	<p>If "none", enter "0" and GO TO Q 16.1 If "Don't know", enter "DK" and GO TO Q 16.1</p>	<p><input type="text"/> <input type="text"/></p>
<p>15.2 How many of her children are still living?</p>	<p>Number</p>	<p><input type="text"/> <input type="text"/></p>
<p>15.3 When was her FIRST child born? (live birth)</p>	<p>Month (MM) Year (YY)</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YY</p>
<p>15.4 For those mothers born after 10 October 1946 - less than 50 years of age. How many children (live births), if any, has she given birth to IN THE LAST 12 MONTHS? (since 10 October 1995)</p>	<p>Number</p>	<p><input type="text"/> <input type="text"/></p>
<p>QUESTION 16-19 SHOULD BE ANSWERED FOR EACH PERSON IN THE HOUSEHOLD, WHETHER CHILD OR ADULT, BORN BEFORE 10 October 1991 (5 YEARS OR OLDER)</p>		
<p>16.1 What is the highest school class/standard that (the person) has COMPLETED?</p>	<p>If no schooling, or currently in Sub A/Grd 1 write "none".</p>	
<p>16.2 Does (the person) have a technical or artisan certificate, a diploma or degree, completed at an educational institution? (e.g. teacher's diploma, BA degree or NTC III) (If "Yes") What is the highest qualification he/she has?</p>	<p>1 = Yes 2 = No</p> <p>If Yes: Specify qualification e.g. BA, HED, NTC III</p>	<p>1 2</p>
<p>16.3 Does (the person) presently attend school, college, technikon or university? (This includes study by correspondence but excludes crèche and pre-school.)</p>	<p>1 = Yes, full-time 2 = Yes, part-time 3 = No</p>	<p>1 2 3</p>
<p>17. Does (the person) work? (for pay, profit or family gain) Answer yes for formal work for a salary or wage. Also answer yes for informal work such as making things for sale or selling things</p>	<p>1 = Yes. GO TO QUESTION 19.1</p>	<p>GO TO 1 Q 19.1 GO TO</p>

<p>or rendering a service. Also answer yes for work on a farm or the land, whether for a wage or as part of the household's farming activities. Otherwise answer no.</p>	<p>2 = No. GO TO QUESTION 18.1</p>	<p>2 Q 18.1</p>
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		Person 1
<p>18.1 (For the person who is not working). Is (the person) one of the following:</p>	<p>1 = Unemployed and looking for work? GO TO Q 18.2 2 = Unemployed, not looking for work, but would accept work? GO TO Q 18.2 3 = Housewife/home-maker? 4 = Child not yet scholar? 5 = Scholar/full-time student? 6 = Pensioner/retired person? GO TO QUESTION 20 7 = Disabled person? 8 = Not wishing to work? 9 = None of the above</p>	<p>1 GO TO 2 Q 18.2 3 4 5 GO TO 6 Q 20 7 8 9</p>
<p>18.2 (For the unemployed person). Focus on the type of work (the person) used to do in his/her last occupation. What would you call this occupation?</p>	<p>For example, plumber, street trader, cattle farmer, primary school teacher, domestic worker. Write "never worked" if no previous employment.</p>	<p>..... </p>
<p>18.3 Describe (the person's) main duty or activity that (he/she) used to do in this occupation in more detail.</p>	<p>For example, installing pipes in new houses, selling fruit and vegetables, breeding cattle, teaching primary school children, cleaning and cooking. NOW GO TO QUESTION 20.</p>	<p>..... </p>
<p>19.1 (For the person who is working). Does (the person) carry out this activity full-time or part-time?</p>	<p>1 = Full-time 2 = Part-time</p>	<p>1 2</p>
<p>19.2 How can one best describe (the person's) activities or work status?</p>	<p>1 = Works for him-/herself without employing anyone else (self-employed) 2 = Works for him-/herself and employs other people (employer) 3 = Works for an organisation or someone else (employee) 4 = Works in family business</p>	<p>1 2 3 4</p>
<p>19.3 Focus on the occupation of (the person). What would you call this occupation?</p>	<p>For example, plumber, street trader, cattle farmer, primary school teacher, domestic worker.</p>	<p>.....</p>
<p>19.4 Describe (the person's) main duty/activity in more detail.</p>	<p>For example, installing pipes in new houses, selling fruit and vegetables, breeding cattle, teaching primary school children, cleaning and cooking.</p>	<p>.....</p>
<p>19.5 What is the FULL name of the business/company or organisation for whom (the person) is working?</p>	<p>If the person works for him-/herself, and the business does not have a name, enter "Self" in appropriate column. If doing PAID domestic work in a private household, enter "Domestic Service".</p>	<p>.....</p>
<p>19.6 Where is this place of work?</p>	<p>Name of suburb/village/settlement: Name of city/town/farm/tribal authority:</p>	<p>..... </p>

	Name the magisterial district. If not South Africa, state name of country:
19.7 What does the business do (main economic activity)?	Describe the MAIN INDUSTRY, economic activity, produce or service of the person's employer or company, e.g. gold mining, road construction, supermarket, police service, hairdressing, banking; OR activity of the person, if self-employed e.g. subsistence farming.

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20. SHOULD BE ANSWERED FOR EVERYONE IN THE HOUSEHOLD

It is important to establish the spending power of the population, in order to measure and understand the economy. Therefore the census needs information on the income of all people.

Think of the past year (1 October 1995 to 30 September 1996) and the money each person received. **Please indicate each person's income category before tax.** Answer this question by indicating each person's weekly, monthly or annual income. Include all sources of income, for example housing loan subsidies, bonuses, allowances such as car allowances and investment income. If the person receives a **pension or disability grant**, please include this amount.

For example, if the person wants to indicate a weekly income and has an income of R270 per week, circle 5 in the appropriate column under his/her name; if the person wants to indicate an annual income and has an income of R55 000 per annum, circle 9 in the column for that person.

Weekly	Monthly	Annual	Person
1 = None	1 = None	1 = None	1
2 = R1 - R46	2 = R1 - R200	2 = R1 - R2 400	2
3 = R47 - R115	3 = R201 - R500	3 = R2 401 - R6 000	3
4 = R116 - R231	4 = R501 - R1 000	4 = R6 001 - R12 000	4
5 = R232 - R346	5 = R1 001 - R1 500	5 = R12 001 - R18 000	5
6 = R347 - R577	6 = R1 501 - R2 500	6 = R18 001 - R30 000	6
7 = R578 - R808	7 = R2 501 - R3 500	7 = R30 001 - R42 000	7
8 = R809 - R1 039	8 = R3 501 - R4 500	8 = R42 001 - R54 000	8
9 = R1 040 - R1 386	9 = R4 501 - R6 000	9 = R54 001 - R72 000	9
10 = R1 387 - R1 848	10 = R6 001 - R8 000	10 = R72 001 - R96 000	10
11 = R1 849 - R2 540	11 = R8 001 - R11 000	11 = R96 001 - R132 000	11
12 = R2 541 - R3 695	12 = R11 001 - R16 000	12 = R132 001 - R192 000	12
13 = R3 696 - R6 928	13 = R16 001 - R30 000	13 = R192 001 - R360 000	13
14 = R6 929 or more	14 = R30 001 or more	14 = R360 001 or more	14

PLEASE ANSWER QUESTIONS RELATED TO THIS HOUSEHOLD

SECTION B:

1.1 Think of any additional money that this household generates, and that has not been included in the previous section. (For example, the sale of home-grown produce or home-brewed beer or cattle or the rental of property. **Please indicate this total amount, if anything, during the past year.** (1 October 1995 - 30 September 1996). If none enter "0".

R for the year

1.2 If this household receives any remittances or payments (for example money sent back home by someone working or living elsewhere or alimony). **Please indicate the total received during the past year.** (1 October 1995 - 30 September 1996). If none enter "0".

R for the year

1.3 Are there any persons who are usually members of this household, but who are away for a month or more because they are migrant workers?
(A migrant worker is someone who is absent from home for more than a month each year to work or to seek work.)

Yes =

No =

(If "Yes") indicate the person's particulars

Person	Age in years	Gender	Relationship to the head of household				Where is (the person) living
1	<input type="text"/>	Male = 1 Female = 2	Head of Household = 1	Grandparent = 6			Name of suburb/village/settlement:
			Husband/wife/partner = 2	Grandchild = 7			Name of city/town/farm/tribal authority:
			Son/daughter = 3	Other relative = 8			Name of magisterial district:
			Brother/sister = 4	Non-related = 9			If not South Africa, state name of country:
			Father/mother = 5	person			

PLEASE ANSWER QUESTIONS RELATED TO THIS HOUSEHOLD

THIS DWELLING IS THE PLACE (HOUSE, FLAT ETC.) IN WHICH THIS HOUSEHOLD SPENT CENSUS NIGHT

1.4 Which type of dwelling does this household occupy? (If this household lives in MORE THAN ONE dwelling, circle the main type of dwelling.)

House or brick structure on a separate stand or yard	1
Traditional dwelling/hut/structure made of traditional materials	2
Flat in block of flats	3
Town/cluster/semi-detached house (simplex, duplex or triplex)	4
Unit in retirement village	5
House/flat/room, in backyard	6
Informal dwelling/shack, in backyard	7
Informal dwelling/shack, NOT in backyard, e.g. in an informal/squatter settlement	8
Room/flatlet not in backyard but on a shared property	9
Caravan/tent	10
None/homeless	11
Other, specify	

1.5 How many rooms including kitchens are there for this household? (excluding toilets and bathrooms)

For homeless write "0".

1.5.1 (If 1 room for the whole household) **Do you share this room with any other households?**

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Yes

No =

1.5.2 (If "Yes") **How many households?**

1.6 Is this dwelling owned by a member of this household?

Yes =

No =

PLEASE TURN OVER



SERVICES USED BY THIS HOUSEHOLD

2. SERVICES

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

(Circle only ONE code in each COLUMN)

Energy sources used in this dwelling	Cooking	Heating	Lighting
Electricity direct from municipality/local authority or Eskom	1	1	1
Electricity from other source, e.g. generator, solar cell	2	2	2
Gas	3	3	3
Paraffin	4	4	4
Wood	5	5	-
Coal	6	6	-
Candles	-	-	7
Animal dung	8	8	-
Other, specify:

2.2 What is this household's main water supply?

(Circle only ONE code)

Piped (tap) water, in dwelling	1
Piped (tap) water, on site or in yard	2
Public tap	3
Water-carrier/tanker	4
Borehole/rain -water tank/well	5
Dam/river/stream/spring	6

2.3 What type of toilet facility is available?

(Circle only ONE code)

Flush toilet or chemical toilet	1
Pit latrine	2
Bucket latrine	3
None of the above	4

2.4 How is the refuse or rubbish of this household disposed of?

(Circle only ONE code)

Removed by local authority at least once a week	1
Removed by local authority less often	2
Communal refuse dump	3
Own refuse dump	4
No rubbish disposal	5
Other, specify:	
.....	

2.5 Where do members of this household mainly use a telephone?

(Circle only ONE code)

In this dwelling/cellular phone	1
At a neighbour nearby	2
At a public telephone nearby	3
At another location nearby e.g. work	4
At another location not nearby	5
No access to a telephone	6

Other (e.g. from shops, hospitals, schools. etc.)	7
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THANK YOU FOR YOUR CO-OPERATION
