

Household Socio-economic Form

Round **30** Type:A WeekBlock:AA01 BSID

Version 7.2, 02 Feb 2015
2016-05-09 12:46:29

Section 1. Household Identification

Visit Ref.# HHID: AA Visit Type

Informant DSID Staff Member Visit Date:

Supervised? Yes No

50327044

Batch 92541 Bundle 50264089

Section 2. Household Information

1. What is the most often used source of drinking water in the household? (Tick one only)

Piped - internal	<input type="radio"/>	Well non-borehole	<input type="radio"/>
Piped - Public tap/kiosk (free)	<input type="radio"/>	Protected spring	<input type="radio"/>
Piped - Public tap/kiosk (paid)	<input type="radio"/>	Water carrier or tanker	<input type="radio"/>
Borehole	<input type="radio"/>	Other	<input type="radio"/>
Rainwater	<input type="radio"/>	Don't know	<input type="radio"/>
Flowing river/stream	<input type="radio"/>	Refused	<input type="radio"/>
Dam/stagnant water	<input type="radio"/>		

2. What kind of toilet does the household use? (Tick one only)

Flush toilet	<input type="radio"/>	Other	<input type="radio"/>
VIP	<input type="radio"/>	None	<input type="radio"/>
Other pit latrine	<input type="radio"/>	Don't know	<input type="radio"/>
Bucket toilet	<input type="radio"/>	Refused	<input type="radio"/>
Chemical toilet	<input type="radio"/>		

3. Is the household connected to an electricity supply? (Tick one only)

Yes	<input type="radio"/>	Don't know	<input type="radio"/>
No	<input type="radio"/>	Refused	<input type="radio"/>

4. What is the main fuel used for cooking? (Tick one only)

Wood	<input type="radio"/>	Electricity from generator	<input type="radio"/>
Gas (LPG)	<input type="radio"/>	Other	<input type="radio"/>
Coal	<input type="radio"/>	Don't know	<input type="radio"/>
Electricity from solar energy	<input type="radio"/>	Refused	<input type="radio"/>
Electricity from grid	<input type="radio"/>		

5. Is the owner of this Bounded Structure a member of this household? (Tick one only)

Yes No Don't know Refused

6. Does the household have any of the following items in good working order? (Tick Yes or No for each item)

	Yes	No	Yes	No	Yes	No
Telephone	<input type="radio"/>	<input type="radio"/>	Video recorder/DVD player	<input type="radio"/>	Table and chairs	<input type="radio"/>
Cellphone	<input type="radio"/>	<input type="radio"/>	Radio/stereo	<input type="radio"/>	Sofa or sofa set	<input type="radio"/>
Primus Cooker, Sikeni	<input type="radio"/>	<input type="radio"/>	Sewing machine	<input type="radio"/>	Kitchen sink	<input type="radio"/>
Electric hot plate	<input type="radio"/>	<input type="radio"/>	Block maker	<input type="radio"/>	Car battery for electricity	<input type="radio"/>
Electric stove with oven	<input type="radio"/>	<input type="radio"/>	Car or bakkie	<input type="radio"/>	Wheelbarrow	<input type="radio"/>
Gas cooker	<input type="radio"/>	<input type="radio"/>	Motorcycle or scooter	<input type="radio"/>	Hoe, spade or garden fork	<input type="radio"/>
Frige or freezer	<input type="radio"/>	<input type="radio"/>	Bicycle	<input type="radio"/>	Bed nets	<input type="radio"/>
Electric kettle	<input type="radio"/>	<input type="radio"/>	Kombi, lorry or tractor	<input type="radio"/>	Cattle	<input type="radio"/>
Television	<input type="radio"/>	<input type="radio"/>	Bed	<input type="radio"/>	Other livestock (chickens etc)	<input type="radio"/>

7. Has any resident member of the household been a victim of any of these crimes during the past 12 months? (Tick all that apply)

Theft	<input type="checkbox"/>	Murder	<input type="checkbox"/>	None	<input type="checkbox"/>	Refused	<input type="checkbox"/>
Assault (incl. Sexual assault)	<input type="checkbox"/>	Other crime	<input type="checkbox"/>	Don't know	<input type="checkbox"/>		

8. How would this household classify its financial situation these days? Would you say it is very comfortable, comfortable, just getting by, poor, or extremely poor? (Tick only one)

Very Comfortable	<input type="radio"/>	Just getting by	<input type="radio"/>	Extremely poor	<input type="radio"/>	Refused	<input type="radio"/>
Comfortable	<input type="radio"/>	Poor	<input type="radio"/>	Don't know	<input type="radio"/>		

Section 2. Household Information (Continue)

9. In the last 12 months (since month/year) did you or any other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

Yes No
Don't know Skip to section 3
Refused

9a. How often did this happen?

Almost every month
Some months, but not every month
Only one or two months
Refused

10. In the last 12 months (since month/year) did you or any other adults in your household ever not eat for a whole day because there wasn't enough money for food?

Yes No
Don't know Skip to section 3
Refused

10a. How often did this happen?

Almost every month
Some months, but not every month
Only one or two months
Refused

11. In the last 12 months (since month/year) did you ever cut the size of the children's meal or did the children ever skip a meal because there wasn't enough money for food?

Yes No
Don't know Skip to section 3
Refused

11a. How often did this happen?

Almost every month
Some months, but not every month
Only one or two months
Refused

Section 3. Individual information

Education Ask all aged 6 years and over			Employment Ask all aged 18 years and over			Grants	Religion Ask all aged 18 years and over	
1 Highest Grade completed at school Tick one	2 Highest level of education completed after school Tick one	3 Is currently in full-time or part-time education? Tick one	4 In employment? Tick one	5 Is self-employed or an employee? Tick one	6 If not doing anything to earn money, then what is ____doing? Tick all that apply	7 Does ____ receive any Government Grant? Tick one	8 Which religion does ____ follow?	9 How many hours per week does ____ spend in services etc?

Grade _____ (1-12) or Never <input type="radio"/> Less than 1 year <input type="radio"/> Don't know <input type="radio"/> Refused <input type="radio"/>	None <input type="radio"/> Certificate <input type="radio"/> Diploma <input type="radio"/> Bachelors degree <input type="radio"/> Bachelors + Diploma <input type="radio"/> Honours, Masters + <input type="radio"/> Don't know <input type="radio"/> Refused <input type="radio"/>	Yes, Full-time <input type="radio"/> Yes, Part-time <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused <input type="radio"/> If attending school School BSID _____	Yes, Full-time <input type="radio"/> Yes, Part-time <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused <input type="radio"/>	Self-employed <input type="radio"/> Employee <input type="radio"/> Don't know <input type="radio"/> Refused <input type="radio"/>	Studying <input type="checkbox"/> Looking for work <input type="checkbox"/> Retired <input type="checkbox"/> Sick or injured <input type="checkbox"/> Pregnant or caring for own children <input type="checkbox"/> Caring for other children <input type="checkbox"/>	Retrenched <input type="checkbox"/> Nothing (not looking) <input type="checkbox"/> Other <input type="checkbox"/> Don't know <input type="checkbox"/> Refused <input type="checkbox"/>	Yes, Child support <input type="radio"/> Yes, Foster Care <input type="radio"/> Yes, Disability (Care Dependency) <input type="radio"/> Yes, Old Age Pension <input type="radio"/> No, none <input type="radio"/> Don't know <input type="radio"/> Refused <input type="radio"/>	Religion Code _____	Hours _____
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