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	Date					
1 st visit	D	D	M	M	Y	Y
2 nd visit	D	D	M	M	Y	Y
3 rd visit	D	D	M	M	Y	Y
4 th visit	D	D	M	M	Y	Y

Response	Time			
<input type="text"/>	H	H	M	M
<input type="text"/>	H	H	M	M
<input type="text"/>	H	H	M	M
<input type="text"/>	H	H	M	M

Number of dwellings on a stand:

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What is your dice score?

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RESPONDENT QUALIFIES	
Questionnaire completed	1
Selected respondent not at home but appointment made	2
Selected respondent at home but not available and appointment made	3
No one at home	4
DOES NOT QUALIFY	
Vacant house / flat / stand / not a house or a flat	5
No person qualifies according to specifications for the survey	6
Respondent cannot communicate with interviewer because of language	7
Respondent is not capable to be interviewed / cannot communicate without any form of assistance	8
REFUSAL	
Contact person refused	9
Interview refused by selected respondent	10
Interview refused by parent	11

Number of people 18 years and older and South African citizens in household excluding visitors unless household all younger than 18 in which case proceed to interview head of household		
Name of person 18yrs and older whose birthday is next		

SELECTION OF THE HOUSEHOLD: STANDS VS HOUSEHOLDS

Households are DEFINED as a group of persons who live together, and who eat together four times a week or more, or a single person who lives alone. HOWEVER, in this study we are interested in ALL HOUSEHOLD MEMBERS aged 18 OR ABOVE, living on the demarcated stand. If NONE of the household members are 18 years or older (child headed households), we are interested in the oldest person in that household. Physically a stand may be defined by any material marking the perimeter of the property, e.g. fence, hedge, brick wall, etc. IT IS POSSIBLE TO HAVE MORE THAN ONE HOUSEHOLD LIVING ON A STAND.

HOW TO SELECT RESPONDENT IF MORE THAN ONE ADULT IN HOUSEHOLD

To randomise the selection of the respondent, the next birth day rule is used. You should record the names and birthday of each person over the age of 18 from the household in the table below. The person who celebrates their birthday next should be interviewed first.

PLEASE REFER TO SURVEY HANDBOOK TO VIEW AN EXAMPLE OF HOW THIS IS COMPLETED

P Code	Name	Birthday					
P1		D	D	M	M	Y	Y
P2		D	D	M	M	Y	Y
P3		D	D	M	M	Y	Y
P4		D	D	M	M	Y	Y
P5		D	D	M	M	Y	Y
P6		D	D	M	M	Y	Y
P7		D	D	M	M	Y	Y
P8		D	D	M	M	Y	Y
P9		D	D	M	M	Y	Y
P10		D	D	M	M	Y	Y

Name											
Address											
Municipality			Ward Code								
Telephone	Home										
	Work										
	Cell										

Introduction: Hello, my name is

and I work for Data World, a survey company. We have been asked by Wits University and the University of Johannesburg to interview people living in all parts of Gauteng to talk about their quality of life, and to get your opinions on a range of issues to do with your life, your community, what government should do, and so on. The interview will last about half an hour, and your answers will be completely confidential – they will be mixed in with thousands of other people, and all your personal details will be shredded so that no-one can trace you. May we please proceed with the interview – we would really value your views.

(FIELDWORKER: PLEASE ANSWER THE FOLLOWING QUESTIONS ON THIS PAGE BY OBSERVATION DO NOT READ OUT THESE QUESTIONS UNLESS NECESSARY)

A1	To which population group does the respondent belong? (CODE BY OBSERVATION) <i>(If there is any doubt, ask respondent: 'Which race or population group do you belong to?' and read out list)</i>	1 = African	1	X
		2 = Asian/Indian	2	X
		3 = Coloured	3	X
		4 = White	4	X
		5 = other	5	X
A2	What is the sex of the respondent? (CODE BY OBSERVATION) <i>(If there is any doubt whatsoever, ask respondent: "Are you male or female?")</i>	1 = Male	1	X
		2 = Female	2	X

A3	Which type of dwelling does this household occupy? (CODE BY OBSERVATION)	1 = House or brick/concrete structure on a separate stand	1	X
		2 = Traditional dwelling/hut/structure made of traditional materials	2	X
		3 = Flat or apartment in a block of flats	3	X
		4 = Cluster house in a complex	4	X
		5 = Townhouse (semi-detached house in a complex)	5	X
		6 = Semi-detached house not in a complex	6	X
		7 = House/flat/room separate from main dwelling in backyard	7	X
		8 = Informal dwelling/shack in backyard	8	X
		9 = Informal dwelling NOT in backyard, e.g. in informal/squatter settlement or on a farm	9	X
		10 = Room or flat part of main dwelling / property	10	X
		11 = Caravan/tent	11	X
		12 = Unit in retirement home or village or barracks etc.	12	X
		13 = Hostel	13	X
		14 = Other	14	X

A4	Type of material <i>MAINLY</i> used for the walls (CODE BY OBSERVATION – enter single code only)	1 = Bricks with no plaster/internal covering	1	<input type="checkbox"/>
		2 = Bricks WITH internal plastering / covering	2	<input type="checkbox"/>
		3 = Cement block/Concrete with no plaster/internal covering	3	<input type="checkbox"/>
		4 = Cement block/Concrete WITH internal plastering / covering	4	<input type="checkbox"/>
		5 = Corrugated iron/zinc	5	<input type="checkbox"/>
		6 = Wood	6	<input type="checkbox"/>
		7 = Plastic	7	<input type="checkbox"/>
		8 = Cardboard	8	<input type="checkbox"/>
		9 = Mud and cement mix	9	<input type="checkbox"/>
		10 = Wattle and daub	10	<input type="checkbox"/>
		11 = Tile	11	<input type="checkbox"/>
		12 = Mud/earth/dung	12	<input type="checkbox"/>
		13 = Thatch/grass/branches	13	<input type="checkbox"/>
		14 = Asbestos	14	<input type="checkbox"/>
		15 = Prefab	15	<input type="checkbox"/>
		16 = Other	16	<input type="checkbox"/>

(START INTERVIEW FROM HERE)

First, let's talk about your household. Please note that when I talk about households, households are defined as a group of people who live together, and who eat together four times a week or more, or a single person who lives alone. So one house, for example, can include more than one household; and there may be other households living in a flat or back room of your dwelling – I only want us to talk about YOUR household.

1.1	How many rooms does your household occupy? (exclude bathroom/toilet/kitchen)	No. of rooms [excluding bathroom/kitchen/toilet] IF MORE THAN 1, SKIP TO 1.3	<input style="width: 30px; height: 20px;" type="text"/>	
1.2	If ONE room only, does this household share this room with other households?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.3	ASK ALL: Please tell me about your tenure in this dwelling. Is it:		Code	
	Ownership	Owned, but paying off a bond	1	<input type="checkbox"/>
		Owned, and fully paid off	2	<input type="checkbox"/>
		Free RDP house	3	<input type="checkbox"/>
		Used government housing subsidy and own contribution	4	<input type="checkbox"/>
		Transfer of title deed of existing government house	5	<input type="checkbox"/>
	Tenancy	Private rental	6	<input type="checkbox"/>
		Rent from housing association	7	<input type="checkbox"/>
		Public/municipal/council rental	8	<input type="checkbox"/>
		Sub-tenant / sub-let	9	<input type="checkbox"/>
	Informal Settlement	Informal dwelling/shack, paying rent	10	<input type="checkbox"/>
		Informal dwelling/shack, not paying rent	11	<input type="checkbox"/>
	Tribal tenure	The dwelling is on tribal land/communal land	12	<input type="checkbox"/>
	Other	House sitting (looking after the house for another owner)	13	<input type="checkbox"/>
		Rent free (allowed to stay rent free by the owner)	14	<input type="checkbox"/>
Occupation of vacant dwelling		15	<input type="checkbox"/>	

NOW LET'S TALK ABOUT THE SERVICES YOU HAVE ACCESS TO

1.4	What is the main water source for this household?	1 = Piped – in dwelling with no meter [SKIP TO 1.7] 2 = Piped – in dwelling with pre-paid meter [SKIP TO 1.7] 3 = Piped – in dwelling with standard meter [SKIP TO 1.7] 4 = Piped – yard tap with no meter [SKIP TO 1.7] 5 = Piped – yard tap with prepaid meter [SKIP TO 1.7] 6 = Piped – yard tap with meter [SKIP TO 1.7] 7 = Street taps (standpipes) free water 8 = Street taps (standpipes) paid for 9 = Borehole/well 10 = Rainwater tank 11 = Flowing river/stream 12 = Dam/pool/standing water 13 = Water tanker/truck 14 = Other	1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 <input checked="" type="checkbox"/> 11 <input checked="" type="checkbox"/> 12 <input checked="" type="checkbox"/> 13 <input checked="" type="checkbox"/> 14 <input checked="" type="checkbox"/>
1.5	Is the place where you collect water more than 200m from your house? (200m is about 2 soccer fields long)		<input type="checkbox"/> YES <input type="checkbox"/> NO
1.6	Who usually fetches the water?	1 = respondent 2 = spouse/partner 3 = adult female relative/maid/resident 4 = adult male relative/resident 5 = girl child 6 = boy child 7 = Other	1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input checked="" type="checkbox"/>
1.7	Would you say the water you receive is always clean, usually, sometimes, hardly ever or never clean? ASK ALL	1 = Always 2 = Usually 3 = Sometimes 4 = Hardly ever 5 = Never	1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/>
1.8	Does this household get any water from a rainwater tank?		<input type="checkbox"/> YES <input type="checkbox"/> NO
1.9	What type of toilet facility is available to this household	1 = Flush toilet connected to sewerage system (full waterborne) 2 = Flush toilet with septic tank 3 = Chemical toilet 4 = Ventilated Improved Pit Latrine (VIP) 5 = Basic pit latrine (Pit toilet <i>without</i> ventilation) 6 = Bucket toilet 7 = Neighbours toilet 8 = No access to toilet 9 = Other	1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input checked="" type="checkbox"/>
1.10	How many <u>OTHER</u> households, if any, share this toilet with your household?	0 = Only this household uses the toilet Number of households using toilet	<input type="text"/> <input type="text"/>
1.11	Does this household re-use any water (for example using water from the bath to flush the toilet)?		<input type="checkbox"/> YES <input type="checkbox"/> NO

1.12	How is the refuse or rubbish of this household disposed of?	1 = Refuse removed from the house at least once a week 2 = Refuse removed from the house less often 3 = Placed on communal refuse dump 4 = Placed on own refuse dump 5 = Burnt in pit 6 = Buried 7 = Throw it in the street/in the veldt 8 = No refuse removal service at all 9 = Other	1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input checked="" type="checkbox"/>
1.13	If you think about the large black rubbish bags often used for rubbish, how many bags of refuse does your household produce each week? EXCLUDE garden waste (e.g. cut grass etc.)	Write number of bags [excluding garden waste]	<input type="text"/> <input type="text"/>
1.14	Does this household recycle any waste? If Yes [Skip to 1.16]		<input type="checkbox"/> YES <input type="checkbox"/> NO
1.15	If you do NOT recycle, why not? DO NOT READ OUT OPTIONS UNLESS PROMPT REQUIRED	1 = Have nothing to recycle 2 = Don't care about recycling 3 = It is too much trouble/difficult to recycle 4 = Want to recycle waste but do not know where to take it 5 = Want to recycle waste but the municipality must collect it 6 = Don't know/no response/other	1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/>
1.16	ASK ALL: What energy source is MOST used for cooking in your household? SINGLE RESPONSE ONLY	1 = Electricity 2 = Gas/LPG 3 = Paraffin 4 = Wood 5 = Coal 6 = Dung 7 = Solar energy 8 = Other 9 = don't know	1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input checked="" type="checkbox"/>
1.17	What energy source is MOST used for lighting? SINGLE RESPONSE ONLY	1 = Electricity 2 = Gas/LPG 3 = Paraffin 4 = Wood 5 = Candles 6 = Solar energy 7 = Other 8 = don't know	1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input checked="" type="checkbox"/>
1.18	What type of electrical supply, if any, does this house have? MULTIPLE MENTION	1 = None 2 = Electricity with conventional meter 3 = Electricity with prepaid card 4 = Other electricity supply: Solar or wind generators 5 = Other electricity supply: Petrol / diesel generators etc. 6 = Connection from neighbour's house 7 = don't know	1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input checked="" type="checkbox"/>
1.19	Thinking about the cost of electricity or other fuels such as paraffin, candles, water, waste and municipal rates, approximately how much does your household spend per month on these services?	R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input checked="" type="checkbox"/> Don't Know
1.20	Does your household have any arrears (i.e. unpaid accounts that have built up over time) for payment of municipal services like water and electricity?		<input type="checkbox"/> YES <input type="checkbox"/> NO
1.21	Have you ever had the water cut off for non-payment?		<input type="checkbox"/> YES <input type="checkbox"/> NO
1.22	Have you ever had the electricity cut off for non-payment?		<input type="checkbox"/> YES <input type="checkbox"/> NO

1.23	Have you ever been evicted from your dwelling due to non-payment of bills for municipal services? (DO NOT INCLUDE EVICTIONS FOR NON PAYMENT OF RENT OR BOND) If No [SKIP TO 1.25]	YES	NO
1.24	If yes, who evicted you? 1 = Municipality 2 = Private landlord 3 = Other	1	<input checked="" type="checkbox"/>
		2	<input checked="" type="checkbox"/>
		3	<input checked="" type="checkbox"/>

LET'S TALK ABOUT HOW SATISFIED YOU ARE, OR ARE NOT, WITH YOUR DWELLING AND GOVERNMENT SERVICES

		Very satisfied	Satisfied	Neither	Dissatisfied	Very dissatisfied
1.25	How satisfied are you with the dwelling you are currently living in?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
1.26	How satisfied are you with the water you currently have access to?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
1.27	How satisfied are you with the sanitation /sewerage service you currently have access to?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
1.28	How satisfied are you with the waste removal service you currently have access to?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
1.29	How satisfied are you with the energy sources you currently have access to?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
1.30	How satisfied are you with how much you have to pay for municipal services?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
1.31	How satisfied are you with the way you are billed for municipal services?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
1.32	How satisfied are you with the roads you use every day?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

LET'S TALK ABOUT WHEN AND HOW YOU CAME TO LIVE HERE

2.1	Were you born in Gauteng or did you move into Gauteng from another province or country?	1 = Born in Gauteng [SKIP to 2.7] 2 = Migrated into Gauteng	1	<input checked="" type="checkbox"/>
			2	<input checked="" type="checkbox"/>
2.2	When did you move into Gauteng?	Write year	<input type="text"/> Y	<input type="text"/> Y
			<input type="text"/> Y	<input type="text"/> Y
2.3	From where did you move into Gauteng?	1 = Limpopo 2 = Free State 3 = North West 4 = Mpumalanga 5 = Western Cape 6 = Eastern Cape 7 = Northern Cape 8 = KwaZulu-Natal 9 = From outside South Africa [SKIP to 2.5]	1	<input checked="" type="checkbox"/>
			2	<input checked="" type="checkbox"/>
			3	<input checked="" type="checkbox"/>
			4	<input checked="" type="checkbox"/>
			5	<input checked="" type="checkbox"/>
			6	<input checked="" type="checkbox"/>
			7	<input checked="" type="checkbox"/>
			8	<input checked="" type="checkbox"/>
			9	<input checked="" type="checkbox"/>
2.4	Which place (or nearest town) did you move into Gauteng from?	Note to field worker: select place (or nearest town) from list of SA towns [then skip to 2.6]	<input type="text"/>	<input type="text"/>
2.5	Which country did you move into Gauteng from?	Note to field worker: Write name of country	<input type="text"/>	<input type="text"/>
2.6	From where did you move into this particular dwelling? Read out the two options	1 = Directly from another province or country [SKIP to 2.9] 2 = Somewhere else in Gauteng	1	<input checked="" type="checkbox"/>
			2	<input checked="" type="checkbox"/>
2.7	When did you move into this particular dwelling?	Write year	<input type="text"/> Y	<input type="text"/> Y
			<input type="text"/> Y	<input type="text"/> Y
		<input checked="" type="checkbox"/> If always lived in this dwelling tick block and SKIP to 2.10		
2.8	From where in Gauteng did you move into this dwelling?	Note to field worker: select name from list of suburbs. If name cannot be found, capture Local municipality code and write down place name	<input type="text"/>	<input type="text"/>
			<input type="text"/>	<input type="text"/>
			<input type="text"/>	<input type="text"/>

2.9	What type of dwelling were you living in before this one you currently live in?	1 = House or brick/concrete structure 2 = Traditional dwelling/hut/structure made of traditional materials 3 = Flat or townhouse 4 = Informal dwelling in an informal settlement 5 = Informal dwelling in the backyard of a formal dwelling 6 = Other	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>
2.10	Where do you consider to be "home"? DO NOT READ OUT OPTIONS	1 = Limpopo 2 = Free State 3 = North West 4 = Mpumalanga 5 = Western Cape 6 = Eastern Cape 7 = Northern Cape 8 = KwaZulu-Natal 9 = Gauteng 10 = A country outside South Africa	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>

ASK ALL: LET'S TURN OUR ATTENTION TO YOUR SUBURB AND YOUR COMMUNITY

3.1	Have you seen any improvement and / or deterioration in this community / suburb in the last 12 months?	1 = Improvement 2 = Deterioration 3 = No change	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>				
3.2	What are the TWO biggest problems facing your community? TWO responses only: DO NOT READ OUT OPTIONS		<p>FIRST</p> <table border="1" data-bbox="1310 1032 1477 1189"> <tr> <td style="width: 50px; height: 30px;"></td> <td style="width: 50px; height: 30px;"></td> </tr> </table> <p>SECOND</p> <table border="1" data-bbox="1310 1301 1477 1458"> <tr> <td style="width: 50px; height: 30px;"></td> <td style="width: 50px; height: 30px;"></td> </tr> </table>				
	1 = Child abuse 2 = Corrupt councillors 3 = Crime 4 = Domestic violence 5 = HIV/AIDS 6 = Housing 7 = Hunger 8 = Political Tensions / Conflict 9 = Poverty 10 = Rape 11 = Theft of Livestock 12 = Drought / Flood / Natural Disaster 13 = Disease	14 = Unemployment 15 = High Cost of Living 16 = Drugs 17 = Alcohol Abuse 18 = Lack of basic services 19 = Noise 20 = Litter/dirt 21 = Lack of maintenance 22 = Vandalism 23 = Teenage pregnancy 24 = Foreigners 25 = Fire 26 = Floods 27 = Other					

If you have visited any of the following types of public amenities in your area in the last year, how satisfied were you with them?							
		Very satisfied	Satisfied	Neither	Dis-satisfied	Very dis-satisfied	N/A (Not visited)
3.3	Museums / art galleries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4	Libraries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5	Sports facilities / events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.6	World Heritage sites (Cradle of Humankind, Maropeng etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.7	Botanic gardens / parks / open green spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LET'S TALK ABOUT TRANSPORT

4.1	<p>Think about the trip that you make MOST often, that involves using transport – taxis or cars or trains and so on. What is the purpose of this trip that you make most often?</p>	<p>1 = To go to work 2 = To look for work [respondent is unemployed and travels looking for work] 3 = To go to the place where I study (e.g. school, college, university) 4 = Shopping 5 = Taking children to school 6 = To go to a place of leisure / entertainment 7 = Other purpose 8 = I never make any trips [SKIP to 4.8]</p>	<p>1 <input type="checkbox"/></p> <p>2 <input type="checkbox"/></p> <p>3 <input type="checkbox"/></p> <p>4 <input type="checkbox"/></p> <p>5 <input type="checkbox"/></p> <p>6 <input type="checkbox"/></p> <p>7 <input type="checkbox"/></p> <p>8 <input type="checkbox"/></p>
4.2	<p>Thinking about this trip that you make MOST often, where do you usually go (in other words, what is your final destination)?</p>	<p>Note to field worker: Select destination from suburb list within Gauteng, or nearest town if destination outside Gauteng. If cannot find suburb (or destination in a rural area), capture Local municipality code and write place name</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/></p> <p><input type="text"/></p>
4.3	<p>Think about the last time you made this trip. What time did you start?</p>	<p>Write hour then minute (Use 24 hour time format)</p>	<p><input type="text"/> H <input type="text"/> H <input type="text"/> M <input type="text"/> M</p>
4.4	<p>How long did the trip take to get to your destination?</p>	<p>Write time in minutes [Convert hours to minutes]</p>	<p><input type="text"/> M <input type="text"/> M <input type="text"/> M</p>
4.5	<p>Think about the type of transport you used when you made the trip. What were all the different types of transport you used to make the trip?</p> <p>MULTIPLE MENTION</p>	<p>1 = Walk 2 = Bicycle 3 = Motorbike 4 = Car as driver 5 = Car as passenger 6 = Car as passenger through a lift club 7 = Taxi 8 = Train 9 = Gautrain 10 = BRT / ReaVaya bus 11 = School bus 12 = Other bus 13 = Other type</p>	<p>1 <input type="checkbox"/></p> <p>2 <input type="checkbox"/></p> <p>3 <input type="checkbox"/></p> <p>4 <input type="checkbox"/></p> <p>5 <input type="checkbox"/></p> <p>6 <input type="checkbox"/></p> <p>7 <input type="checkbox"/></p> <p>8 <input type="checkbox"/></p> <p>9 <input type="checkbox"/></p> <p>10 <input type="checkbox"/></p> <p>11 <input type="checkbox"/></p> <p>12 <input type="checkbox"/></p> <p>13 <input type="checkbox"/></p>
4.6	<p>Thinking about the <i>longest</i> part of your trip, what type of transport did you use for this part of the trip?</p> <p>SINGLE MENTION</p>	<p>1 = Walk 2 = Bicycle 3 = Motorbike 4 = Car as driver 5 = Car as passenger 6 = Car as passenger through a lift club 7 = Taxi 8 = Train 9 = Gautrain 10 = BRT / ReaVaya bus 11 = School bus 12 = Other bus 13 = Other mode</p>	<p>1 <input type="checkbox"/></p> <p>2 <input type="checkbox"/></p> <p>3 <input type="checkbox"/></p> <p>4 <input type="checkbox"/></p> <p>5 <input type="checkbox"/></p> <p>6 <input type="checkbox"/></p> <p>7 <input type="checkbox"/></p> <p>8 <input type="checkbox"/></p> <p>9 <input type="checkbox"/></p> <p>10 <input type="checkbox"/></p> <p>11 <input type="checkbox"/></p> <p>12 <input type="checkbox"/></p> <p>13 <input type="checkbox"/></p>
4.7	<p>Still thinking about this type of transport, the one that took the longest time, how satisfied or dissatisfied were you with it?</p>	<p>1 = Very satisfied 2 = Satisfied 3 = Neither satisfied nor dissatisfied 4 = Dissatisfied 5 = Very dissatisfied</p>	<p>1 <input type="checkbox"/></p> <p>2 <input type="checkbox"/></p> <p>3 <input type="checkbox"/></p> <p>4 <input type="checkbox"/></p> <p>5 <input type="checkbox"/></p>

4.8	How far, in walking time, is the closest point to reach public transport from your home? (i.e. taxi stop, bus stop, train station)?	1 = Up to 10 minutes walk 2 = From 11 to 20 minutes walk 3 = From 21 to 30 minutes walk 4 = From 31 to 40 minutes walk 5 = More than 40 minutes walk 6 = Don't know	1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/>																																
4.9	Do you ever use public transport such as buses, minibus taxis, trains, etc.?	If No [SKIP to 4.11]	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO																														
YES	NO																																		
4.10	What is the single biggest problem you encounter with public transport on a regular basis? DO NOT READ OUT OPTIONS IF YOU USE PUBLIC TRANSPORT THEN SKIP TO 4.12	1 = Unreliability 2 = Unroadworthy vehicles 3 = Crime / Security 4 = Reckless driving 5 = Rude drivers and/or passengers 6 = Lack of comfort 7 = Expense 8 = Insufficient service at night 9 = Insufficient service on the weekends 10 = Long walk to the nearest stop/station 11 = Long wait at stop / station 12 = Other	1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 <input checked="" type="checkbox"/> 11 <input checked="" type="checkbox"/> 12 <input checked="" type="checkbox"/>																																
4.11	If you DO NOT use public transport, what is the main reason for this? DO NOT READ OUT OPTIONS SINGLE RESPONSE ONLY	1 = No public transport services in my area 2 = It takes too long to walk to the nearest stop/station 3 = The wait for public transport is too long 4 = I worry about crime / security on public transport 5 = I worry about road / rail accidents on public transport 6 = I can afford a car and travel / maintenance costs 7 = I get to work/school on time with my car 8 = I can take unplanned trips during the day easily with my car 9 = I drop off friends / family on my way, and that's better than everyone using public transport 10 = I am a member of a lift club / passenger 11 = I walk / cycle 12 = I can't afford public transport 13 = I don't want to use public transport 14 = Other	1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 <input checked="" type="checkbox"/> 11 <input checked="" type="checkbox"/> 12 <input checked="" type="checkbox"/> 13 <input checked="" type="checkbox"/> 14 <input checked="" type="checkbox"/>																																
4.12	Are there any children attending school in your household?	If No [SKIP to 4.16]	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO																														
YES	NO																																		
4.13	Think about the _____ child attending school. What is the MAIN mode of transport this child uses to get to school in the morning? [FIELDWORKER: ROTATE FROM YOUNGEST TO OLDEST CHILD – SO INTERVIEW 1 ASK FOR YOUNGEST, INTERVIEW 2 ASK ABOUT OLDEST, INTERVIEW 3 BACK TO YOUNGEST, AND SO ON. CODE WHETHER OLDEST OR YOUNGEST]	1=Youngest 2=Oldest 3=No school-going children in the household [SKIP TO 4.16] 1 = Walk 2 = Bicycle 3 = Motorbike 4 = Car as driver 5 = Car as passenger 6 = Car as passenger through a lift club 7 = Taxi 8 = Train 9 = Gautrain 10 = BRT/ReaVaya bus 11 = School bus 12 = Other bus 13 = Other mode	<table border="1"> <tr> <td>1</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>2</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>3</td> <td><input checked="" type="checkbox"/></td> </tr> </table> <table border="1"> <tr> <td>1</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>2</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>3</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>4</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>5</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>6</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>7</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>8</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>9</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>10</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>11</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>12</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>13</td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input checked="" type="checkbox"/>	6	<input checked="" type="checkbox"/>	7	<input checked="" type="checkbox"/>	8	<input checked="" type="checkbox"/>	9	<input checked="" type="checkbox"/>	10	<input checked="" type="checkbox"/>	11	<input checked="" type="checkbox"/>	12	<input checked="" type="checkbox"/>	13	<input checked="" type="checkbox"/>
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13	<input checked="" type="checkbox"/>																																		

4.14	What time does this child need to leave home in order to get to school on time?	Write the time (24 Hour time format)	<input type="text" value="H"/> <input type="text" value="H"/> <input type="text" value="M"/> <input type="text" value="M"/>
4.15	What time does school start for the child?	Write the time (24 Hour time format)	<input type="text" value="H"/> <input type="text" value="H"/> <input type="text" value="M"/> <input type="text" value="M"/>
4.16	Approximately how much does your household spend in total on transport each month?	Per month: R	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		<input checked="" type="checkbox"/> Dont Know	

I NOW WANT TO ASK YOU ABOUT THE RESOURCES IN THIS HOUSEHOLD

5.1	Many people are in debt at the moment, either from credit cards or bonds or other types of debt. Do you owe money to anyone including a bank or a shop or a money-lender? If No [SKIP TO 5.9]		<input type="text" value="YES"/> <input type="text" value="NO"/>
5.2	Are you/your household paying a mortgage loan/bond?		<input type="text" value="YES"/> <input type="text" value="NO"/>
5.3	Do you owe money on a credit card?		<input type="text" value="YES"/> <input type="text" value="NO"/>
5.4	Are you/your household paying back a car loan (vehicle finance)?		<input type="text" value="YES"/> <input type="text" value="NO"/>
5.5	Are you paying back a personal loan from a bank?		<input type="text" value="YES"/> <input type="text" value="NO"/>
5.6	Are you paying back a loan from any other person/institution (e.g. micro-lender, spaza shop/Hire Purchase account)?		<input type="text" value="YES"/> <input type="text" value="NO"/>
5.7	Are you paying back a loan from friends, family, relatives or a stokvel?		<input type="text" value="YES"/> <input type="text" value="NO"/>
5.8	Do you owe money but are not paying it back?		<input type="text" value="YES"/> <input type="text" value="NO"/>
	Does anybody in this household receive any of the following social grants?	(a)	(b) Number of people in household receiving this grant
5.9	Disability grant	<input type="text" value="YES"/> <input type="text" value="NO"/>	<input type="text"/> <input type="text"/>
5.10	Old age pension	<input type="text" value="YES"/> <input type="text" value="NO"/>	<input type="text"/> <input type="text"/>
5.11	War Veterans grant	<input type="text" value="YES"/> <input type="text" value="NO"/>	<input type="text"/> <input type="text"/>
5.12	Foster care grant	<input type="text" value="YES"/> <input type="text" value="NO"/>	<input type="text"/> <input type="text"/>
5.13	Care dependency grant	<input type="text" value="YES"/> <input type="text" value="NO"/>	<input type="text"/> <input type="text"/>
5.14	Child support grant	<input type="text" value="YES"/> <input type="text" value="NO"/>	<input type="text"/> <input type="text"/>
5.15	Social relief in distress grant	<input type="text" value="YES"/> <input type="text" value="NO"/>	<input type="text"/> <input type="text"/>
5.16	Registered on the indigency register	<input type="text" value="YES"/> <input type="text" value="NO"/>	N/A
Does this household have any of the following that are in good working order (i.e. not broken)?:			
5.17	Telephone (landline)		<input type="text" value="YES"/> <input type="text" value="NO"/>
5.18	Cell phone		<input type="text" value="YES"/> <input type="text" value="NO"/>
5.19	Television		<input type="text" value="YES"/> <input type="text" value="NO"/>
5.20	Personal computer/laptop		<input type="text" value="YES"/> <input type="text" value="NO"/>
5.21	Internet connection		<input type="text" value="YES"/> <input type="text" value="NO"/>
5.22	Radio/CD player/music system		<input type="text" value="YES"/> <input type="text" value="NO"/>
5.23	TopTV, DSTV and / or M-Net		<input type="text" value="YES"/> <input type="text" value="NO"/>
5.24	Did you access the internet in the past 4 weeks? If No [SKIP to 5.26]		<input type="text" value="YES"/> <input type="text" value="NO"/>
5.25	Where do you mostly access the internet from? READ OUT - SINGLE MENTION	1 = Work 2 = Home 3 = University/College/School 4 = Library or community centre 5 = Internet cafe 6 = Other location	1 <input type="text" value="X"/> 2 <input type="text" value="X"/> 3 <input type="text" value="X"/> 4 <input type="text" value="X"/> 5 <input type="text" value="X"/> 6 <input type="text" value="X"/>

5.26	Do you ever access the internet on your cell phone? READ OUT OPTIONS	1 = Yes, nearly every day 2 = Yes, but not often 3 = No	1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/>
5.27	In the last year, has there ever been a time when you or any adult in this household had to skip a meal because there was not enough money to buy food?		YES NO
5.28	In the last year has there ever been a time when there was not enough money to feed the children in the household?		YES NO
5.29	On average, how many meals do you yourself eat every day?		<input type="text"/> <input type="text"/>
5.30	Do you grow fruit or vegetables for your household to eat?		YES NO
5.31	How would you describe your household status? [Read out options]	1 = Upper class 2 = Middle class 3 = Working class 4 = Poor 5 = Other 6 = Don't Know	1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/>

LET'S TALK NOW ABOUT YOUR PARTICIPATION IN COMMUNITY PROCESSES

6.1	Did you REGISTER to vote for the 2011 local elections?	1 = Yes 2 = No [SKIP TO 6.4] 3 = Was already registered	1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/>
6.2	Did you VOTE in the 2011 local elections If Yes [SKIP TO 6.4]		YES NO
6.3	If NOT, why did you not vote? DO NOT READ OUT OPTIONS		
	1 = Not allowed to vote (not SA citizen, too young) 2 = Did not know who to vote for 3 = Does not think his/her vote will make any difference 4 = Did not have a chance to go and vote (work commitments, illness) 5 = Local elections don't matter 6 = Don't like politics 7 = Other (specify)		1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input checked="" type="checkbox"/>
	In the last year, have you or any member of your household attended any of the following:		
6.4	Ward meeting		YES NO
6.5	Street committee or resident's association meeting		YES NO
6.6	Community development forum meeting		YES NO
6.7	Mayoral imbizo meeting		YES NO
6.8	Integrated Development Plan (IDP) meeting		YES NO
6.9	School governing body meeting		YES NO
6.10	Community policing forum meeting		YES NO
6.11	How satisfied are you with the performance of the national government? Would you say you are very satisfied, satisfied, dissatisfied or very dissatisfied?		Q 6.11 Q 6.12 Q 6.13
6.12	How satisfied are you with the performance of the provincial government? Would you say you are very satisfied, satisfied, dissatisfied or very dissatisfied?	1 = Very satisfied 2 = Satisfied 3 = Neither satisfied nor dissatisfied 4 = Dissatisfied 5 = Very dissatisfied	1 <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/>
6.13	How satisfied are you with the performance of the local municipality? Would you say you are very satisfied, satisfied, dissatisfied or very dissatisfied?		

6.14	Thinking about the different levels of government, which level of government, if any, do you think has done the most to improve your quality of life?	1 = National government 2 = Provincial government 3 = Local municipality 4 = None of them	1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/>
6.15	Have you ever tried to contact a government department? (e.g. to complain or enquire about something) If No (SKIP TO 6.18)		YES NO
6.16	If yes, did you get a response? If No (SKIP TO 6.18)		YES NO
6.17	If yes, were you satisfied with the response you received?		YES NO
6.18	In general, do you think most government officials are doing their best to service the people according to the principles of Batho Pele? IF respondent doesn't know what it means, say: <i>"Meaning "People First", Batho Pele is an initiative to get public servants to be service oriented/strive for excellence in service delivery."</i>	1 = Yes 2 = No 3 = Never interact with government officials	1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/>
6.19	Have you ever been asked to pay a bribe to a government official, traffic cop, policeman or other public servant?		YES NO
6.20	Your local council is meant to develop a plan for developing your area, called the 'Integrated Development Plan' or 'IDP'. Have you ever heard of IDPs before? If No (SKIP to 6.22)		YES NO
6.21	Local people are meant to participate in writing the IDP. Have you – or an organisation you belong to – participated in the IDP process in your community?		YES NO
6.22	How do you <i>generally</i> find out about what your municipality is doing? RECORD BELOW, MULTIPLE MENTIONS POSSIBLE, TICK ALL OPTIONS MENTIONED		
6.23	And how would you <i>prefer</i> to find out? RECORD BELOW: <u>PREFERRED</u>, SINGLE MENTION ONLY		

		6.22 Normally hear	6.23 Prefer to hear
1	Newspaper, magazine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Internet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3	SMS/mobile phone application	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4	Municipal call centre/municipal office	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5	Multi Purpose Community Centres	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6	Pamphlets/leaflet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7	Radio	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8	At a ward meeting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9	In person from municipal officials/ward councillors	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10	Through word of mouth from friends and neighbours	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
11	None of the above	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12	Don't care/don't want to hear from municipality	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Now I'd like to ask some questions about your opinions. Please be as frank as you wish.

READ OUT STATEMENTS, HAND RESPONDENT OPINION SCALE

Listen to the following statements, and please tell me for each one if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.

		Strongly Agree	Agree	Neither	Disagree	Strongly Disagree	
6.24	Politics is a waste of time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
6.25	No one cares about people like you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
6.26	Indians do not deserve to benefit from affirmative action	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
6.27	People like you cannot influence developments in your community	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
6.28	The country is going in the wrong direction	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
6.29	The 2011 local election was free and fair	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
6.30	The judiciary (courts, judges etc.) is free from government influence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
6.31	Blacks and whites will never really trust each other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
6.32	Corruption is the main threat to our democracy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
6.33	Coloured people are playing an important role in helping build the new South Africa	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
6.34	The press is free to say or write what it likes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
6.35	It is important to look after the environment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
6.36	Imagine that there are three friends who are talking about life in Gauteng. The first one says: "Gauteng should be for South Africans only. They must send foreigners back to their countries." The second one says: "A lot of foreigners came to work in South Africa for poor wages under apartheid. We all suffered under the same system. They should be allowed to stay." The third one says, "Foreign people living in Gauteng are alright, but only if they have got legal permission from the government". Which one person best describes how you feel?	1 = First person 2 = Second person 3 = Third person			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6.37	Generally speaking, do you think that most people in your community can be trusted or that you need to be very careful when dealing with people in your community?	1 = Most people can be trusted 2 = You need to be very careful 3 = Don't know			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

I AM NOW GOING TO ASK YOU A FEW QUESTIONS ABOUT YOUR LIFE. CAN YOU TELL ME HOW SATISFIED OR DISSATISFIED YOU ARE WITH THESE PARTS OF YOUR LIFE?

7.1	The amount of money you have available to you personally	1 = Very Satisfied 2 = Satisfied 3 = Neutral 4 = Dissatisfied 5 = Very Dissatisfied	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
7.2	The amount of time you have to do the things you want to do	1 = Very Satisfied 2 = Satisfied 3 = Neutral 4 = Dissatisfied 5 = Very Dissatisfied	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

7.3	Your marriage or relationship with your partner	0 = Not in a relationship 1 = Very Satisfied 2 = Satisfied 3 = Neutral 4 = Dissatisfied 5 = Very Dissatisfied	0 1 2 3 4 5	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7.4	Family life – the time you spend & the things you do with them	1 = Very Satisfied 2 = Satisfied 3 = Neutral 4 = Dissatisfied 5 = Very Dissatisfied	1 2 3 4 5	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7.5	Friends	1 = Very Satisfied 2 = Satisfied 3 = Neutral 4 = Dissatisfied 5 = Very Dissatisfied	1 2 3 4 5	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7.6	Your standard of living	1 = Very Satisfied 2 = Satisfied 3 = Neutral 4 = Dissatisfied 5 = Very Dissatisfied	1 2 3 4 5	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7.7	Compared with five years ago, is it easier or harder for people like you to find jobs, or is there no change?	1 = Easier 2 = No change 3 = Harder 4 = Don't know	1 2 3 4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7.8	The way you spend your leisure time – recreation, relaxation, etc.?	1 = Very Satisfied 2 = Satisfied 3 = Neutral 4 = Dissatisfied 5 = Very Dissatisfied	1 2 3 4 5	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7.9	The area / neighbourhood where you live now?	1 = Very Satisfied 2 = Satisfied 3 = Neutral 4 = Dissatisfied 5 = Very Dissatisfied	1 2 3 4 5	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7.10	How satisfied are you with your life <u>AS A WHOLE</u> these days?	1 = Very Satisfied 2 = Satisfied 3 = Neutral 4 = Dissatisfied 5 = Very Dissatisfied	1 2 3 4 5	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Still talking about your opinions, and please still be as frank as you wish:

Sometimes a man is made angry by things that his wife/partner does. In your opinion, is a man justified in hitting or beating his partner in the following situations? [READ OUT EACH OPTION AND RECORD RESPONSE]		
7.11	If she goes out without telling him?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7.12	If she doesn't look after the children?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7.13	If she argues with him?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7.14	If she refuses to have sex with him?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7.15	If she burns the food?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7.16	If she is unfaithful?	<input type="checkbox"/> YES <input type="checkbox"/> NO

7.17	<p>Let us talk about one particular issue that many people have opinions about. Imagine that there are three friends who are talking about abortion. The first one says: "Abortion is morally wrong and should never be allowed" The second says: "Abortion should only be allowed if the mother's life is in danger or the pregnancy was a result of rape" Then the third one says: "Abortion on request should be the right of every woman"</p> <p>Which one person best describes how you feel?</p>	<p>1 = First person 2 = Second person 3 = Third person</p>	<p>1 <input type="checkbox"/></p> <p>2 <input type="checkbox"/></p> <p>3 <input type="checkbox"/></p>
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LET'S TALK ABOUT EMPLOYMENT AND WORK OPPORTUNITIES

8.1	<p>Are you currently the owner of a business, one that you were responsible for starting up (even if you are not working in this business now)? If No [SKIP to 8.3]</p>	<p>YES NO</p>
8.2	<p>How old is this business?</p>	<p>Write number of years</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
8.3	<p>If you have ever tried to start a business, did it fail or succeed?</p>	<p>1 = Never tried to start a business [SKIP to 8.6] 2 = Too early to tell 3 = Failed 4 = My business is a success 5 = My business was a success and I sold it/stopped running it 6 = My business brings in some money, but not enough, so I have to do other things to earn income</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/></p>
8.4	<p>Have you ever approached any government department or agency that provides support for small businesses (also known as SMMEs) If No [SKIP to 8.6]</p>	<p>YES NO</p>
8.5	<p>How satisfied are you with the support that government provides for small business development</p>	<p>1 = Very satisfied 2 = Satisfied 3 = Neither satisfied nor dissatisfied 4 = Dissatisfied 5 = Very dissatisfied</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p>
8.6	<p>ASK ALL</p> <p>What is your employment status?</p> <p>SINGLE RESPONSE ONLY</p>	<p>1 = Employed full time, formal sector 2 = Employed part time, formal sector 3 = Employed full time, informal sector 4 = Employed part time, informal sector 5 = Self employed, own business, NOT working from home 6 = Self-employed, own business, working from home 7 = Unemployed & looking for work [Skip to 8.21] 8 = Unemployed, not looking for work, would accept work [Skip to 8.21] 9 = Do not want to work [Skip to 9.1] 10 = Disabled [Skip to 9.1] 11 = Housewife/home-maker [Skip to 9.1] 12 = School pupil / Full-time student [Skip to 9.1] 13 = Retired person/pensioner [Skip to 9.1]</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/></p>
8.7	<p>Which sector are you employed in?</p> <p>DO NOT READ OUT OPTIONS</p>	<p>1 = Agriculture, hunting, forestry and fishing 2 = Mining and quarrying 3 = Manufacturing 4 = Electricity, gas and water supply 5 = Construction 6 = Wholesale and retail trade 7 = Transport, storage and communication 8 = Financial, insurance, real estate and business services 9 = Community, social and personal services 10 = Private household 11 = Public sector / government 12 = Other - specify:</p> <p><input type="text"/></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/></p>

Does your job provide any of the following:		
8.8	Training and education	YES NO
8.9	Paid leave/sick leave	YES NO
8.10	Family leave	YES NO
8.11	Housing subsidy	YES NO
8.12	Transport allowance	YES NO
8.13	What kind of employment contract do you have? 1 = Indefinite contract 2 = Fixed term contract 3 = Temporary post through employment agency 4 = Apprenticeship or other training scheme 5 = No contract 6 = Other	1 X 2 X 3 X 4 X 5 X 6 X
Besides your basic salary, does your remuneration include any of the following items:		
8.14	Overtime payments	YES NO
8.15	Medical Aid	YES NO
8.16	Pension/Provident fund	YES NO
8.17	Performance bonus	YES NO
8.18	Annual bonus / 13 th cheque	YES NO
8.19	How many hours do you work per week in your main job?	<input type="text"/> <input type="text"/> <input type="text"/>
8.20	On the whole, how satisfied are you with the working conditions in your job? IF THE RESPONDENT IS EMPLOYED, GO TO 9.1 1 = Very satisfied 2 = Satisfied 3 = Neither satisfied nor dissatisfied 4 = Dissatisfied 5 = Very dissatisfied	1 X 2 X 3 X 4 X 5 X
8.21	In the past 7 days, did you do any type of work, business, or activity for which you got paid? (even if just for one hour) or expected to be paid? This could include car washing or piece work or selling things and so on. If Yes [Skip to 9.1]	YES NO
8.22	What is the main reason that you did not work in the past 7 days? 1 = No jobs available 2 = Looking after children/family members 3 = Retired 4 = Don't want to work 5 = Don't need to work 6 = Housewife 7 = Disabled 8 = Student/scholar	1 X 2 X 3 X 4 X 5 X 6 X 7 X 8 X
8.23	How long have you been unemployed for? 1 = Less than 6 months 2 = 6 months to less than 1 year 3 = 1 year to less than 2 years 4 = 2 years to less than 4 years 5 = 4 years or more 6 = Never been employed	1 X 2 X 3 X 4 X 5 X 6 X
8.24	During the past 4 weeks, have you taken any action to look for any kind of work?	YES NO

8.25	Would you be able to take up work if offered? READ OUT OPTIONS	1 = Yes, immediately	1	<input checked="" type="checkbox"/>	
		2 = Yes, within 2 weeks	2	<input checked="" type="checkbox"/>	
		3 = Yes, but more than 2 weeks from now	3	<input checked="" type="checkbox"/>	
		4 = No	4	<input checked="" type="checkbox"/>	

LET'S TALK ABOUT ISSUES RELATED TO CRIME AND SAFETY FOR A WHILE

9.1	During the past year, has the crime situation in this area improved, stayed the same or got worse?	1 = Improved 2 = Stayed the same 3 = Got worse	1	<input checked="" type="checkbox"/>	
9.2	Have you been a victim of crime in the past year?			<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
9.3	Has another member of your household been a victim of crime in the past year			<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
9.4	How safe do you feel walking in the area where you live during the day?	1 = Very safe 2 = Fairly safe 3 = Neither safe nor unsafe 4 = Bit unsafe 5 = Very unsafe	1	<input checked="" type="checkbox"/>	
9.5	How safe do you feel walking in the area where you live after dark?	1 = Very safe 2 = Fairly safe 3 = Neither safe nor unsafe 4 = Bit unsafe 5 = Very unsafe	1	<input checked="" type="checkbox"/>	
9.6	How safe do you feel at home?	1 = Very safe 2 = Fairly safe 3 = Neither safe nor unsafe 4 = Bit unsafe 5 = Very unsafe	1	<input checked="" type="checkbox"/>	
9.7	How satisfied are you with safety and security services provided by government where you live?	1 = Very satisfied 2 = Satisfied 3 = Neither satisfied nor dissatisfied 4 = Dissatisfied 5 = Very dissatisfied	1	<input checked="" type="checkbox"/>	

Let's talk about you and your community again

In the past year, have you participated in the activities of any of the following clubs, societies or organisations?					
10.1	Ratepayers Association			<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
10.2	Sports club			<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
10.3	Trade union			<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
10.4	Civic Association			<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
10.5	Men's / Women's organisation			<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
10.6	Church, religious organisation			<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
10.7	Choir			<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
10.8	Neighbourhood Watch			<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
10.9	Social or recreational club			<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
10.10	Youth Organisations/clubs			<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
10.11	Savings club (stokvel)			<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
10.12	Political party			<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

10.13	Student organisation	YES	NO
10.14	Street/block committee	YES	NO
10.15	Tribal/clan association	YES	NO
10.16	Business/Professional organisation	YES	NO
10.17	Cultural organisation	YES	NO
10.18	Burial society	YES	NO
10.19	Any other non-governmental or community-based organisation	YES	NO
10.20	Other	YES	NO

Let's chat briefly about health issues

11.1	Where do you usually go for medical care?	1 = Private health care facilities 2 = Public health care facilities [SKIP TO 11.3] 3 = Use public and private facilities 4 = Traditional healer 5 = N/A, don't usually need health care [SKIP TO 11.3]	1 2 3 4 5	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
11.2	If you are not using public health facilities, what is the MAIN reason that you don't use public health facilities?	1 = Distance/accessibility 2 = Cost 3 = Quality of care 4 = No public health facilities available 5 = Other	1 2 3 4 5	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
11.3	Are you personally covered by any form of medical aid or other medical insurance?	1 = Medical Aid 2 = Hospital plan 3 = No medical insurance 4 = Other	1 2 3 4	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
11.4	Let us think about particular health problems that are facing your community. Which one health problem is the biggest facing your community? SINGLE RESPONSE ONLY DO NOT READ OUT OPTIONS UNLESS PROMPT REQUIRED	1 = Alcohol abuse 2 = Cholera 3 = Diarrhoea 4 = Drug abuse 5 = HIV/Aids 6 = Malnutrition 7 = Measles 8 = Tuberculosis (TB) 9 = Malaria 10 = Obesity 11 = Heart disease 12 = High blood pressure 13 = Diabetes (sugar) 14 = Cancer 15 = Teenage pregnancy 16 = Other		<input type="checkbox"/>
11.5	How often, if ever, does your health status prevent you from doing daily work ?	1 = Always 2 = Some of the time 3 = Hardly ever 4 = Never	1 2 3 4	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
11.6	How often, if ever, does your health status prevent you from taking part in your usual social activities (physical and emotional problems)?	1 = Always 2 = Some of the time 3 = Hardly ever 4 = Never	1 2 3 4	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
11.7	How satisfied are you with the health services that government provides?	1 = Very satisfied 2 = Satisfied 3 = Neither satisfied nor dissatisfied 4 = Dissatisfied 5 = Very dissatisfied 6 = Don't use public health/don't know	1 2 3 4 5 6	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

WE ARE ALMOST AT THE END NOW. I JUST HAVE A FEW MORE QUESTIONS ABOUT YOU

12.1	What is the highest level of school education you have completed?	0 = None /Grade 0 1 = Grade 1 / Sub A 2 = Grade 2 / Sub B 3 = Grade 3 / Std 1 / L 1 4 = Grade 4 / Std 2 / L 2 5 = Grade 5 / Std 3 / L 3 6 = Grade 6 / Std 4 / L 4 7 = Grade 7 / Std 5 / L 5 8 = Grade 8 / Std 6 / L 6 / Form 1 9 = Grade 9 / Std 7 / L 7 / Form 11 10 = Grade 10 / Std 8 / L 8 / FIII / NTC 1 / RCE Higher 11 = Grade 11 / Std 9 / F IV 12 = Grade 12 / Std 10 / Matric 13 = College/technikon/ university/ certificate 14 = College/ technikon/ university diploma 15 = Technikon/ university degree 16 = Post-graduate degree(e.g. Hons/MA/PhD) 17 = Unspecified	<input type="text"/> <input type="text"/>
12.2	What is your current age?	(Enter number of years Old):	<input type="text"/> <input type="text"/> <input type="text"/>
12.3	Do you have any kind of disability?	0 = Not disabled 1 = Sight disability 2 = Hearing disability 3 = Communication/speech disability 4 = Physical disability 5 = Intellectual disability 6 = Emotional disability 7 = Multiple disabilities	<input type="text"/> <input type="text"/>
12.4	How many people, including you, live in this household?	(That is the people living in the same dwelling and usually eating together for at least 4 nights per week)	<input type="text"/> <input type="text"/>
12.5	Who is the head of this household? Not the dwelling, but the household where you eat together 4 nights a week or more.	1 = Respondent 2 = Spouse/partner of respondent 3 = Spouses/partners/parents together 4 = Mother of respondent 5 = Father of respondent 6 = Grandmother of respondent 7 = Grandfather of respondent 8 = Other female 9 = Other male	<input type="text"/>
12.6	How many of the household members are under 18 years old?		<input type="text"/> <input type="text"/>
12.7	Can you tell me what is the total amount of money brought into the household per month by all household members? This is after deductions such as tax, medical aid and pension contributions. Fieldworker Note: You may show the respondent the table so that they can select the approximate Total Household Monthly Income. (This should be the sum of all money actually brought into the household by all household members from salaries, grants, pensions and any other source of income.)	1 = No income 2 = R 1 - R 400 3 = R 401 - R 800 4 = R 801 - R 1 600 5 = R 1 601 - R 3 200 6 = R 3 201 - R 6 400 7 = R 6 401 - R 12 800 8 = R 12 801 - R 25 600 9 = R 25 601 - R 51 200 10 = R 51 201 - R 102 400 11 = R 102 401 - R 204 800 12 = R 204 801 or more 13 = Response not given	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/>
Thinking about everyone in this household, please tell me which of the following activities, if any, bring any money into this household?			
12.8	Formal employment	<input type="checkbox"/> YES <input type="checkbox"/> NO	
12.9	Informal employment	<input type="checkbox"/> YES <input type="checkbox"/> NO	
12.10	Government grants including pensions	<input type="checkbox"/> YES <input type="checkbox"/> NO	
12.11	Support from Family / remittances	<input type="checkbox"/> YES <input type="checkbox"/> NO	
12.12	Support from Friends	<input type="checkbox"/> YES <input type="checkbox"/> NO	
12.13	Renting out a dwelling/flat/room/garage/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	

12.14	Savings / returns from investment	<input type="checkbox"/> YES <input type="checkbox"/> NO
12.15	Does this household give support or money to any other household, such as relatives living elsewhere?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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Interviewer		Signature
Supervisor		Signature
Back checked	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

THANK YOU VERY MUCH

Manual Capture

Form Completed

Send Form