INSTRUCTIONS: Please take note of the use of the following symbols in dropdown response options

- ○ Means choose one only
- □ Means select all that are applicable

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.

Section 1: Civilian ID and Telephone Details

1.1. Surname

1.2. First Name

1.3. Second Name

1.4. Were civilian ID details obtained?
- ○ Yes, seen
- ○ Yes, but not seen
- ○ No

1.5. [IF YES] what is the Civilian ID? [provide space to capture a valid 13-digit ID]

1.6. What is the Civilian ID date of birth? YYYY-MM-DD

1.7. What is [NAME's] sex?

- ○ Male
- ○ Female

1.8. What is [NAME] primary telephone number? provide for capture of 10-digit telephone number, if without a telephone capture 999-999-9999 to represent missing telephone number]

1.9. Who is the celllphone network service provider for [NAME's] primary contact number?

- ○ None
- ○ Cell C
- ○ MTN
- ○ Telkom Mobile (8ta)
- ○ Vodacom
- ○ Virgin Mobile
- ○ Other, specify_____
- ○ Don't know

1.10. What is [NAME's] secondary telephone number? provide for capture of 10-digit telephone number, if without a telephone capture 999-999-9999 to represent missing telephone number]

1.11. Who is the celllphone network service provider for [NAME's] secondary contact number?

  ○ None
  ○ Cell C
  ○ MTN
  ○ Telkom Mobile (8ta)
  ○ Vodacom
  ○ Virgin Mobile
  ○ Other, specify_____
  ○ Don't know

Section 2: Membership, Household head Relationship and Residence status

2.1. When did [NAME] become a household member?
  ○ When household formed
  ○ At birth
  ○ On in-migration
  ○ Membership Enumeration [date of visit]
  ○ Membership start [YYYY-MM-DD]

2.2. Is [Name] still a household member now?
  ○ Yes
  ○ No, died
  ○ No, membership ended

2.3. [IF MEMBERSHIP ENDED] Record date membership ended

2.4. [IF DIED] When did [NAME] die? [Record date of death, YYYY-MM-DD]

2.5. [IF DIED] Was a death certificate for [NAME] seen?

  ○ Yes
  ○ No

2.6. [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

2.7. What is/was the relationship of [NAME] to the head of the household on [DATE]?
- ○ 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

2.8. How many nights did [NAME] spend at the Bounded Structure between from 4 months ago until [DATE?
- ○ No nights
- ○ Less than half
- ○ More than half

2.9. Was [NAME] still resident at time of this visit [DATE]?
- ○ Yes, resident
- ○ No, non-resident

2.10. Has [NAME] changed his/her residency status at this Bounded Structure from 4 months ago until [DATE]?
- ○ Yes, in-migrated
- ○ Yes, out-migrated
- ○ No, unchanged

2.11. [IF in-migrated/out-migrated] Did [NAME] migrate within or outside DSA?
- ○ Within DSA
- ○ Outside DSA

2.12. 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)

2.13. [IF not part of household migration and in-migrating] When did [NAME] start to be resident at this BS? YYYY-MM-DD

2.14. [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

2.15. [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]

2.16. [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]

2.17. IF not part of household migration and is out-migrating] When did [NAME] stop to be resident at this BS? YYYY-MM-DD

2.18. [IF not part of household migration and out-migrating] Is the destination of [NAME's] place of usual residence a rural or urban area?
- ○ Rural
- ○ Urban

2.19. [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]

2.20. [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. Is [NAME's] mother a member of this household?
- ○ Yes
- ○ No

3.2. [IF YES] select and link mother details from household roster

3.3. [IF NO] Write mother's name [surname, first name(s), if mother name not known write "Not Known"]

3.4. Is [NAME's] mother alive?
- ○ Alive
- ○ Dead
- ○ Don't know

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

3.6. Is [NAME's] father a member of this household?
- ○ Yes
- ○ No

3.7. [IF YES] select and link father details from household roster

3.8. [IF NO] Write father's name [surname, first name(s), if father name not known write "Not Known"]

3.9. Is [NAME's] father alive?
- ○ Alive
- ○ Dead
- ○ Don't know

3.10. [IF father is Dead] When did 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 or Standard 8

○ Grade 11 or Standard 9

○ Grade 12 or Standard 10

○ Don't know.

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

○ Don't know

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

○ Don't know.

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?

○ Caring for others/household duties

○ Looking for work

○ Student or in training

○ Unable to work due to illness/disability

○ Other reason (specify_____)

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

○ Self-employed

○ Employee

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

○ Central government

○ Provincial government

○ Local / regional authority

○ Public corporation

○ Private sector employer

○ Non-profit institution

4.2.5. [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. Is [NAME] currently a recipient of a government grant?

○ Yes

○ No [Go to next section]

4.3.2. [IF YES] Which government grants is [NAME] currently receiving?

☐ Old age

☐ Disability

☐ Child support

☐ Care dependency

☐ Foster Care

☐ War veterans

☐ Grant-in-aid

☐ Social Relief of distress

☐ Tertiary education grant

☐ None

☐ Don't know

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

4.3.4. [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 5.4 below]
- ○ None [Go to questions 5.3 and 5.4 below]

5.3. [If Q3.2 =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 Q3.2 = 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 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 [NAME's] partnership pattern?
- ○ Marital Partnership
- ○ Regular Partnership
- ○ Casual Partnership

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

7.1. Is [NAME] a newly registered member of the DSA?
- ○ Yes [IF YES, allocate Pregnancy History Form]
- ○ No

7.2. Is [NAME] currently pregnant?
- ○ Yes
- ○ No
- ○ Don't know

7.3. Is [NAME]'s husband or regular partner a member of this household right now?
- ○ Yes
- ○ No [END OF FORM]

7.4. Choose partner's name and DSID from household roster and link conjugal partner details

7.5. On which date did the conjugal relationship start? YYYY-MM-DD?

7.6. Is [NAME] married to her conjugal partner?

- ○ Yes
- ○ No
- ○ Don't know