



HOUSEHOLD QUESTIONNAIRE
FOR STATISTICAL USE ONLY

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CENSUS
2011

STATISTICS ACT NO. 6 OF 1999 (CONFIDENTIALITY)

17(1) Despite any other law, no return or other information collected by Statistics South Africa for the purposes of official or other statistics that relates to an individual or a household may be disclosed to any person.

17(3b) Any person who is involved in the collection of, or who may use, that information or data, must first take an oath of confidentiality.

18(1e) Any officer of Statistics South Africa who willfully discloses any data or

18(1g) information obtained in the course of such employment to a person not authorised to receive that information is guilty of an offence and liable on conviction to a fine not exceeding R10 000, or to imprisonment for a period not exceeding 6 months or to both.

ENUMERATION AREA NUMBER

Province Local municipality

Main place Sub-place

Physical identification of the dwelling unit

Postal code Landline/Cell phone of enumerated household

PARTICULARS OF THE HOUSEHOLD

Dwelling unit number Total number of persons in the household Males Females Total

Household number

Total number of households at this dwelling Questionnaire of completed for this household

Map reference number

Listing record number

If more than one questionnaire is used in the household, write the barcode of the 1st questionnaire below

METHOD OF QUESTIONNAIRE COMPLETION - Mark the appropriate circle with an X

A fieldworker through an interview A household member through self-completion

FIELD STAFF

Fieldworker ID No.

Supervisor ID No.

Signature Signature

RESPONSE DETAILS

Visit No.	Date (actual)	Interview		Result Code	Next Visit (Planned)	
		Start Time	End Time		Date	Time
1						
2						
3						
4						

RESULT CODE	RESPONSE DETAILS
1	Completed
2	Partly completed
3	Non-contact
4	Refusal
5	Unoccupied dwelling
6	Vacant dwelling
7	New dwelling under construction
8	Demolished dwelling
9	Status change

Comments and full details of all non-response / unusual circumstances

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FINAL RESULT CODE

SHOULD YOU ENCOUNTER ANY DIFFICULTIES IN THE COMPLETION OF THE QUESTIONNAIRE, PLEASE CONTACT:

..... ON

OR PHONE THE CENSUS HOTLINE, TOLL FREE, ON



X-123456789



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FLAP: PARTICULARS OF ALL INDIVIDUALS

Please write the name and surname of the household head and first names of every person who was present in this household on the night between 9 - 10 October.

One name on each row. Start with head or acting head of household.

The head or acting head is the person who is the main decision-maker in the household. If people are equally decision-makers, take the oldest person.

For babies with no name, write BABY.

Have you included babies, small children, old people and visitors who were present in this household on the night between 9 - 10 October?

F-00 PERSON NUMBER	F-01 PERSON NAME	F-02 AGE IN COMPLETED YEARS	F-03 SEX 1 = Male 2 = Female
	<p style="text-align: center;">Example</p> <p style="text-align: center;">J O H N M A L U L E K E</p>	<p style="text-align: center;">Example</p> <p style="text-align: center;">0 3 1</p>	<p style="text-align: center;">Example</p> <p style="text-align: center;"><input checked="" type="radio"/> 1 Male <input type="radio"/> 2 Female</p> <p style="text-align: center;"><i>Mark the appropriate circle with an X.</i></p>
<input type="checkbox"/> 1	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female
<input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female
<input type="checkbox"/> 3	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female
<input type="checkbox"/> 4	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female
<input type="checkbox"/> 5	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female
<input type="checkbox"/> 6	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female
<input type="checkbox"/> 7	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female
<input type="checkbox"/> 8	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female
<input type="checkbox"/> 9	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female
<input type="checkbox"/> 0	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female

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PROCEDURES OF ENUMERATION

Who should be the respondent?

- The head/acting head of the household.
- In the absence of head/acting head, any responsible adult member left in charge of the household.

Note:

A **household** is a group of persons who live together, and provide themselves jointly with food or other essentials for living, or a single person who lives alone.

- Domestic workers are counted as a separate household even if they live in the same household as the employer.

Who should be counted in this questionnaire?

- All persons present in the household on the reference night (midnight 9-10 October 2011)
- Include babies born before the reference night as well as visitors.
- Members who died after the reference night must be counted as alive.
- Members of the household who were absent overnight, for example working, travelling or at an entertainment venue, religious gathering, if they returned to the household the next day.
- Individuals in converted workers hostels, residential hotels and old age homes (depending on arrangement).

How to complete the questionnaire

- **Read every question carefully**
- **Make sure that all the codes are written inside the boxes.**
For example:

3	Correct
3	Incorrect
- For numeric values such as age, the enumerator/respondent should write the correct answer in the box as a number (e.g. "007").

0	0	7
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- For open-ended questions, the enumerator/respondent should write legibly in CAPITAL LETTERS in the boxes provided.
For example Cape Town should be written as:

C	A	P	E	T	O	W	N
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What to use when completing this questionnaire?

Use only a pencil. If you make a mistake, use a soft rubber to erase the mistake and write the correct answer.



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SECTION A: DEMOGRAPHICS - ASK OF EVERYONE LISTED ON THE FLAP

P-01 DATE OF BIRTH	P-02 RELATIONSHIP	P-03 MARITAL STATUS	P-04 SPOUSE OR PARTNER	P-05 POPULATION GROUP	P-06 LANGUAGE
<p>What is (name's) date of birth?</p> <p>Example</p> <p>1 9 0 4 1 9 7 9</p>	<p>What is (name's) relationship to the head or acting head of the household? <i>The head or acting head is the person listed in row 1 of the first questionnaire, if more than one questionnaire has been completed for this household.</i></p> <p>01 = Head/Acting Head 02 = Husband/Wife/Partner 03 = Son/Daughter 04 = Adopted Son/Daughter 05 = Stepchild 06 = Brother/Sister 07 = Parent (Mother/Father) 08 = Parent-in-law 09 = Grand/Great Grandchild 10 = Son/Daughter-in-law 11 = Brother/Sister-in-law 12 = Grandmother/Father 13 = Other relative 14 = Non-related person</p> <p><i>Write the appropriate code in the box.</i></p>	<p>What is (name's) PRESENT marital status?</p> <p>1 = Married 2 = Living together like married partners 3 = Never married 4 = Widower / widow 5 = Separated 6 = Divorced</p> <p><i>Write the appropriate code in the box.</i></p> <p>If 3-6, Go to P-05</p>	<p>Who in this household is (name's) spouse or partner?</p> <p><i>Write the person number of the spouse or partner in the appropriate box. If the spouse or partner does not reside in the household, write 98.</i></p> <p>Note: Refer to person on flap e.g. 02</p>	<p>How would (name) describe him/herself in terms of population group?</p> <p>1 = Black African 2 = Coloured 3 = Indian or Asian 4 = White 5 = Other</p> <p><i>Write the appropriate code in the box.</i></p>	<p>Which two languages does (name) speak most often in this household?</p> <p>01 = Afrikaans 02 = English 03 = IsiNdebele 04 = IsiXhosa 05 = IsiZulu 06 = Sepedi 07 = Sesotho 08 = Setswana 09 = SiSwati 10 = Tshivenda 11 = Xitsonga 12 = Other</p> <p><i>Write the appropriate code in the box. If no other language, write 00 in the second box.</i></p>
D D M M Y Y Y Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	First <input type="text"/> <input type="text"/> Second <input type="text"/> <input type="text"/>
D D M M Y Y Y Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	First <input type="text"/> <input type="text"/> Second <input type="text"/> <input type="text"/>
D D M M Y Y Y Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	First <input type="text"/> <input type="text"/> Second <input type="text"/> <input type="text"/>
D D M M Y Y Y Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	First <input type="text"/> <input type="text"/> Second <input type="text"/> <input type="text"/>
D D M M Y Y Y Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	First <input type="text"/> <input type="text"/> Second <input type="text"/> <input type="text"/>
D D M M Y Y Y Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	First <input type="text"/> <input type="text"/> Second <input type="text"/> <input type="text"/>
D D M M Y Y Y Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	First <input type="text"/> <input type="text"/> Second <input type="text"/> <input type="text"/>
D D M M Y Y Y Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	First <input type="text"/> <input type="text"/> Second <input type="text"/> <input type="text"/>
D D M M Y Y Y Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	First <input type="text"/> <input type="text"/> Second <input type="text"/> <input type="text"/>
D D M M Y Y Y Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	First <input type="text"/> <input type="text"/> Second <input type="text"/> <input type="text"/>



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SECTION B: MIGRATION - ASK OF EVERYONE LISTED ON THE FLAP

P-07 PROVINCE OF BIRTH	P-08 COUNTRY OF BIRTH	P-08a YEAR MOVED TO SOUTH AFRICA	P-09 SOUTH AFRICAN CITIZENSHIP	P-10 USUAL RESIDENCE	P-10a PROVINCE OF USUAL RESIDENCE	P-10b MUNICIPALITY/MAGISTERIAL DISTRICT OF USUAL RESIDENCE
<p>In which province was (name) born?</p> <p>01 = Western Cape 02 = Eastern Cape 03 = Northern Cape 04 = Free State 05 = Kwa-Zulu Natal 06 = North West 07 = Gauteng 08 = Mpumalanga 09 = Limpopo 10 = Outside South Africa 11 = Do not know</p> <p>Write the appropriate code in the box.</p> <p>If 01-09 or 11, Go to P-09</p>	<p>In which country was (name) born?</p> <p>Use CAPITAL LETTERS only</p>	<p>In which year did (name) move to South Africa?</p> <p>If moved more than once into South Africa, please indicate the year of last move.</p> <p>Example 1 9 9 8</p>	<p>Is (name) a South African citizen?</p> <p>1 = Yes 2 = No</p> <p>Mark the appropriate circle with an X.</p>	<p>Does (name) usually live in this household for at least four nights a week and has done so for the last six months?</p> <p>1 = Yes 2 = No</p> <p>Mark the appropriate circle with an X.</p> <p>If 1, Go to P-11</p>	<p>In which province does (name) usually live?</p> <p>01 = Western Cape 02 = Eastern Cape 03 = Northern Cape 04 = Free State 05 = Kwa-Zulu Natal 06 = North West 07 = Gauteng 08 = Mpumalanga 09 = Limpopo 10 = Outside South Africa 11 = Do not know</p> <p>Write the appropriate code in the box.</p> <p>If 10, Go to P-11</p>	<p>In which municipality or magisterial district does (name) usually live?</p> <p>Use CAPITAL LETTERS only</p>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="text"/>	<input type="text"/>

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SECTION B: MIGRATION (Continued)

P-10c CITY/TOWN OF USUAL RESIDENCE	P-11 SINCE 2001	P-11a MONTH AND YEAR MOVED	P-11b PROVINCE OF PREVIOUS RESIDENCE	P-11c MUNICIPALITY/MAGISTERIAL DISTRICT OF PREVIOUS RESIDENCE	P-11d CITY/TOWN OF PREVIOUS RESIDENCE
<p>In which city/town does (name) usually live or what is the nearest city/town?</p> <p>Use CAPITAL LETTERS only</p>	<p>Has (name) been living in this place since October 2001?</p> <p>1 = Yes 2 = No 3 = Born after October 2001 but never moved 4 = Born after October 2001 and moved</p> <p>Write the appropriate code in the box.</p> <p>If 1 or 3, Go to P-12</p>	<p>When did (name) move to this place?</p> <p>Write the month and year in the appropriate boxes.</p> <p>Example</p> <p>0 4 2 0 0 2</p>	<p>In which province did (name) live before moving to this place?</p> <p>01 = Western Cape 02 = Eastern Cape 03 = Northern Cape 04 = Free State 05 = Kwa-Zulu Natal 06 = North West 07 = Gauteng 08 = Mpumalanga 09 = Limpopo 10 = Outside South Africa 11 = Do not know</p> <p>Write the appropriate code in the box.</p> <p>If 10, Go to P-12</p>	<p>In which municipality or magisterial district did (name) live before moving to this place?</p> <p>Use CAPITAL LETTERS only</p> <p>Example</p> <p>J O B U R G M E T R O</p>	<p>In which city/town did (name) live before or what was the nearest city/town?</p> <p>Use CAPITAL LETTERS only</p> <p>Example</p> <p>J O H A N N E S B U R G</p>
<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 type="text"/>	<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 type="text"/>
<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 type="text"/>	<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 type="text"/>
<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 type="text"/>	<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 type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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**SECTION C: GENERAL HEALTH AND FUNCTIONING -
ASK OF EVERYONE LISTED ON THE FLAP**

**SECTION D: PARENTAL SURVIVAL AND
INCOME - ASK OF EVERYONE LISTED ON
THE FLAP**

P-12 HEALTH AND FUNCTIONING	P-13 ASSISTIVE DEVICES AND MEDICATION	P-14 MOTHER ALIVE	P-14a MOTHER PERSON NUMBER	P-15 FATHER ALIVE
<p>Does (name) have difficulty in the following?</p> <p>A = Seeing even when using eye glasses B = Hearing even when using a hearing aid C = Communicating in his/her language (i.e. understanding others or being understood by others) D = Walking or climbing stairs E = Remembering or concentrating F = With self-care such as washing all over, dressing or feeding</p> <p>1 = No difficulty 2 = Some difficulty 3 = A lot of difficulty 4 = Cannot do at all 5 = Do not know 6 = Cannot yet be determined</p> <p><i>Write the appropriate code in the box.</i></p>	<p>Does (name) use any of the following?</p> <p>A = Eye glasses B = Hearing aid C = Walking stick or frame D = A wheelchair E = Chronic medication</p> <p>1 = Yes 2 = No 3 = Do not know</p> <p><i>Write the appropriate code in the box.</i></p>	<p>Is (name's) own biological mother still alive?</p> <p>1 = Yes 2 = No 3 = Do not know</p> <p><i>Mark the appropriate circle with an X.</i></p>	<p>Who in this household is (name's) biological mother?</p> <p><i>If the person's mother does not reside in the household (not listed on the flap), write 98.</i></p> <p>Note: Refer to person number on flap e.g. 02</p>	<p>Is (name's) own biological father still alive?</p> <p>1 = Yes 2 = No 3 = Do not know</p> <p><i>Mark the appropriate circle with an X.</i></p>
		If 2-3, Go to P-15		If 2-3, Go to P-16
<input type="checkbox"/> Seeing (A) <input type="checkbox"/> Walking / Climbing (D) <input type="checkbox"/> Hearing (B) <input type="checkbox"/> Remembering / Concentrating (E) <input type="checkbox"/> Communicating (C) <input type="checkbox"/> Self-care (F)	<input type="checkbox"/> Glasses (A) <input type="checkbox"/> Wheelchair (D) <input type="checkbox"/> Hearing aid (B) <input type="checkbox"/> Chronic medication (E) <input type="checkbox"/> Walking stick / frame (C)	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know
<input type="checkbox"/> Seeing (A) <input type="checkbox"/> Walking / Climbing (D) <input type="checkbox"/> Hearing (B) <input type="checkbox"/> Remembering / Concentrating (E) <input type="checkbox"/> Communicating (C) <input type="checkbox"/> Self-care (F)	<input type="checkbox"/> Glasses (A) <input type="checkbox"/> Wheelchair (D) <input type="checkbox"/> Hearing aid (B) <input type="checkbox"/> Chronic medication (E) <input type="checkbox"/> Walking stick / frame (C)	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know
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<input type="checkbox"/> Seeing (A) <input type="checkbox"/> Walking / Climbing (D) <input type="checkbox"/> Hearing (B) <input type="checkbox"/> Remembering / Concentrating (E) <input type="checkbox"/> Communicating (C) <input type="checkbox"/> Self-care (F)	<input type="checkbox"/> Glasses (A) <input type="checkbox"/> Wheelchair (D) <input type="checkbox"/> Hearing aid (B) <input type="checkbox"/> Chronic medication (E) <input type="checkbox"/> Walking stick / frame (C)	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know
<input type="checkbox"/> Seeing (A) <input type="checkbox"/> Walking / Climbing (D) <input type="checkbox"/> Hearing (B) <input type="checkbox"/> Remembering / Concentrating (E) <input type="checkbox"/> Communicating (C) <input type="checkbox"/> Self-care (F)	<input type="checkbox"/> Glasses (A) <input type="checkbox"/> Wheelchair (D) <input type="checkbox"/> Hearing aid (B) <input type="checkbox"/> Chronic medication (E) <input type="checkbox"/> Walking stick / frame (C)	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know
<input type="checkbox"/> Seeing (A) <input type="checkbox"/> Walking / Climbing (D) <input type="checkbox"/> Hearing (B) <input type="checkbox"/> Remembering / Concentrating (E) <input type="checkbox"/> Communicating (C) <input type="checkbox"/> Self-care (F)	<input type="checkbox"/> Glasses (A) <input type="checkbox"/> Wheelchair (D) <input type="checkbox"/> Hearing aid (B) <input type="checkbox"/> Chronic medication (E) <input type="checkbox"/> Walking stick / frame (C)	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know
<input type="checkbox"/> Seeing (A) <input type="checkbox"/> Walking / Climbing (D) <input type="checkbox"/> Hearing (B) <input type="checkbox"/> Remembering / Concentrating (E) <input type="checkbox"/> Communicating (C) <input type="checkbox"/> Self-care (F)	<input type="checkbox"/> Glasses (A) <input type="checkbox"/> Wheelchair (D) <input type="checkbox"/> Hearing aid (B) <input type="checkbox"/> Chronic medication (E) <input type="checkbox"/> Walking stick / frame (C)	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know
<input type="checkbox"/> Seeing (A) <input type="checkbox"/> Walking / Climbing (D) <input type="checkbox"/> Hearing (B) <input type="checkbox"/> Remembering / Concentrating (E) <input type="checkbox"/> Communicating (C) <input type="checkbox"/> Self-care (F)	<input type="checkbox"/> Glasses (A) <input type="checkbox"/> Wheelchair (D) <input type="checkbox"/> Hearing aid (B) <input type="checkbox"/> Chronic medication (E) <input type="checkbox"/> Walking stick / frame (C)	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know
<input type="checkbox"/> Seeing (A) <input type="checkbox"/> Walking / Climbing (D) <input type="checkbox"/> Hearing (B) <input type="checkbox"/> Remembering / Concentrating (E) <input type="checkbox"/> Communicating (C) <input type="checkbox"/> Self-care (F)	<input type="checkbox"/> Glasses (A) <input type="checkbox"/> Wheelchair (D) <input type="checkbox"/> Hearing aid (B) <input type="checkbox"/> Chronic medication (E) <input type="checkbox"/> Walking stick / frame (C)	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know
<input type="checkbox"/> Seeing (A) <input type="checkbox"/> Walking / Climbing (D) <input type="checkbox"/> Hearing (B) <input type="checkbox"/> Remembering / Concentrating (E) <input type="checkbox"/> Communicating (C) <input type="checkbox"/> Self-care (F)	<input type="checkbox"/> Glasses (A) <input type="checkbox"/> Wheelchair (D) <input type="checkbox"/> Hearing aid (B) <input type="checkbox"/> Chronic medication (E) <input type="checkbox"/> Walking stick / frame (C)	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know

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**SECTION D: PARENTAL SURVIVAL AND INCOME
(Continued)**

**SECTION E: EDUCATION - ASK OF ALL PERSONS
AGED 5 YEARS AND OLDER LISTED ON THE FLAP**

P-15a FATHER PERSON NUMBER	P-16 INCOME CATEGORY	P-17 SCHOOL ATTENDANCE	P-18 EDUCATIONAL INSTITUTION	P-19 PUBLIC OR PRIVATE																										
<p>Who in this household is (name's) biological father? <i>If the person's father does not reside in the household (not listed on the flap), write 98.</i> Note: Refer to person number on flap e.g. 02</p>	<p>What is the income category that best describes the gross monthly or annual income of (name) before deductions and including all sources of income?</p> <table border="0"> <tr> <td>Monthly</td> <td>Annual</td> </tr> <tr> <td>01 = No income</td> <td>No income</td> </tr> <tr> <td>02 = R1 - R400</td> <td>R1 - R4 800</td> </tr> <tr> <td>03 = R401 - R800</td> <td>R4 801 - R9 600</td> </tr> <tr> <td>04 = R801 - R1 600</td> <td>R9 601 - R19 200</td> </tr> <tr> <td>05 = R1 601 - R3 200</td> <td>R19 201 - R38 400</td> </tr> <tr> <td>06 = R3 201 - R6 400</td> <td>R38 401 - R76 800</td> </tr> <tr> <td>07 = R6 401 - R12 800</td> <td>R76 801 - R153 600</td> </tr> <tr> <td>08 = R12 801 - R25 600</td> <td>R153 601 - R307 200</td> </tr> <tr> <td>09 = R25 601 - R51 200</td> <td>R307 201 - R614 400</td> </tr> <tr> <td>10 = R51 201 - R102 400</td> <td>R614 401 - R1 228 800</td> </tr> <tr> <td>11 = R102 401 - R204 800</td> <td>R1 228 801 - R2 457 600</td> </tr> <tr> <td>12 = R204 801 or more</td> <td>R2 457 601 or more</td> </tr> </table> <p><i>Gross income should include all sources of income e.g. Social grants, UIF, remittances, rentals, investments, sales or products, services, etc.</i></p>	Monthly	Annual	01 = No income	No income	02 = R1 - R400	R1 - R4 800	03 = R401 - R800	R4 801 - R9 600	04 = R801 - R1 600	R9 601 - R19 200	05 = R1 601 - R3 200	R19 201 - R38 400	06 = R3 201 - R6 400	R38 401 - R76 800	07 = R6 401 - R12 800	R76 801 - R153 600	08 = R12 801 - R25 600	R153 601 - R307 200	09 = R25 601 - R51 200	R307 201 - R614 400	10 = R51 201 - R102 400	R614 401 - R1 228 800	11 = R102 401 - R204 800	R1 228 801 - R2 457 600	12 = R204 801 or more	R2 457 601 or more	<p>Does (name) presently attend an educational institution?</p> <p>1 = Yes 2 = No 3 = Do not know</p> <p><i>Mark the appropriate circle with an X.</i></p> <p><i>Attendance includes all part-time and full-time studies, whether in person or as a distance learner.</i></p> <p>If 2-3, Go to P-20</p>	<p>Which of the following educational institutions does (name) attend?</p> <p>1 = Pre-school (including day care, crèche, pre-primary, ECD centre) 2 = School (including Grade R learners who attend a formal school) 3 = Adult Basic Education and Training Learning Centre (ABET Centre) 4 = Literacy classes (e.g. Kha Ri Gude, SANLI) 5 = Higher Educational Institution (University/University of Technology) 6 = Further Education and Training College (FET) 7 = Other College 8 = Home based education/home schooling</p>	<p>Is the institution that (name) is attending public or private?</p> <p>1 = Public (Government) 2 = Private (Independent) 3 = Do not know</p> <p><i>Mark the appropriate circle with an X.</i></p>
Monthly	Annual																													
01 = No income	No income																													
02 = R1 - R400	R1 - R4 800																													
03 = R401 - R800	R4 801 - R9 600																													
04 = R801 - R1 600	R9 601 - R19 200																													
05 = R1 601 - R3 200	R19 201 - R38 400																													
06 = R3 201 - R6 400	R38 401 - R76 800																													
07 = R6 401 - R12 800	R76 801 - R153 600																													
08 = R12 801 - R25 600	R153 601 - R307 200																													
09 = R25 601 - R51 200	R307 201 - R614 400																													
10 = R51 201 - R102 400	R614 401 - R1 228 800																													
11 = R102 401 - R204 800	R1 228 801 - R2 457 600																													
12 = R204 801 or more	R2 457 601 or more																													
<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<input type="text"/>	<input type="radio"/> 1 Public <input type="radio"/> 2 Private <input type="radio"/> 3 Do not know																										
<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<input type="text"/>	<input type="radio"/> 1 Public <input type="radio"/> 2 Private <input type="radio"/> 3 Do not know																										
<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<input type="text"/>	<input type="radio"/> 1 Public <input type="radio"/> 2 Private <input type="radio"/> 3 Do not know																										
<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<input type="text"/>	<input type="radio"/> 1 Public <input type="radio"/> 2 Private <input type="radio"/> 3 Do not know																										
<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<input type="text"/>	<input type="radio"/> 1 Public <input type="radio"/> 2 Private <input type="radio"/> 3 Do not know																										
<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<input type="text"/>	<input type="radio"/> 1 Public <input type="radio"/> 2 Private <input type="radio"/> 3 Do not know																										
<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<input type="text"/>	<input type="radio"/> 1 Public <input type="radio"/> 2 Private <input type="radio"/> 3 Do not know																										
<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<input type="text"/>	<input type="radio"/> 1 Public <input type="radio"/> 2 Private <input type="radio"/> 3 Do not know																										
<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<input type="text"/>	<input type="radio"/> 1 Public <input type="radio"/> 2 Private <input type="radio"/> 3 Do not know																										



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**SECTION E: EDUCATION
(Continued)**

**SECTION F: EMPLOYMENT - ASK OF ALL PERSONS AGED 15 YEARS
AND OLDER LISTED ON THE FLAP**

P-22 LITERACY		P-23 EMPLOYMENT STATUS		
<p>Does (name) have difficulty in doing any of the following?</p> <p>A = Writing his/her name B = Reading (e.g. newspapers, magazines, religious books etc) in any language C = Filling in a form (e.g. social grants forms) D = Writing a letter in any language E = Calculating/working out how much change he/she should receive when buying something F = Reading road signs</p> <p>1 = No difficulty 2 = Some difficulty 3 = A lot of difficulty 4 = Unable to do 5 = Do not know</p> <p>Write the code in the appropriate box.</p>		<p>In the SEVEN DAYS before 10 October ... P-23a Did (name) work for a wage, salary, commission or any payment in kind (including paid domestic work), even if it was for only one hour?</p> <p>1 = Yes 2 = No 3 = Do not know</p> <p>Mark the appropriate circle with an X.</p>	<p>In the SEVEN DAYS before 10 October ... P-23b Did (name) run or do any kind of business, big or small, for herself/himself or with one or more partners, even if it was for only one hour?</p> <p>1 = Yes 2 = No 3 = Do not know</p> <p>Mark the appropriate circle with an X.</p>	<p>In the SEVEN DAYS before 10 October ... P-23c Did (name) help without being paid in any kind of business run by her/his household, even if it was for only one hour?</p> <p>1 = Yes 2 = No 3 = Do not know</p> <p>Mark the appropriate circle with an X.</p>
If 1 to any of P-23a, P-23b or P-23c, Go to P-29a				
<input type="radio"/> Writing his/her name (A)	<input type="radio"/> Writing a letter (D)	<input type="radio"/> 1 Yes	<input type="radio"/> 1 Yes	<input type="radio"/> 1 Yes
<input type="radio"/> Reading (B)	<input type="radio"/> Calculating (E)	<input type="radio"/> 2 No	<input type="radio"/> 2 No	<input type="radio"/> 2 No
<input type="radio"/> Filling in a form (C)	<input type="radio"/> Reading road signs (F)	<input type="radio"/> 3 Do not know	<input type="radio"/> 3 Do not know	<input type="radio"/> 3 Do not know
<input type="radio"/> Writing his/her name (A)	<input type="radio"/> Writing a letter (D)	<input type="radio"/> 1 Yes	<input type="radio"/> 1 Yes	<input type="radio"/> 1 Yes
<input type="radio"/> Reading (B)	<input type="radio"/> Calculating (E)	<input type="radio"/> 2 No	<input type="radio"/> 2 No	<input type="radio"/> 2 No
<input type="radio"/> Filling in a form (C)	<input type="radio"/> Reading road signs (F)	<input type="radio"/> 3 Do not know	<input type="radio"/> 3 Do not know	<input type="radio"/> 3 Do not know
<input type="radio"/> Writing his/her name (A)	<input type="radio"/> Writing a letter (D)	<input type="radio"/> 1 Yes	<input type="radio"/> 1 Yes	<input type="radio"/> 1 Yes
<input type="radio"/> Reading (B)	<input type="radio"/> Calculating (E)	<input type="radio"/> 2 No	<input type="radio"/> 2 No	<input type="radio"/> 2 No
<input type="radio"/> Filling in a form (C)	<input type="radio"/> Reading road signs (F)	<input type="radio"/> 3 Do not know	<input type="radio"/> 3 Do not know	<input type="radio"/> 3 Do not know
<input type="radio"/> Writing his/her name (A)	<input type="radio"/> Writing a letter (D)	<input type="radio"/> 1 Yes	<input type="radio"/> 1 Yes	<input type="radio"/> 1 Yes
<input type="radio"/> Reading (B)	<input type="radio"/> Calculating (E)	<input type="radio"/> 2 No	<input type="radio"/> 2 No	<input type="radio"/> 2 No
<input type="radio"/> Filling in a form (C)	<input type="radio"/> Reading road signs (F)	<input type="radio"/> 3 Do not know	<input type="radio"/> 3 Do not know	<input type="radio"/> 3 Do not know
<input type="radio"/> Writing his/her name (A)	<input type="radio"/> Writing a letter (D)	<input type="radio"/> 1 Yes	<input type="radio"/> 1 Yes	<input type="radio"/> 1 Yes
<input type="radio"/> Reading (B)	<input type="radio"/> Calculating (E)	<input type="radio"/> 2 No	<input type="radio"/> 2 No	<input type="radio"/> 2 No
<input type="radio"/> Filling in a form (C)	<input type="radio"/> Reading road signs (F)	<input type="radio"/> 3 Do not know	<input type="radio"/> 3 Do not know	<input type="radio"/> 3 Do not know
<input type="radio"/> Writing his/her name (A)	<input type="radio"/> Writing a letter (D)	<input type="radio"/> 1 Yes	<input type="radio"/> 1 Yes	<input type="radio"/> 1 Yes
<input type="radio"/> Reading (B)	<input type="radio"/> Calculating (E)	<input type="radio"/> 2 No	<input type="radio"/> 2 No	<input type="radio"/> 2 No
<input type="radio"/> Filling in a form (C)	<input type="radio"/> Reading road signs (F)	<input type="radio"/> 3 Do not know	<input type="radio"/> 3 Do not know	<input type="radio"/> 3 Do not know
<input type="radio"/> Writing his/her name (A)	<input type="radio"/> Writing a letter (D)	<input type="radio"/> 1 Yes	<input type="radio"/> 1 Yes	<input type="radio"/> 1 Yes
<input type="radio"/> Reading (B)	<input type="radio"/> Calculating (E)	<input type="radio"/> 2 No	<input type="radio"/> 2 No	<input type="radio"/> 2 No
<input type="radio"/> Filling in a form (C)	<input type="radio"/> Reading road signs (F)	<input type="radio"/> 3 Do not know	<input type="radio"/> 3 Do not know	<input type="radio"/> 3 Do not know
<input type="radio"/> Writing his/her name (A)	<input type="radio"/> Writing a letter (D)	<input type="radio"/> 1 Yes	<input type="radio"/> 1 Yes	<input type="radio"/> 1 Yes
<input type="radio"/> Reading (B)	<input type="radio"/> Calculating (E)	<input type="radio"/> 2 No	<input type="radio"/> 2 No	<input type="radio"/> 2 No
<input type="radio"/> Filling in a form (C)	<input type="radio"/> Reading road signs (F)	<input type="radio"/> 3 Do not know	<input type="radio"/> 3 Do not know	<input type="radio"/> 3 Do not know



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SECTION F: EMPLOYMENT (Continued)

P-24 TEMPORARY ABSENCE FROM WORK	P-25 LOOKING FOR WORK	P-26 LIKED TO WORK	P-27 REASONS FOR NOT WORKING	P-28 AVAILABLE TO WORK
<p>Even though (name) did not do any work for pay, profit or did not help without pay in a household business in the SEVEN DAYS before 10 October, did he/she have a paid job or business that he/she would definitely return to?</p> <p>1 = Yes 2 = No 3 = Do not know</p> <p>Mark the appropriate circle with an X.</p>	<p>In the four weeks before 10 October was (name) looking for any kind of job or trying to start any kind of business?</p> <p>1 = Yes 2 = No 3 = Do not know</p> <p>Mark the appropriate circle with an X.</p>	<p>Would (name) have liked to work in the SEVEN DAYS before 10 October?</p> <p>1 = Yes 2 = No 3 = Do not know</p> <p>Mark the appropriate circle with an X.</p>	<p>What was the main reason for not trying to find work or starting a business in the last four weeks before 10 October?</p> <p>01 = Awaiting the season for work 02 = Waiting to be recalled to former job 03 = Health reasons 04 = Pregnancy 05 = Disabled or unable to work (handicapped) 06 = Housewife/homemaker (family considerations/child care) 07 = Undergoing training to help find work 08 = No jobs available in the area 09 = Lack of money to pay for transport to look for work 10 = Unable to find work requiring his/her skills 11 = Lost hope of finding any kind of work 12 = No transport available 13 = Scholar or student 14 = Retired 15 = Too old/young to work 16 = Did not want to work 17 = Other</p> <p>Write the appropriate code in the box.</p>	<p>If a suitable job had been offered or circumstances had allowed, would (name) have been able to start work or a business in the SEVEN DAYS before 10 October?</p> <p>1 = Yes 2 = No 3 = Do not know</p> <p>Mark the appropriate circle with an X.</p>
<p>If 1, Go to P-29a</p>	<p>If 1, Go to P-28</p>	<p>If 2 or 3, Go to P-32</p>		<p>Any response, Go to P-32</p>
<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="text" value=""/><input type="text" value=""/></p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>
<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="text" value=""/><input type="text" value=""/></p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>
<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="text" value=""/><input type="text" value=""/></p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>
<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="text" value=""/><input type="text" value=""/></p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>
<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="text" value=""/><input type="text" value=""/></p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>
<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="text" value=""/><input type="text" value=""/></p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>
<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="text" value=""/><input type="text" value=""/></p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>
<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="text" value=""/><input type="text" value=""/></p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>
<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="text" value=""/><input type="text" value=""/></p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>
<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>	<p><input type="text" value=""/><input type="text" value=""/></p>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know</p>

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X-123456789



A08



SECTION G: FERTILITY - ASK OF WOMEN AGED 12-50 YEARS LISTED ON THE FLAP

P-32 CHILDREN EVER BORN	P-33 AGE AT FIRST BIRTH	P-34 TOTAL CHILDREN EVER BORN	P-35 TOTAL SURVIVING AND LIVING IN THE HOUSEHOLD	P-36 TOTAL SURVIVING AND LIVING ELSEWHERE	P-37 TOTAL CHILDREN NO LONGER ALIVE	P-38 LAST CHILD BORN	P-39 SEX OF LAST CHILD BORN	P-40 LAST CHILD BORN ALIVE	P-41 DATE OF DEATH OF LAST CHILD BORN
<p>Has (name) ever given birth to a live child, even if the child died soon after birth?</p> <p>1 = Yes 2 = No 3 = Do not know</p> <p>Mark the appropriate circle with an X.</p>	<p>At what age did (name) have her first child born?</p> <p>Example 2 5</p>	<p>How many children has (name) ever had that were born alive?</p> <p>Example Boys 0 5 Girls 0 6 Total 1 1</p>	<p>How many of (name's) children are still alive and living with her in this household, including grown-ups?</p> <p>Example Boys 0 3 Girls 0 4 Total 0 7</p>	<p>How many of (name's) children are still alive and living elsewhere, including grown-ups?</p> <p>Example Boys 0 1 Girls 0 1 Total 0 2</p>	<p>How many of (name's) children are no longer alive?</p> <p>Example Boys 0 1 Girls 0 1 Total 0 2</p>	<p>When was (name's) last child born, even if the child died soon after birth?</p> <p>Example 1 9 0 4 2 0 0 5</p>	<p>Is (name's) last child born male or female?</p> <p>1 = Male 2 = Female 3 = Do not know</p> <p>Mark the appropriate circle with an X.</p>	<p>Is (name's) last child born still alive?</p> <p>1 = Yes 2 = No 3 = Do not know</p> <p>Mark the appropriate circle with an X.</p>	<p>When did (name's) last child born die?</p> <p>Example 1 0 0 3 2 0 0 7</p>
<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<input type="checkbox"/> <input type="checkbox"/>	Boys <input type="checkbox"/> <input type="checkbox"/> Girls <input type="checkbox"/> <input type="checkbox"/> Total <input type="checkbox"/> <input type="checkbox"/>	Boys <input type="checkbox"/> <input type="checkbox"/> Girls <input type="checkbox"/> <input type="checkbox"/> Total <input type="checkbox"/> <input type="checkbox"/>	Boys <input type="checkbox"/> <input type="checkbox"/> Girls <input type="checkbox"/> <input type="checkbox"/> Total <input type="checkbox"/> <input type="checkbox"/>	Boys <input type="checkbox"/> <input type="checkbox"/> Girls <input type="checkbox"/> <input type="checkbox"/> Total <input type="checkbox"/> <input type="checkbox"/>	DD MM YYYY	<input type="radio"/> 1 Male <input type="radio"/> 2 Female <input type="radio"/> 3 Do not know	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	DD MM YYYY
<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<input type="checkbox"/> <input type="checkbox"/>	Boys <input type="checkbox"/> <input type="checkbox"/> Girls <input type="checkbox"/> <input type="checkbox"/> Total <input type="checkbox"/> <input type="checkbox"/>	Boys <input type="checkbox"/> <input type="checkbox"/> Girls <input type="checkbox"/> <input type="checkbox"/> Total <input type="checkbox"/> <input type="checkbox"/>	Boys <input type="checkbox"/> <input type="checkbox"/> Girls <input type="checkbox"/> <input type="checkbox"/> Total <input type="checkbox"/> <input type="checkbox"/>	Boys <input type="checkbox"/> <input type="checkbox"/> Girls <input type="checkbox"/> <input type="checkbox"/> Total <input type="checkbox"/> <input type="checkbox"/>	DD MM YYYY	<input type="radio"/> 1 Male <input type="radio"/> 2 Female <input type="radio"/> 3 Do not know	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	DD MM YYYY
<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	<input type="checkbox"/> <input type="checkbox"/>	Boys <input type="checkbox"/> <input type="checkbox"/> Girls <input type="checkbox"/> <input type="checkbox"/> Total <input type="checkbox"/> <input type="checkbox"/>	Boys <input type="checkbox"/> <input type="checkbox"/> Girls <input type="checkbox"/> <input type="checkbox"/> Total <input type="checkbox"/> <input type="checkbox"/>	Boys <input type="checkbox"/> <input type="checkbox"/> Girls <input type="checkbox"/> <input type="checkbox"/> Total <input type="checkbox"/> <input type="checkbox"/>	Boys <input type="checkbox"/> <input type="checkbox"/> Girls <input type="checkbox"/> <input type="checkbox"/> Total <input type="checkbox"/> <input type="checkbox"/>	DD MM YYYY	<input type="radio"/> 1 Male <input type="radio"/> 2 Female <input type="radio"/> 3 Do not know	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know	DD MM YYYY
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Glue area



X-123456789



A10

SECTION H: HOUSING, HOUSEHOLD GOODS AND SERVICES AND AGRICULTURAL ACTIVITIES - ASK OF EVERY HOUSEHOLD

H-01 TYPE OF LIVING QUARTERS

What is the type of these living quarters?

- 1 = Housing unit
- 2 = Residential Hotel
- 3 = Home for the aged
- 4 = Converted hostel
- 5 = Other

If 2-4, Go to H-07

Write the appropriate code in the box.

H-04 TENURE STATUS

What is the tenure status of this household?

- 1 = Rented
- 2 = Owned but not yet paid off
- 3 = Occupied rent-free
- 4 = Owned and fully paid off
- 5 = Other

Write the appropriate code in the box.

Refers to the MAIN dwelling structure only and **NOT** to the land that it is situated on.

H-02 TYPE OF MAIN DWELLING

Which of the following best describes the MAIN dwelling and OTHER dwelling(s) that this household occupies?

- 01 = House or brick/concrete block structure on a separate stand or yard or on a farm
- 02 = Traditional dwelling/hut/structure made of traditional materials
- 03 = Flat or apartment in a block of flats
- 04 = Cluster house in complex
- 05 = Townhouse (semi-detached house in a complex)
- 06 = Semi-detached house
- 07 = House/flat/room in backyard
- 08 = Informal dwelling/shack in backyard
- 09 = Informal dwelling/shack not in backyard, e.g. in an informal/squatter settlement or on a farm
- 10 = Room/flatlet on a property or a larger dwelling/servants' quarters/granny flat
- 11 = Caravan/tent
- 12 = Other

	Main dwelling		Other dwelling
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Write the appropriate code in the boxes.

H-05 ESTIMATED VALUE OF PROPERTY

What would you estimate the market value or municipal valuation of this property to be?

- 1 = Less than R50 000
- 2 = R50 001 – R100 000
- 3 = R100 001 – R200 000
- 4 = R200 001 – R400 000
- 5 = R400 001 – R800 000
- 6 = R800 001 – R1 600 000
- 7 = R1 600 001 – R3 200 000
- 8 = More than R3 200 001
- 9 = Do not know

Write the appropriate code in the box.

H-06 AGE OF THE PROPERTY

What is the age of this dwelling?

- 01 = Less than one year
- 02 = 1 - 5 years
- 03 = 6 - 10 years
- 04 = 11 - 20 years
- 05 = 21 - 30 years
- 06 = 31 - 40 years
- 07 = 41 - 50 years
- 08 = 51 - 60 years
- 09 = 61 years or older
- 10 = Do not know

Write the appropriate code in the box.

The age of the dwelling refers to when the building was completed, not the time of any later remodelling, additions or conversions. If the actual age is not known, give the best estimate.

H-02a CONSTRUCTION MATERIAL

What is the main material used for the construction of the roof and wall of the MAIN dwelling?

- | | |
|----------------------------|----------------------|
| 01 = Brick | 08 = Wattle and daub |
| 02 = Cement block/Concrete | 09 = Tile |
| 03 = Corrugated iron/zinc | 10 = Mud |
| 04 = Wood | 11 = Thatch/Grass |
| 05 = Plastic | 12 = Asbestos |
| 06 = Cardboard | 13 = Other |
| 07 = Mud and cement mix | |

ROOF	WALL
<input type="text"/>	<input type="text"/>

Write the appropriate codes in the boxes.

H-03 ROOMS

How many rooms are there in the MAIN dwelling of this household?

Dining rooms	<input type="text"/>	<input type="text"/>
Living rooms	<input type="text"/>	<input type="text"/>
Dining/Living room	<input type="text"/>	<input type="text"/>
Bedrooms	<input type="text"/>	<input type="text"/>
Study Rooms	<input type="text"/>	<input type="text"/>
One room with multiple uses	<input type="text"/>	<input type="text"/>
Other rooms	<input type="text"/>	<input type="text"/>
Total Rooms	<input type="text"/>	<input type="text"/>

Write the appropriate codes in the boxes.

Exclude bathrooms and kitchen
Include garages if some members of the household are living in them

H-07 ACCESS TO PIPED WATER

In which way does this household mainly get piped water for household use?

- 1 = Piped (tap) water inside the dwelling
- 2 = Piped (tap) water inside the yard
- 3 = Piped (tap) water on community stand: distance less than 200m from dwelling
- 4 = Piped (tap) water on community stand: distance between 200m and 500m from dwelling
- 5 = Piped (tap) water on community stand: distance between 500m and 1000m (1 km) from dwelling
- 6 = Piped (tap) water on community stand: distance greater than 1000m (1 km) from dwelling
- 7 = No access to piped water

Write the appropriate code in the box.

H-08 SOURCE OF WATER

What is this household's MAIN source of WATER for household use?

- 1 = Regional/local water scheme (operated by municipality or other water services provider)
- 2 = Borehole
- 3 = Spring
- 4 = Rain water tank
- 5 = Dam/pool/stagnant water
- 6 = River/stream
- 7 = Water vendor
- 8 = Water tanker
- 9 = Other

Write the appropriate code in the box.

If 2-9, Go to H-10



Glue area



SECTION H: HOUSING, HOUSEHOLD GOODS AND SERVICES AND AGRICULTURAL ACTIVITIES (Continued)

H-09 RELIABILITY OF WATER SUPPLY
In the last 12 months, has this household had any interruptions in piped water supply?

1 Yes 2 No **If 2, Go to H-10**

Mark the appropriate circle with an X.

H-09a RELIABILITY OF WATER SUPPLY
Did any specific interruption(s) in piped water supply last longer than two days ?

1 Yes 2 No **If 2, Go to H-10**

Mark the appropriate circle with an X.

H-09b ALTERNATIVE WATER SOURCE
What alternative water source did the household use during water supply interruption?

1 = Borehole
 2 = Spring
 3 = Rain water tank
 4 = Dam/pool/stagnant water
 5 = River/stream
 6 = Water vendor
 7 = Water tanker
 8 = Other
 0 = None

Write the appropriate code in the box.

H-10 TOILET FACILITIES
What is the MAIN type of TOILET facility used by this household?

1 = Flush toilet (connected to sewerage system)
 2 = Flush toilet (with septic tank)
 3 = Chemical toilet
 4 = Pit toilet with ventilation (VIP)
 5 = Pit toilet without ventilation
 6 = Bucket toilet
 7 = Other
 0 = None

Write the appropriate code in the box.

H-11 ENERGY/FUEL
What type of energy/fuel does this household MAINLY use for cooking, heating and lighting?

COOKING <input type="checkbox"/>	1 = Electricity	6 = Candles
HEATING <input type="checkbox"/>	2 = Gas	7 = Animal Dung
LIGHTING <input type="checkbox"/>	3 = Paraffin	8 = Solar
	4 = Wood	9 = Other
	5 = Coal	0 = None

Write the appropriate code in the box.

Note
 - Wood (4), coal (5) and animal dung (7) cannot be used for lighting
 - Candles (6) cannot be used for heating or cooking

H-12 REFUSE DISPOSAL
How is the refuse or rubbish from this household MAINLY disposed of?

1 = Removed by local authority/private company at least once a week
 2 = Removed by local authority/private company less often
 3 = Communal refuse dump
 4 = Own refuse dump
 5 = No rubbish disposal
 6 = Other

Write the appropriate code in the box.

H-13 HOUSEHOLD GOODS AND SERVICES
Does this household own any of the following in working order?

1 = Yes
 2 = No Write the appropriate code in the box.

Refrigerator <input type="checkbox"/>	Motorcar <input type="checkbox"/>
Electric/gas stove <input type="checkbox"/>	Television <input type="checkbox"/>
Vacuum cleaner <input type="checkbox"/>	Radio <input type="checkbox"/>
Washing machine <input type="checkbox"/>	Landline/Telephone <input type="checkbox"/>
Computer <input type="checkbox"/>	Cell phone <input type="checkbox"/>
Music centre <input type="checkbox"/>	Mail Post box/bag <input type="checkbox"/>
DVD Player <input type="checkbox"/>	Mail box at residence <input type="checkbox"/>

H-13a ACCESS TO INTERNET
How does this household MAINLY access internet?

1 = From home
 2 = From Cell phone
 3 = From elsewhere other than home
 4 = No access to internet

Write the appropriate code in the box.

H-14 AGRICULTURAL ACTIVITIES
What kind of agricultural activity is the household involved in? (More than 1 activity can be chosen)

1 = Livestock production (cattle, goats, sheep, pigs, etc)
 2 = Poultry production (chicken, ducks, geese, guinea fowl, ostrich, etc)
 3 = Vegetable production
 4 = Production of other crops (grains, fruits, etc)
 5 = Fodder grazing/pasture/grass for animals
 6 = Other
 0 = None

Mark the appropriate circle with an X.

If only 2-6, Go to H-14b. If 0, Go to M-00

H-14a LIVESTOCK
How many of the following does the household own?

	0	1 - 10	11 - 100	+ 100
1 = Cattle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 = Sheep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 = Goats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 = Pigs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 = Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mark the appropriate circle with an X.

H-14b PLACE OF AGRICULTURAL ACTIVITIES
Where does this household operate its agricultural activities?

1 = Farm land
 2 = Backyard or school
 3 = Communal or tribal land
 4 = Other

Mark the appropriate circle with an X.

Glue area



SECTION I: MORTALITY IN THE LAST 12 MONTHS

M-00 DEATH OCCURRED			M-00a NUMBER OF DEATHS		ASK ONLY OF DECEASED WOMEN 12 - 50 YEARS AT THE TIME OF DEATH		
Has any member of this household passed away in the last 12 months (between 9 October 2010 and 9 October 2011)? <input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 Do not know <i>Mark the appropriate circle with an X.</i>			How many members of the household passed away in the last 12 months (between 9 October 2010 and 9 October 2011)? <input type="text"/> <input type="text"/>				
If 2 or 3, Questionnaire completed							
M-01 NAME OF DECEASED	M-02 MONTH AND YEAR OF DEATH	M-03 SEX OF THE DECEASED	M-04 AGE OF THE DECEASED	M-05 CAUSE OF DEATH	M-06 PREGNANT AT TIME OF DEATH	M-07 DEATH DURING BIRTH	M-08 POSTNATAL DEATH
What was the first name of (the deceased)? <i>Use CAPITAL LETTERS only</i>	What was the MONTH and the YEAR of (the deceased's) death? <i>Write the month and year in the appropriate boxes.</i>	Was (the deceased) male or female? 1 = Male 2 = Female <i>Mark the appropriate circle with an X.</i>	What was (the deceased's) age in completed years at the time of death? <i>Write the age in the box. If age is less than 1 year, write 00.</i>	What caused the death of (the deceased)? 1 = Unnatural death (e.g. violence or accident) 2 = Natural death <i>Mark the appropriate circle with an X.</i>	Did (the deceased) die while pregnant? 1 = Yes 2 = No 3 = Do not know <i>Mark the appropriate circle with an X.</i>	Did (the deceased) die while giving birth? 1 = Yes 2 = No 3 = Do not know <i>Mark the appropriate circle with an X.</i>	Did (the deceased) die within 6 weeks after delivery? 1 = Yes 2 = No 3 = Do not know <i>Mark the appropriate circle with an X.</i>
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**TRANSIENT AND TOURIST HOTEL
QUESTIONNAIRE
FOR STATISTICAL USE ONLY**

B

**CENSUS
2011
Dress rehearsal**

ENUMERATION AREA NUMBER

PROVINCE

LOCAL MUNICIPALITY

MAIN PLACE

SUB PLACE

TYPE OF PLACE Airport Border post Harbour Tourist Hotel Other
Mark the appropriate circle with an X.

SDI NUMBER

NAME OF THE PLACE

MAP REFERENCE NUMBER LISTING RECORD NUMBER

METHOD OF QUESTIONNAIRE COMPLETION - *Mark the appropriate circle with an X*
 A fieldworker through an Interview Respondent through self-enumeration

FIELD STAFF

Fieldworker ID No.

Supervisor ID No.

Signature Signature

STATISTICS ACT NO. 6 OF 1999 (CONFIDENTIALITY)

17(1) *Despite any other law, no return or other information collected by Statistics South Africa for the purposes of official or other statistics that relates to an individual or a household may be disclosed to any person.*

18(1e) & 18(1g) *Any officer of Statistics South Africa who wilfully discloses any data or information obtained in the course of such employment to a person not authorised to receive that information is guilty of an offence and liable on conviction to a fine not exceeding R10 000, or to imprisonment for a period not exceeding 6 months or to both.*

PROCEDURES OF ENUMERATION

Who should complete this questionnaire?

- All persons who will be in transit (departing) at airports, harbours, border posts, people in tourist hotels, camping sites, caravan parks, the homeless (not in a shelter) and mobile populations (midnight 9 - 10 October 2010).
- Parents travelling with children should fill in a separate questionnaire for each child.

How to complete the questionnaire

- Read every question carefully.
- For questions where a choice of answers is provided, the fieldworker/respondent should write the appropriate codes in the boxes.
- Make sure that all the codes are written inside the boxes. For example: Correct 3 Incorrect 3

For open-ended questions, write legibly in **CAPITAL LETTERS** in the boxes provided. For example Jacob Maluleke should be written as:

J A C O B M A L U L E K E

SHOULD YOU ENCOUNTER ANY DIFFICULTIES IN THE COMPLETION OF THE QUESTIONNAIRE, PLEASE CONTACT:

..... ON

OR PHONE THE CENSUS HOTLINE, TOLL FREE, ON



X-123456789



B0C



Glue area



QUESTIONNAIRE FOR INSTITUTIONS ONLY

FOR STATISTICAL USE ONLY



FOR STATISTICAL USE ONLY

ENUMERATION AREA NUMBER

PROVINCE

LOCAL MUNICIPALITY

MAIN PLACE

SUB PLACE

PARTICULARS OF THE INSTITUTION

SDI number

Name of the institution

Block / Ward

Physical identification of the institution

Postal code

Telephone number

Number of persons in the institution

Total

Male

Female

Map Reference Number

Listing Record Number

PROCEDURES OF ENUMERATION

Who should be enumerated/counted on this questionnaire?

- Individuals who will be accommodated in an institution (for example, student residences, boarding schools, frail care centres, hospitals, defense force/army barracks, police cells, prisons, unconverted hostels, shelter for the homeless/refugees/other shelters, initiation schools, convents/monasteries, orphanages, homes for the disabled and old age homes - depending on the arrangement) on reference night should be enumerated.
- Include babies born before midnight between 9 - 10 October 2010
- Hotel managers/administration should complete the section on services and the fieldworker to complete the other sections

How to complete the questionnaire

- Read every question carefully
- For questions where a choice of answers is provided, the fieldworker/respondent should write the appropriate codes in the boxes
- Make sure that all the codes are written inside the boxes. For example

Correct

Incorrect

For numeric values such as age, the fieldworker/respondent should write the correct answer in the box as a number (e.g. "007"):

Questionnaire of completed for this institution.

If more than 250 persons in the institution, write the barcode of the 1st questionnaire below:

FIELD STAFF

Fieldworker ID No.

Supervisor ID No.

Signature

Signature

SHOULD YOU ENCOUNTER ANY DIFFICULTIES IN THE COMPLETION OF THE QUESTIONNAIRE, PLEASE CONTACT ON OR PHONE THE CENSUS HOTLINE, TOLL FREE ON



X-123456789



C0C



(H-01) What type of collective living quarter is this?

- 01 = Hospital/medical facility/clinic
- 02 = Prison/correctional institution/police cells
- 03 = Defense force barracks
- 04 = Frail care centres
- 05 = Refugee camp/shelter
- 06 = Covent/monastery
- 07 = Community or church hall
- 08 = Unconverted hostel
- 09 = Student residence/boarding school
- 10 = Tourist hotel
- 11 = Other

Write the appropriate code in the box.

(H-07) In which way does this institution mainly get piped water for use?

- 1 = Piped (tap) water inside the institution
- 2 = Piped (tap) water inside the yard
- 3 = Piped (tap) water on community stand: distance less than 200m from institution
- 4 = Piped (tap) water on community stand: distance between 200m and 500m from institution
- 5 = Piped (tap) water on community stand: distance between 500m and 1000m (1 km) from institution
- 6 = Piped (tap) water on community stand: distance greater than 1000m (1 km) from institution
- 7 = No access to piped water

Write the appropriate code in the box.

(H-08) What is this institution's MAIN source of WATER for domestic use?

- 1 = Regional/local water scheme (operated by municipality or other water services provider)
- 2 = Borehole
- 3 = Spring
- 4 = Rain water tank
- 5 = Dam / pool/ stagnant water
- 6 = River / stream
- 7 = Water vendor
- 8 = Water tanker
- 9 = Other

Write the appropriate code in the box.

(H-10) What is the MAIN type of TOILET facility used by this institution?

- 1 = Flush toilet (connected to sewerage system)
- 2 = Flush toilet (with septic tank)
- 3 = Chemical toilet
- 4 = Pit toilet with ventilation (VIP)
- 5 = Pit toilet without ventilation
- 6 = Bucket toilet
- 7 = Other
- 0 = None

Write the appropriate code in the box.

(H-11) What type of energy/fuel does this institution MAINLY use for cooking, heating and lighting?

- 1 = Electricity
- 2 = Gas
- 3 = Paraffin
- 4 = Wood
- 5 = Coal
- 6 = Candles
- 7 = Animal dung
- 8 = Solar
- 9 = Other
- 0 = None

COOKING

HEATING

LIGHTING

Write the appropriate code in the box.

Note

- Wood (4), coal (5) and animal dung (7) cannot be used for lighting
- Candles (6) cannot be used for heating or cooking

(H-12) How is the refuse or rubbish from this institution MAINLY disposed of?

- 1 = Removed by local authority/private company at least once a week
- 2 = Removed by local authority/private company less often
- 3 = Communal refuse dump
- 4 = Own refuse dump
- 5 = No rubbish disposal
- 6 = Other

Write the appropriate code in the box.

(H-13) Does this institution own any of the following in working order?

- 1 = Yes
- 2 = No

Television

Radio

Landline telephone

Refrigerator

Internet facilities

Write the appropriate code in the box.





Glue area

LIST OF PERSONS IN THIS INSTITUTION ON CENSUS NIGHT							
F-00 Person number	F-01 Name/Name and surname/initials	P-01 Date of birth	F-02 Age in completed years	F-03 Sex	P-05 Population group	P-03 Marital status	Barcode Number
	Example JOHN MALULEKE	Example 1 2 0 3 1 9 8 1	Example 0 2 9	1 = Male 2 = Female Mark the appropriate circle with an X.	1 = Black African 2 = Coloured 3 = Indian or Asian 4 = White 5 = Other Write the appropriate code in the box.	1 = Married 2 = Living together like married partners 3 = Never married 4 = Widower/Widow 5 = Separated 6 = Divorced Write the appropriate code in the box.	Use the corresponding barcode from questionnaire B if the same person is completed in both
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Census 2011 - C1[®] Statistics South Africa, July 2010



X-123456789



C02



LIST OF PERSONS IN THIS INSTITUTION ON CENSUS NIGHT

F-00 Person number	F-01 Name/Name and surname/initials	P-01 Date of birth	F-02 Age in completed years	F-03 Sex	P-05 Population group	P-03 Marital status	Barcode Number
	Example JOHN MALULEKE	Example 1 2 0 3 1 9 8 1	Example 0 2 9	1 = Male 2 = Female Mark the appropriate circle with an X.	1 = Black African 2 = Coloured 3 = Indian or Asian 4 = White 5 = Other Write the appropriate code in the box.	1 = Married 2 = Living together like married partners 3 = Never married 4 = Widower/Widow 5 = Separated 6 = Divorced Write the appropriate code in the box.	Use the corresponding barcode from questionnaire B if the same person is completed in both
□ □ □ □ 9		D D M M Y Y Y Y	□ □ □	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	□	□	□ □ □ □ □ □ □ □ □ □
□ □ □ □ 0		D D M M Y Y Y Y	□ □ □	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	□	□	□ □ □ □ □ □ □ □ □ □
□ □ □ □ 1		D D M M Y Y Y Y	□ □ □	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	□	□	□ □ □ □ □ □ □ □ □ □
□ □ □ □ 2		D D M M Y Y Y Y	□ □ □	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	□	□	□ □ □ □ □ □ □ □ □ □
□ □ □ □ 3		D D M M Y Y Y Y	□ □ □	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	□	□	□ □ □ □ □ □ □ □ □ □
□ □ □ □ 4		D D M M Y Y Y Y	□ □ □	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	□	□	□ □ □ □ □ □ □ □ □ □
□ □ □ □ 5		D D M M Y Y Y Y	□ □ □	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	□	□	□ □ □ □ □ □ □ □ □ □
□ □ □ □ 6		D D M M Y Y Y Y	□ □ □	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	□	□	□ □ □ □ □ □ □ □ □ □

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Glue area





Glue area

LIST OF PERSONS IN THIS INSTITUTION ON CENSUS NIGHT							
F-00 Person number	F-01 Name/Name and surname/initials	P-01 Date of birth	F-02 Age in completed years	F-03 Sex	P-05 Population group	P-03 Marital status	Barcode Number
	Example JOHN MALULEKE	Example 1 2 0 3 1 9 8 1	Example 0 2 9	1 = Male 2 = Female Mark the appropriate circle with an X.	1 = Black African 2 = Coloured 3 = Indian or Asian 4 = White 5 = Other Write the appropriate code in the box.	1 = Married 2 = Living together like married partners 3 = Never married 4 = Widower/Widow 5 = Separated 6 = Divorced Write the appropriate code in the box.	Use the corresponding barcode from questionnaire B if the same person is completed in both
<input type="text"/> <input type="text"/> <input type="text"/> 7		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 8		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 9		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 0		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 1		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 2		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 3		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 4		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>

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X-123456789



C04



LIST OF PERSONS IN THIS INSTITUTION ON CENSUS NIGHT

F-00 Person number	F-01 Name/Name and surname/initials	P-01 Date of birth	F-02 Age in completed years	F-03 Sex	P-05 Population group	P-03 Marital status	Barcode Number
	Example JOHN MALULEKE	Example 1 2 0 3 1 9 8 1	Example 0 2 9	1 = Male 2 = Female Mark the appropriate circle with an X.	1 = Black African 2 = Coloured 3 = Indian or Asian 4 = White 5 = Other Write the appropriate code in the box.	1 = Married 2 = Living together like married partners 3 = Never married 4 = Widower/Widow 5 = Separated 6 = Divorced Write the appropriate code in the box.	Use the corresponding barcode from questionnaire B if the same person is completed in both
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Glue area





Glue area

LIST OF PERSONS IN THIS INSTITUTION ON CENSUS NIGHT							
F-00 Person number	F-01 Name/Name and surname/initials	P-01 Date of birth	F-02 Age in completed years	F-03 Sex	P-05 Population group	P-03 Marital status	Barcode Number
	Example JOHN MALULEKE	Example 1 2 0 3 1 9 8 1	Example 0 2 9	1 = Male 2 = Female Mark the appropriate circle with an X.	1 = Black African 2 = Coloured 3 = Indian or Asian 4 = White 5 = Other Write the appropriate code in the box.	1 = Married 2 = Living together like married partners 3 = Never married 4 = Widower/Widow 5 = Separated 6 = Divorced Write the appropriate code in the box.	Use the corresponding barcode from questionnaire B if the same person is completed in both
<input type="text"/> <input type="text"/> <input type="text"/> 3		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 4		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 5		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 6		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 7		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 8		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 9		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 0		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>

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X-123456789



C06



LIST OF PERSONS IN THIS INSTITUTION ON CENSUS NIGHT

F-00 Person number	F-01 Name/Name and surname/initials	P-01 Date of birth	F-02 Age in completed years	F-03 Sex	P-05 Population group	P-03 Marital status	Barcode Number
	Example JOHN MALULEKE	Example 1 2 0 3 1 9 8 1	Example 0 2 9	1 = Male 2 = Female Mark the appropriate circle with an X.	1 = Black African 2 = Coloured 3 = Indian or Asian 4 = White 5 = Other Write the appropriate code in the box.	1 = Married 2 = Living together like married partners 3 = Never married 4 = Widower/Widow 5 = Separated 6 = Divorced Write the appropriate code in the box.	Use the corresponding barcode from questionnaire B if the same person is completed in both
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 4		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 5		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 7		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Glue area





Glue area

LIST OF PERSONS IN THIS INSTITUTION ON CENSUS NIGHT							
F-00 Person number	F-01 Name/Name and surname/initials	P-01 Date of birth	F-02 Age in completed years	F-03 Sex	P-05 Population group	P-03 Marital status	Barcode Number
	Example JOHN MALULEKE	Example 1 2 0 3 1 9 8 1	Example 0 2 9	1 = Male 2 = Female Mark the appropriate circle with an X.	1 = Black African 2 = Coloured 3 = Indian or Asian 4 = White 5 = Other Write the appropriate code in the box.	1 = Married 2 = Living together like married partners 3 = Never married 4 = Widower/Widow 5 = Separated 6 = Divorced Write the appropriate code in the box.	Use the corresponding barcode from questionnaire B if the same person is completed in both
9		D D M M Y Y Y Y		<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	
0		D D M M Y Y Y Y		<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	
1		D D M M Y Y Y Y		<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	
2		D D M M Y Y Y Y		<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	
3		D D M M Y Y Y Y		<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	
4		D D M M Y Y Y Y		<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	
5		D D M M Y Y Y Y		<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	
6		D D M M Y Y Y Y		<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	

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X-123456789



C08



LIST OF PERSONS IN THIS INSTITUTION ON CENSUS NIGHT

F-00 Person number	F-01 Name/Name and surname/initials	P-01 Date of birth	F-02 Age in completed years	F-03 Sex	P-05 Population group	P-03 Marital status	Barcode Number
	Example JOHN MALULEKE	Example 1 2 0 3 1 9 8 1	Example 0 2 9	1 = Male 2 = Female Mark the appropriate circle with an X.	1 = Black African 2 = Coloured 3 = Indian or Asian 4 = White 5 = Other Write the appropriate code in the box.	1 = Married 2 = Living together like married partners 3 = Never married 4 = Widower/Widow 5 = Separated 6 = Divorced Write the appropriate code in the box.	Use the corresponding barcode from questionnaire B if the same person is completed in both
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 7		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 4		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>

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F-00 Person number	F-01 Name/Name and surname/initials	P-01 Date of birth	F-02 Age in completed years	F-03 Sex	P-05 Population group	P-03 Marital status	Barcode Number
	Example JOHN MALULEKE	Example 1 2 0 3 1 9 8 1	Example 0 2 9	1 = Male 2 = Female Mark the appropriate circle with an X.	1 = Black African 2 = Coloured 3 = Indian or Asian 4 = White 5 = Other Write the appropriate code in the box.	1 = Married 2 = Living together like married partners 3 = Never married 4 = Widower/Widow 5 = Separated 6 = Divorced Write the appropriate code in the box.	Use the corresponding barcode from questionnaire B if the same person is completed in both
<input type="text"/> <input type="text"/> <input type="text"/> 5		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 6		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 7		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 8		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 9		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 0		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 1		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 2		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>

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X-123456789



C10



LIST OF PERSONS IN THIS INSTITUTION ON CENSUS NIGHT

F-00 Person number	F-01 Name/Name and surname/initials	P-01 Date of birth	F-02 Age in completed years	F-03 Sex	P-05 Population group	P-03 Marital status	Barcode Number
	Example JOHN MALULEKE	Example 1 2 0 3 1 9 8 1	Example 0 2 9	1 = Male 2 = Female Mark the appropriate circle with an X.	1 = Black African 2 = Coloured 3 = Indian or Asian 4 = White 5 = Other Write the appropriate code in the box.	1 = Married 2 = Living together like married partners 3 = Never married 4 = Widower/Widow 5 = Separated 6 = Divorced Write the appropriate code in the box.	Use the corresponding barcode from questionnaire B if the same person is completed in both
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 4		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 5		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 7		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Glue area





Glue area

LIST OF PERSONS IN THIS INSTITUTION ON CENSUS NIGHT							
F-00 Person number	F-01 Name/Name and surname/initials	P-01 Date of birth	F-02 Age in completed years	F-03 Sex	P-05 Population group	P-03 Marital status	Barcode Number
	Example JOHN MALULEKE	Example 1 2 0 3 1 9 8 1	Example 0 2 9	1 = Male 2 = Female Mark the appropriate circle with an X.	1 = Black African 2 = Coloured 3 = Indian or Asian 4 = White 5 = Other Write the appropriate code in the box.	1 = Married 2 = Living together like married partners 3 = Never married 4 = Widower/Widow 5 = Separated 6 = Divorced Write the appropriate code in the box.	Use the corresponding barcode from questionnaire B if the same person is completed in both
<input type="text"/> <input type="text"/> <input type="text"/> 1		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 2		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 3		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 4		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 5		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 6		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 7		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 8		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>

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X-123456789



C12



LIST OF PERSONS IN THIS INSTITUTION ON CENSUS NIGHT

F-00 Person number	F-01 Name/Name and surname/initials	P-01 Date of birth	F-02 Age in completed years	F-03 Sex	P-05 Population group	P-03 Marital status	Barcode Number
	Example JOHN MALULEKE	Example 1 2 0 3 1 9 8 1	Example 0 2 9	1 = Male 2 = Female Mark the appropriate circle with an X.	1 = Black African 2 = Coloured 3 = Indian or Asian 4 = White 5 = Other Write the appropriate code in the box.	1 = Married 2 = Living together like married partners 3 = Never married 4 = Widower/Widow 5 = Separated 6 = Divorced Write the appropriate code in the box.	Use the corresponding barcode from questionnaire B if the same person is completed in both
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 4		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 5		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Glue area





Glue area

LIST OF PERSONS IN THIS INSTITUTION ON CENSUS NIGHT							
F-00 Person number	F-01 Name/Name and surname/initials	P-01 Date of birth	F-02 Age in completed years	F-03 Sex	P-05 Population group	P-03 Marital status	Barcode Number
	Example JOHN MALULEKE	Example 1 2 0 3 1 9 8 1	Example 0 2 9	1 = Male 2 = Female Mark the appropriate circle with an X.	1 = Black African 2 = Coloured 3 = Indian or Asian 4 = White 5 = Other Write the appropriate code in the box.	1 = Married 2 = Living together like married partners 3 = Never married 4 = Widower/Widow 5 = Separated 6 = Divorced Write the appropriate code in the box.	Use the corresponding barcode from questionnaire B if the same person is completed in both
<input type="text"/> <input type="text"/> <input type="text"/> 7		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 8		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 9		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 0		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 1		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 2		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 3		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 4		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>

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X-123456789



C14



LIST OF PERSONS IN THIS INSTITUTION ON CENSUS NIGHT

F-00 Person number	F-01 Name/Name and surname/initials	P-01 Date of birth	F-02 Age in completed years	F-03 Sex	P-05 Population group	P-03 Marital status	Barcode Number
	Example JOHN MALULEKE	Example 1 2 0 3 1 9 8 1	Example 0 2 9	1 = Male 2 = Female Mark the appropriate circle with an X.	1 = Black African 2 = Coloured 3 = Indian or Asian 4 = White 5 = Other Write the appropriate code in the box.	1 = Married 2 = Living together like married partners 3 = Never married 4 = Widower/Widow 5 = Separated 6 = Divorced Write the appropriate code in the box.	Use the corresponding barcode from questionnaire B if the same person is completed in both
5		D D M M Y Y Y Y		1 Male 2 Female			
6		D D M M Y Y Y Y		1 Male 2 Female			
7		D D M M Y Y Y Y		1 Male 2 Female			
8		D D M M Y Y Y Y		1 Male 2 Female			
9		D D M M Y Y Y Y		1 Male 2 Female			
0		D D M M Y Y Y Y		1 Male 2 Female			
1		D D M M Y Y Y Y		1 Male 2 Female			
2		D D M M Y Y Y Y		1 Male 2 Female			

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C15

Glue area





Glue area

LIST OF PERSONS IN THIS INSTITUTION ON CENSUS NIGHT							
F-00 Person number	F-01 Name/Name and surname/initials	P-01 Date of birth	F-02 Age in completed years	F-03 Sex	P-05 Population group	P-03 Marital status	Barcode Number
	Example JOHN MALULEKE	Example 1 2 0 3 1 9 8 1	Example 0 2 9	1 = Male 2 = Female Mark the appropriate circle with an X.	1 = Black African 2 = Coloured 3 = Indian or Asian 4 = White 5 = Other Write the appropriate code in the box.	1 = Married 2 = Living together like married partners 3 = Never married 4 = Widower/Widow 5 = Separated 6 = Divorced Write the appropriate code in the box.	Use the corresponding barcode from questionnaire B if the same person is completed in both
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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X-123456789



C16



LIST OF PERSONS IN THIS INSTITUTION ON CENSUS NIGHT

F-00 Person number	F-01 Name/Name and surname/initials	P-01 Date of birth	F-02 Age in completed years	F-03 Sex	P-05 Population group	P-03 Marital status	Barcode Number
	Example JOHN MALULEKE	Example 1 2 0 3 1 9 8 1	Example 0 2 9	1 = Male 2 = Female Mark the appropriate circle with an X.	1 = Black African 2 = Coloured 3 = Indian or Asian 4 = White 5 = Other Write the appropriate code in the box.	1 = Married 2 = Living together like married partners 3 = Never married 4 = Widower/Widow 5 = Separated 6 = Divorced Write the appropriate code in the box.	Use the corresponding barcode from questionnaire B if the same person is completed in both
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 4		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 5		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 7		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>

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C17

Glue area



Glue area

LIST OF PERSONS IN THIS INSTITUTION ON CENSUS NIGHT							
F-00 Person number	F-01 Name/Name and surname/initials	P-01 Date of birth	F-02 Age in completed years	F-03 Sex	P-05 Population group	P-03 Marital status	Barcode Number
	Example JOHN MALULEKE	Example 1 2 0 3 1 9 8 1	Example 0 2 9	1 = Male 2 = Female Mark the appropriate circle with an X.	1 = Black African 2 = Coloured 3 = Indian or Asian 4 = White 5 = Other Write the appropriate code in the box.	1 = Married 2 = Living together like married partners 3 = Never married 4 = Widower/Widow 5 = Separated 6 = Divorced Write the appropriate code in the box.	Use the corresponding barcode from questionnaire B if the same person is completed in both
9		D D M M Y Y Y Y		1 Male 2 Female			
0		D D M M Y Y Y Y		1 Male 2 Female			
1		D D M M Y Y Y Y		1 Male 2 Female			
2		D D M M Y Y Y Y		1 Male 2 Female			
3		D D M M Y Y Y Y		1 Male 2 Female			
4		D D M M Y Y Y Y		1 Male 2 Female			
5		D D M M Y Y Y Y		1 Male 2 Female			
6		D D M M Y Y Y Y		1 Male 2 Female			

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X-123456789



C18



LIST OF PERSONS IN THIS INSTITUTION ON CENSUS NIGHT

F-00 Person number	F-01 Name/Name and surname/initials	P-01 Date of birth	F-02 Age in completed years	F-03 Sex	P-05 Population group	P-03 Marital status	Barcode Number
	Example JOHN MALULEKE	Example 1 2 0 3 1 9 8 1	Example 0 2 9	1 = Male 2 = Female Mark the appropriate circle with an X.	1 = Black African 2 = Coloured 3 = Indian or Asian 4 = White 5 = Other Write the appropriate code in the box.	1 = Married 2 = Living together like married partners 3 = Never married 4 = Widower/Widow 5 = Separated 6 = Divorced Write the appropriate code in the box.	Use the corresponding barcode from questionnaire B if the same person is completed in both
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 7		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 4		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>

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C19

Glue area





Glue area

LIST OF PERSONS IN THIS INSTITUTION ON CENSUS NIGHT							
F-00 Person number	F-01 Name/Name and surname/initials	P-01 Date of birth	F-02 Age in completed years	F-03 Sex	P-05 Population group	P-03 Marital status	Barcode Number
	Example JOHN MALULEKE	Example 1 2 0 3 1 9 8 1	Example 0 2 9	1 = Male 2 = Female Mark the appropriate circle with an X.	1 = Black African 2 = Coloured 3 = Indian or Asian 4 = White 5 = Other Write the appropriate code in the box.	1 = Married 2 = Living together like married partners 3 = Never married 4 = Widower/Widow 5 = Separated 6 = Divorced Write the appropriate code in the box.	Use the corresponding barcode from questionnaire B if the same person is completed in both
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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X-123456789



C20



LIST OF PERSONS IN THIS INSTITUTION ON CENSUS NIGHT

F-00 Person number	F-01 Name/Name and surname/initials	P-01 Date of birth	F-02 Age in completed years	F-03 Sex	P-05 Population group	P-03 Marital status	Barcode Number
	Example JOHN MALULEKE	Example 1 2 0 3 1 9 8 1	Example 0 2 9	1 = Male 2 = Female Mark the appropriate circle with an X.	1 = Black African 2 = Coloured 3 = Indian or Asian 4 = White 5 = Other Write the appropriate code in the box.	1 = Married 2 = Living together like married partners 3 = Never married 4 = Widower/Widow 5 = Separated 6 = Divorced Write the appropriate code in the box.	Use the corresponding barcode from questionnaire B if the same person is completed in both
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 4		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 5		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 7		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>

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C21

Glue area





Glue area

LIST OF PERSONS IN THIS INSTITUTION ON CENSUS NIGHT							
F-00 Person number	F-01 Name/Name and surname/initials	P-01 Date of birth	F-02 Age in completed years	F-03 Sex	P-05 Population group	P-03 Marital status	Barcode Number
	Example JOHN MALULEKE	Example 1 2 0 3 1 9 8 1	Example 0 2 9	1 = Male 2 = Female Mark the appropriate circle with an X.	1 = Black African 2 = Coloured 3 = Indian or Asian 4 = White 5 = Other Write the appropriate code in the box.	1 = Married 2 = Living together like married partners 3 = Never married 4 = Widower/Widow 5 = Separated 6 = Divorced Write the appropriate code in the box.	Use the corresponding barcode from questionnaire B if the same person is completed in both
<input type="text"/> <input type="text"/> <input type="text"/> 1		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 2		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 3		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 4		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 5		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 6		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 7		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 8		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>

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X-123456789



C22



Glue area

LIST OF PERSONS IN THIS INSTITUTION ON CENSUS NIGHT							
F-00 Person number	F-01 Name/Name and surname/initials	P-01 Date of birth	F-02 Age in completed years	F-03 Sex	P-05 Population group	P-03 Marital status	Barcode Number
	Example JOHN MALULEKE	Example 1 2 0 3 1 9 8 1	Example 0 2 9	1 = Male 2 = Female Mark the appropriate circle with an X.	1 = Black African 2 = Coloured 3 = Indian or Asian 4 = White 5 = Other Write the appropriate code in the box.	1 = Married 2 = Living together like married partners 3 = Never married 4 = Widower/Widow 5 = Separated 6 = Divorced Write the appropriate code in the box.	Use the corresponding barcode from questionnaire B if the same person is completed in both
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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X-123456789



C24



LIST OF PERSONS IN THIS INSTITUTION ON CENSUS NIGHT

F-00 Person number	F-01 Name/Name and surname/initials	P-01 Date of birth	F-02 Age in completed years	F-03 Sex	P-05 Population group	P-03 Marital status	Barcode Number
	Example JOHN MALULEKE	Example 1 2 0 3 1 9 8 1	Example 0 2 9	1 = Male 2 = Female Mark the appropriate circle with an X.	1 = Black African 2 = Coloured 3 = Indian or Asian 4 = White 5 = Other Write the appropriate code in the box.	1 = Married 2 = Living together like married partners 3 = Never married 4 = Widower/Widow 5 = Separated 6 = Divorced Write the appropriate code in the box.	Use the corresponding barcode from questionnaire B if the same person is completed in both
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 5		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 7		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Glue area





Glue area

LIST OF PERSONS IN THIS INSTITUTION ON CENSUS NIGHT							
F-00 Person number	F-01 Name/Name and surname/initials	P-01 Date of birth	F-02 Age in completed years	F-03 Sex	P-05 Population group	P-03 Marital status	Barcode Number
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<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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X-123456789



C26



LIST OF PERSONS IN THIS INSTITUTION ON CENSUS NIGHT

F-00 Person number	F-01 Name/Name and surname/initials	P-01 Date of birth	F-02 Age in completed years	F-03 Sex	P-05 Population group	P-03 Marital status	Barcode Number
	Example JOHN MALULEKE	Example 1 2 0 3 1 9 8 1	Example 0 2 9	1 = Male 2 = Female Mark the appropriate circle with an X.	1 = Black African 2 = Coloured 3 = Indian or Asian 4 = White 5 = Other Write the appropriate code in the box.	1 = Married 2 = Living together like married partners 3 = Never married 4 = Widower/Widow 5 = Separated 6 = Divorced Write the appropriate code in the box.	Use the corresponding barcode from questionnaire B if the same person is completed in both
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 4		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 5		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 7		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Glue area





Glue area

LIST OF PERSONS IN THIS INSTITUTION ON CENSUS NIGHT							
F-00 Person number	F-01 Name/Name and surname/initials	P-01 Date of birth	F-02 Age in completed years	F-03 Sex	P-05 Population group	P-03 Marital status	Barcode Number
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9		D D M M Y Y Y Y		<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	
0		D D M M Y Y Y Y		<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	
1		D D M M Y Y Y Y		<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	
2		D D M M Y Y Y Y		<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	
3		D D M M Y Y Y Y		<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	
4		D D M M Y Y Y Y		<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	
5		D D M M Y Y Y Y		<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	
6		D D M M Y Y Y Y		<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	

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X-123456789



C28



LIST OF PERSONS IN THIS INSTITUTION ON CENSUS NIGHT

F-00 Person number	F-01 Name/Name and surname/initials	P-01 Date of birth	F-02 Age in completed years	F-03 Sex	P-05 Population group	P-03 Marital status	Barcode Number
	Example JOHN MALULEKE	Example 1 2 0 3 1 9 8 1	Example 0 2 9	1 = Male 2 = Female Mark the appropriate circle with an X.	1 = Black African 2 = Coloured 3 = Indian or Asian 4 = White 5 = Other Write the appropriate code in the box.	1 = Married 2 = Living together like married partners 3 = Never married 4 = Widower/Widow 5 = Separated 6 = Divorced Write the appropriate code in the box.	Use the corresponding barcode from questionnaire B if the same person is completed in both
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 7		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 4		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>

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C29

Glue area





Glue area

LIST OF PERSONS IN THIS INSTITUTION ON CENSUS NIGHT							
F-00 Person number	F-01 Name/Name and surname/initials	P-01 Date of birth	F-02 Age in completed years	F-03 Sex	P-05 Population group	P-03 Marital status	Barcode Number
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<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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X-123456789



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LIST OF PERSONS IN THIS INSTITUTION ON CENSUS NIGHT

F-00 Person number	F-01 Name/Name and surname/initials	P-01 Date of birth	F-02 Age in completed years	F-03 Sex	P-05 Population group	P-03 Marital status	Barcode Number
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<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 4		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 5		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 7		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Glue area





Glue area

LIST OF PERSONS IN THIS INSTITUTION ON CENSUS NIGHT							
F-00 Person number	F-01 Name/Name and surname/initials	P-01 Date of birth	F-02 Age in completed years	F-03 Sex	P-05 Population group	P-03 Marital status	Barcode Number
	Example JOHN MALULEKE	Example 1 2 0 3 1 9 8 1	Example 0 2 9	1 = Male 2 = Female Mark the appropriate circle with an X.	1 = Black African 2 = Coloured 3 = Indian or Asian 4 = White 5 = Other Write the appropriate code in the box.	1 = Married 2 = Living together like married partners 3 = Never married 4 = Widower/Widow 5 = Separated 6 = Divorced Write the appropriate code in the box.	Use the corresponding barcode from questionnaire B if the same person is completed in both
<input type="text"/> <input type="text"/> <input type="text"/> 1		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 2		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 3		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 4		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 5		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 6		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 7		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> 8		<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 type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	<input type="text"/>	<input type="text"/>	<input type="text"/>

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