

INSTRUCTIONS:

- a) **Important to note the use of following symbols in dropdown response options.**
 Means chose one only.
 Means select all that are applicable.
- b) **Location is a global term used in SAPRIN to identify a point location, and each Node must choose the word most suitable and understandable by its research community to refer to a point location and consistently stick to that term.**
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Section 1: Civilian ID and Telephone Details

- 1.1. [Prepopulate Civilian ID] Is the prepopulated Civilian ID correct?
 Yes
 No
- 1.2. [IF NO] what is the correct Civilian ID? [provide space to capture a valid 13-digit ID]
- 1.3. [Prepopulate Date of Birth] Is the prepopulated Date of Birth?
 Yes
 No
- 1.4. [Prepopulate Primary Telephone] Is the prepopulated primary telephone number for [NAME] correct?
 Yes
 No
- 1.5. [IF NO] what is the correct primary telephone number for [NAME]? [provide for capture of 10-digit telephone number, if without a telephone capture 999-999-9999 to represent missing telephone number]
- 1.6. [IF primary cellphone is NOT missing (i.e. NOT 999-999-9999)] Who is the cellphone network service provider for [NAME's] primary contact number?
 None
 Cell C
 MTN
 Telkom Mobile (8ta)
 Vodacom
 Virgin Mobile
 Other, specify _____
 Don't know
- 1.7. [Prepopulate Secondary Telephone] Is the prepopulated secondary telephone number for [NAME] correct?
 Yes
 No

- 1.8. [IF NO] what is the correct secondary telephone number for [NAME]? [provide for capture of 10-digit telephone number, if without a telephone capture 999-999-9999 to represent missing telephone number]
- 1.9. [IF secondary cellphone is NOT missing (i.e. NOT 999-999-9999)] Who is the cellphone network service provider for [NAME's] primary contact number?
- None
 - Cell C
 - MTN
 - Telkom Mobile (8ta)
 - Vodacom
 - Virgin Mobile
 - Other, specify _____
 - Don't know
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Section 2: Membership, Household head Relationship and Residence status

- 2.1. Is [Name] still a household member now?
- Yes
 - No, died
 - No, membership ended
- 2.2. [IF MEMBERSHIP ENDED] Record date membership ended
- 2.3. [IF DIED] When did [NAME] die? [Record date of death, YYYY-MM-DD]
- 2.4. [IF DIED] Was a death certificate for [NAME] seen?
- Yes
 - No
- 2.5. [IF DIED] Where did [NAME] die?
- In a health care facility
 - Outside a health care facility, but not at home (road, etc)
 - At home

NB: Please note a separate death notification module is only necessary if a Node wants to ask more death questions than above at time of death registration, else details of a death will be in the Verbal Autopsy

2.6. [IF Household head changed, see 2.4 in Household Module] What is/was the relationship of [NAME] to the head of the household?

- Self
- Spouse (incl partner in stable relationship)
- Child (incl adopted/foster child)
- Son/daughter-in-law
- Grandchild
- Parent
- Parent-in-law (incl parent of partner in stable relationship)
- Grandparent
- Other relative
- Domestic worker
- Unrelated household member

2.7. How many nights did [NAME] spend at the Bounded Structure/dwelling between last visit [insert date of last visit] and today?

- No nights
- Less than half
- More than half

2.8. [Check Question] Is/was [NAME] still resident at time of this visit [DATE]?

- Yes, resident here
- No, resident elsewhere

2.9. Has [NAME] changed his/her residency status at this Bounded Structure/dwelling from last visit and [DATE]?

- Yes, in-migrated
- Yes, out-migrated
- No, unchanged

2.10. [IF in-migrated/out-migrated] Did [NAME] migrate within or outside DSA?

- Within DSA
- Outside DSA

2.11. Is [NAME] included as part of household migration

- Yes
- No

NB: If individual included as part of household migration, ensure, depending on type of migration, data for Q2.13 to Q2.18 comes from the household migration data (see HHU/HHR modules)

2.12. [IF not part of household migration and in-migrating] When did [NAME] start to be resident at this Bounded Structure/Dwelling? YYYY-MM-DD

- 2.13. [IF not part of household migration and in-migrating from outside DSA] Is [NAME's] place of previous usual residence a rural or urban area?
- Rural
 - Urban
- 2.14. [IF not part of household migration and is in-migrating from outside DSA] What is the name of the external location of [NAME's] previous place of usual residence? [Provide a Node specific dropdown list of locations that represent your common external migration streams]
- 2.15. [IF not part of household migration and is in-migrating from within DSA] What is the name of the internal location of [NAME's] previous place of usual residence? [Provide a Node specific dropdown list of locations of villages/suburbs and local areas]
- 2.16. [IF not part of household migration and is out-migrating] When did [NAME] stop to be resident at this Bounded Structure/Dwelling? YYYY-MM-DD
- 2.17. [IF not part of household migration and out-migrating] Is the external destination of [NAME's] place of usual residence a rural or urban area?
- Rural
 - Urban
- 2.18. [IF not part of household migration and is out-migrating to outside DSA] What is the name of the external location of [NAME's] destination place of usual residence? [Provide a Node specific dropdown list of locations that represent your common external migration streams]
- 2.19. [IF not part of household migration and is out-migrating to within DSA] What is the name of the internal location of [NAME's] destination place of usual residence? [Provide a Node specific dropdown list of locations of villages/suburbs and local areas]

NB: Please note a separate migration module might only be necessary if a Node wants to ask more migration questions about individual members than above

Section 3: Parental Status

- 3.1. [Prepopulate {NAME's} mother's name {surname, first name(s)} Is [NAME's] mother's name correct?
- Yes
 - No
- 3.2. Is [NAME's] mother a member of this household?
- Yes
 - No
- 3.3. [IF YES] select and link mother details from household roster
- 3.4. [IF NO and name is not correct, including missing] Write mother's name [surname, first name(s), if mother name not known write "Not Known"]
- 3.5. [Prepopulate {NAME'S} mother's previous life status, don't ask if DEAD] Is [NAME's] mother alive?
- Alive
 - Dead
 - Don't know
- 3.6. [IF Mother is Dead] When did [NAME's] mother die? YYYY-MM-DD
- 3.7. [Prepopulate {NAME's} father's name {surname, first name(s)} Is [NAME's] father's name correct?
- Yes
 - No
- 3.8. Is [NAME's] father a member of this household?
- Yes
 - No
- 3.9. [IF YES] select and link father details from household roster
- 3.10. [IF NO and name is not correct, including missing] Write father's name [surname, first name(s), if mother name not known write "Not Known"]

3.11. [Prepopulate {NAME's} father's previous life status, don't ask if DEAD] Is [NAME's] father alive?

- Alive
- Dead
- Don't know

3.12. IF father is Dead] When did [NAME's] father die? YYYY-MM-DD

Section 4: : Individual Socio-Economic Status

4.1. Education [only for household members aged 6 years and over]

4.1.1. What is the highest grade [NAME] completed at school?

- None
- Less than one year
- Pre-school
- Grade 1 or SubA/Class1
- Grade 2 or Sub B/Class2
- Grade 3/Standard 1/ABET 1
- Grade 4/ Standard 2
- Grade 5/ Standard 3/ ABET 2
- Grade 6/ Standard 4
- Grade 7/ Standard 5/ ABET 3
- Grade 8/ Standard 6
- Grade 9/ Standard 7/ ABET 4
- Grade 10/ Standard 8
- Grade 11/ Standard 9
- Grade 12/ Standard 10

4.1.2. What is the highest level of education [NAME] completed after school?

- NQF 1-6 /N1-N6/NTC 1-6
- Bachelor's degree (NQF 7)
- Honours degree (NQF 8)
- Master's degree (NQF 9)
- Doctoral Degree- PhD (NQF 10)
- None

4.1.3. Is [NAME] currently attending an educational institution?

- Creche
- Pre-school
- Grade 1
- Grade 2
- Grade 3
- Grade 4
- Grade 5
- Grade 6

- Grade 7
- Grade 8
- Grade 9
- Grade 10
- Grade 11
- Grade 12
- ABET 1
- ABET 2
- ABET 3
- ABET 4
- NQF 1-6 /N1-N6/NTC 1-6
- Bachelor's degree (NQF 7)
- Honours degree (NQF 8)
- Master's degree (NQF 9)
- Doctoral Degree- PhD (NQF 10)
- Not attending

4.2. Employment [only for household members aged 18 years and over]

4.2.1. Is [NAME] currently doing anything to earn money [i.e. in employment]?

- Yes, Full-time
- Yes, Part-time
- No

4.2.2. [IF NOT employed] why is [NAME] not working?

- Awaiting the season for work
- Caring for others/household duties
- Looking for work
- Student or in training
- Health reasons
- Disabled or unable to work (handicapped)
- Pregnancy
- Retired or too old
- Don't want to work
- Other reason (specify_____)

4.2.3. [IF in employment] is [NAME] self-employed or an employee?

- Self-employed
- Employee

4.2.4. [IF employee] Is [NAME] registered for UIF?

- Yes
- No
- Don't know

4.2.5. [IF an Employee] who is the employer of [NAME]?

- Central government
- Provincial government
- Local / regional authority
- Public corporation

- Private sector employer
- Non-profit institution

4.2.6. [IF in Employment] In which sector does [NAME] work?

- Agriculture/Fishing/Forestry
- Mining
- Manufacturing
- Electricity and water
- Construction
- Wholesale/retail
- Restaurant/Hotels/Sport/Tourism
- Transport and communication
- Finance
- Educational services
- Health services
- Legal services
- Research
- Domestic services
- Armed forces
- Informal sector, e.g. street vendor

4.3. Grants [for all household members]:

4.3.1. List all government grants [NAME] was receiving at last recorded data collection visit

4.3.2. For each government grant [NAME] was receiving at last recorded data collection visit, ask:

4.3.2.1. Is [NAME] still receiving [NAME OF GRANT]?

- Yes
- No

4.3.2.2. [IF NO] when did [NAME] last receive [NAME OF GRANT]? YYYY-MM-DD

4.3.3. Does [NAME] currently receive any new government grants [besides any grants recorded at last data collection visit]?

- Care dependency
- Child support
- Covid Relief Grant
- Disability
- Foster care
- Grant-in-aid
- Old age Pension
- War veterans
- Social relief of distress
- Tertiary Education Grant
- None
- Don't know

4.3.3.1. For each new grant [NAME] currently receives, when did [NAME] start receiving [NAME OF GRANT]? YYYY-MM-DD

4.3.3.2.[For each grant that can be received by someone other than beneficiary] Who is the beneficiary of the grant? [choose from household roster and link beneficiary]

Section 5: Day Care arrangements for children 5 years and below

5.1. Who in the household is responsible for caring for [Child's Name] on a day-to-day basis? By caregiver we mean the person who makes day-to-day decisions about the child in terms of feeding, bathing, and receiving healthcare (including child vaccinations) [please select and link from household roster]

5.2. Does [child's NAME] attend any of the following?

- Grade R
- Preschool/nursery school/Grade 00/Grade 000
- Creche/ educare centre
- Child is cared at home [Go to question 5.4 below]
- Home/community play group [Go to question 4 below]
- None [Go to questions 5.3 and 5.4 below]

5.3. [If Q3.1 =None] Where's [child's NAME] during the day most of the time?

- At home with parent, foster parent or guardian.
- At home with another adult
- At home with someone younger than 18 years
- At someone else's dwelling
- Other (specify)

5.4. [If Q3.1 = chid cared at home or home/community play group or None] what is the main reason for [child's Name] not attending a formal day care centre?

- Prefer that the child stays at home/with someone else.
- These facilities do not exist in our area.
- Too expensive.
- Other

Section 6: Marital Status [Only for all members aged 12 and over]

- 6.1. What is/was the marital state of [NAME] on [DATE]?
- Not married
 - Monogamous Marriage
 - Polygamous Marriage
 - Divorced/Separated
 - Widowed
- 6.2. Does/did [NAME] have a regular or casual partner on [DATE]?
- Yes
 - No
- 6.3. [IF YES] What is the partnership pattern?
- Marital Partnership
 - Regular Partnership
 - Casual Partnership

Section 7: Pregnancy and Conjugal Relationships [Only for females aged 12 and over]

- 7.1. [Prepopulate if {NAME} had pregnancy history already done or not] If pregnancy history previously not yet done, allocate pregnancy history form.
- 7.2. [Prepopulate if {NAME} was pregnant at last visit] What is the outcome of the pregnancy [NAME] had when we visited on [Date]?
- Continuing
 - Delivered [allocate Pregnancy Outcome Notification Form]
 - Miscarried [allocate Pregnancy Outcome Notification Form]
 - Aborted [allocate Pregnancy Outcome Notification Form]
- 7.3. Has [NAME] had a pregnancy that started after last visit [insert date of last visit] and ended before our visit today?
- No
 - Delivered [allocate Pregnancy Outcome Notification Form]
 - Miscarried [allocate Pregnancy Outcome Notification Form]
 - Aborted [allocate Pregnancy Outcome Notification Form]
- 7.4. Is [NAME] currently pregnant?
- Yes
 - No
 - Don't know
- 7.5. Is/was [NAME]'s husband or regular partner a member of this household on [DATE]?
- Yes
 - No
 - Don't know

- 7.6. [Prepopulate previous conjugal relationship, and if a conjugal relationship previously existed] Has the previous conjugal relationship ended?
- Yes
 - No
- 7.7. [IF Conjugal relationship ended] On which date did conjugal relationship end? YYYY-MM-DD?
- 7.8. [If previous conjugal relationship ended or didn't exist] Has [NAME] had a new conjugal relationship over the last 12 months with a partner who is a member of this household?
- Yes
 - No
- 7.9. [IF new Conjugal relationship started in past 12 months] On which date did new conjugal relationship start? YYYY-MM-DD?
- 7.10. Choose new partner's name from household roster and link conjugal partner details
- 7.11. Is [NAME] married to her new partner?
- Yes
 - No
 - Don't know