



**SOUTH AFRICAN DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD SCHEDULE**



19/1/98

IDENTIFICATION																						
PROVINCE _____	<table border="1"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																					
DISTRICT _____																						
EA NUMBER																						
EA TYPE																						
SADHS CLUSTER NUMBER																						
HOUSEHOLD NUMBER																						
NAME OF HOUSEHOLD HEAD _____	<table border="1"> <tr><td></td><td></td><td></td></tr> </table>																					
IS HOUSEHOLD SELECTED FOR ADULT HEALTH 1 = YES 2 = NO																						

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE _____				DAY <table border="1"><tr><td></td><td></td></tr></table>								
PHONE NUMBER _____				MONTH <table border="1"><tr><td></td><td></td></tr></table>								
INTERVIEWER'S NAME _____				YEAR <table border="1"><tr><td></td><td></td><td></td></tr></table>								
RESULT* _____				NAME <table border="1"><tr><td></td><td></td><td></td></tr></table>								
NEXT VISIT: DATE _____				RESULT <table border="1"><tr><td></td></tr></table>								
TIME _____				TOTAL NO. OF VISITS <table border="1"><tr><td></td></tr></table>								
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL IN HOUSEHOLD <table border="1"><tr><td></td><td></td></tr></table> TOTAL ADULTS 15 YEARS AND OVER <table border="1"><tr><td></td><td></td></tr></table> TOTAL WOMEN 15-49 YEARS <table border="1"><tr><td></td><td></td></tr></table> LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE <table border="1"><tr><td></td><td></td></tr></table>								

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY								
NAME _____ <table border="1"><tr><td></td><td></td></tr></table>			NAME _____ <table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>		
DATE _____	DATE _____										

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
04			1 2 1 2 1 2	1 2 1 2 1 2	1 2 1 2 1 2		1 2 8 1 2	1 2 8 1 2		1 2 1 2	1 2 8 GO TO (15)		1 2 8		1 2 8		04	04	
05			1 2 1 2 1 2	1 2 1 2 1 2	1 2 1 2 1 2		1 2 8 1 2	1 2 8 1 2		1 2 1 2	1 2 8 GO TO (15)		1 2 8		1 2 8		05	05	
06			1 2 1 2 1 2	1 2 1 2 1 2	1 2 1 2 1 2		1 2 8 1 2	1 2 8 1 2		1 2 1 2	1 2 8 GO TO (15)		1 2 8		1 2 8		06	06	
07			1 2 1 2 1 2	1 2 1 2 1 2	1 2 1 2 1 2		1 2 8 1 2	1 2 8 1 2		1 2 1 2	1 2 8 GO TO (15)		1 2 8		1 2 8		07	07	
08			1 2 1 2 1 2	1 2 1 2 1 2	1 2 1 2 1 2		1 2 8 1 2	1 2 8 1 2		1 2 1 2	1 2 8 GO TO (15)		1 2 8		1 2 8		08	08	
09			1 2 1 2 1 2	1 2 1 2 1 2	1 2 1 2 1 2		1 2 8 1 2	1 2 8 1 2		1 2 1 2	1 2 8 GO TO (15)		1 2 8		1 2 8		09	09	
10			1 2 1 2 1 2	1 2 1 2 1 2	1 2 1 2 1 2		1 2 8 1 2	1 2 8 1 2		1 2 1 2	1 2 8 GO TO (15)		1 2 8		1 2 8		10	10	
11			1 2 1 2 1 2	1 2 1 2 1 2	1 2 1 2 1 2		1 2 8 1 2	1 2 8 1 2		1 2 1 2	1 2 8 GO TO (15)		1 2 8		1 2 8		11	11	
12			1 2 1 2 1 2	1 2 1 2 1 2	1 2 1 2 1 2		1 2 8 1 2	1 2 8 1 2		1 2 1 2	1 2 8 GO TO (15)		1 2 8		1 2 8		12	12	
13			1 2 1 2 1 2	1 2 1 2 1 2	1 2 1 2 1 2		1 2 8 1 2	1 2 8 1 2		1 2 1 2	1 2 8 GO TO (15)		1 2 8		1 2 8		13	13	

TICK HERE IF CONTINUATION SHEET USED

Just to make sure that I have a complete listing:

- 1) Are there any other persons such as small children or infants that we have not listed?
- 2) In addition, are there any other people who may not be members of your family, such as domestic workers, lodgers or friends who usually live here?
- 3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night that have not been listed?

YES

E

YES

E

YES

E

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
21	Has anyone in the household died in the last 12 months?	YES 1 NO 2	→25
22	In the last 12 months, how many people in your household died?	NUMBER OF PERSONS <input type="text"/>	
23	In the last 12 months, how many people in your household died from an injury sustained as a result of violence either between them and other people or from violence inflicted upon themselves?	NUMBER OF PERSONS <input type="text"/>	
24	In the last 12 months, how many persons in your household died from an unintentional injury they sustained such as from a traffic collision, or an injury (such as falls, burns or cuts) that happened at home/work/school/etc?	NUMBER OF PERSONS <input type="text"/>	
25	What is the main source of drinking water for members of your household?	PIPED WATER (TAP) IN DWELLING 11 PIPED WATER (TAP) IN SITE/YARD 12 PUBLIC TAP 13 WATER CARRIER/TANKER 21 BOREHOLE/WELL 31 DAM/RIVER/STREAM/SPRING 32 RAIN-WATER TANK 41 BOTTLED WATER 51 OTHER 96	→ 28 → 28 → 28
26	How long does it take you to get there, get water, and come back?	MINUTES <input type="text"/> ON PREMISES 996	
27	Who fetched the water yesterday? RECORD ALL MENTIONED.	FEMALE ADULT A MALE ADULT B FEMALE CHILD C MALE CHILD D DON'T KNOW Z	
28	What kind of toilet facility does your household have?	FLUSH TOILET (OWN) 11 FLUSH TOILET (SHARED) 12 BUCKET LATRINE 21 PIT LATRINE 22 NO FACILITY/BUSH/FIELD 31 OTHER 96	
29	Does your household have: Electricity? A radio? A television? A telephone? A refrigerator? A personal computer (PC)? A washing machine?	YES NO ELECTRICITY 1 2 RADIO 1 2 TELEVISION 1 2 TELEPHONE 1 2 REFRIGERATOR 1 2 PERSONAL COMPUTER 1 2 WASHING MACHINE 1 2	
30	What does your household use for cooking and heating? RECORD ALL MENTIONED.	ELECTRICITY A GAS B PARAFFIN C WOOD D COAL E ANIMAL DUNG F OTHER X	
31	How many rooms in your household are used for sleeping?	ROOMS <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
32	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION	EARTH/SAND/DUNG 11 BARE WOOD PLANKS 21 CEMENT 31 VINYL 32 CARPET 33 CERAMIC TILES 34 PARQUET OR POLISHED WOOD 35 OTHER 96																			
33	MAIN MATERIAL IN THE WALLS. RECORD OBSERVATION	PLASTIC/CARDBOARD 11 MUD 12 MUD AND CEMENT 13 CORRUGATED IRON/ZINC 21 PREFAB 22 BARE BRICK/CEMENT BLOCK 23 PLASTER/FINISHED 31 OTHER 96																			
34	Let us speak about the household and what it can afford. Would you say that the people here often, sometimes, seldom or never go hungry?	OFTEN 1 SOMETIMES 2 SELDOM 3 NEVER 4																			
35	Does any member of your household own: A bicycle? A motorcycle? A car? A donkey or a horse? Sheep or cattle?	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>BICYCLE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>MOTORCYCLE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>CAR</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>DONKEY/HORSE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>SHEEP/CATTLE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	BICYCLE	1	2	MOTORCYCLE	1	2	CAR	1	2	DONKEY/HORSE	1	2	SHEEP/CATTLE	1	2	
	YES	NO																			
BICYCLE	1	2																			
MOTORCYCLE	1	2																			
CAR	1	2																			
DONKEY/HORSE	1	2																			
SHEEP/CATTLE	1	2																			