Appendix 7

Questionnaire

Bophelong Survey in November/December 2007

Bophelong Survey: 2007

PLEASE!!! CIRCLE/WRITE CLEARLY & ALL QUESTIONS MUST BE ANSWERED

Section A: Administration

A1	Questionnaire No	
A2	Volunteer code	
A3	Respondent's Name/Optional	
A4	Surname/Optional	
A5	House No./Optional	
A6	Section	
A7	Date	
A8	Time began	
A9	Time ended	

Section B: Background

B1. Gender:

1	Male	2	Female

B2. Home Language

1	Sesotho	2	Pedi	3	Zulu
4	Zulu	5	Xhosa	6	Shangaan
7	Shona	8	Ndebele	9	Other, specify:……

B3. Age of Respondent

1	0-10	**2**	10-20	**3**	20-30	4	30-40	5	40-50	6	50-60	7	60-70+

B4. Level of Education

1	Primary School	2	High School
3	Tertiary/Higher	4	Other: Specify……

B5. House type:

1	4-room house	2	3-Room house	3	6 –Roomed house	4	Shack/ Squatter camp
4	RDP house	5	Outbuilding	6	Other:…….		

B6. For how many years have you lived in this township?

1	0 - 1	2	1-5	3	5- 10	4.	10-20		
5	20-30	6	30- 40	7	40-50	8.	50- 60	9	Other:……

C. Family/Family structure

C1. How many people live in your house?

1	0-5	**2**	5-10	**3**	10 – 15

C2. Are they all related to you?

1	YES	2	NO

C3. In what ways are they related to you?

1	Mother	2	Father	3	Sister(s)	4	Daughter(s)
5	Son(s)	6	Brother(s)	7	Nephew	8	Niece(s)
9	Stepmother	10	Stepfather	11	Cousin - male	12	Cousin female
13	Grandmother	14	Grandfather	15	Great grand mother		
16	Uncle	17	Aunt	18	Great Grand father		
19	Wife	20	Husband	21	Other: Specify……		

C4. Are there people living with you who are not related to you?

1	Yes	2	NO

C5. Who are they?

1	Friend	2	Neighbour	3	Other, specify……	4	Not Applicable

C6. How did they come to live with you?

1	I had no choice	2	They had no alternative	3	I care about them
4	It was my duty	5	Tradition/culture	6	Other: Specify……

C7. Do you see them as part of your 'family'

1	YES	2	NO

C8. For how many years have all you lived together (average)?

1	0-5	2	5-10	3	10-15	4	Other: Specify……

C9. Do you think you will continue to live together in the future?

1	YES	2	No

C10. Marital Status: please fill in?

1	Formally married for……..years	2	Single parent for ……years	3	Live together/commonlaw for ……years
4	Divorced for ……..years	5	Single	6	Live together with same sex partner……years.
7	Never married	8	Single with lover/s	9	Other:Specify……

C11. Please indicate who lived with you as part of your family before 1994?

1	Mother	2	Father	3	Sister(s)
4	Son	5	Daughter	6	Step son/daughter
7	Brother(s)	8	Niece(s)	9	cousin male/female
10	Nephew(s)	11	Stepmother	12	Stepfather
13	Grandmother	14	Grandfather	15	Great grand mother
16	Uncle	17	Aunt	18	Great Grand father
19	Husband	20	Wife	21	Other

C12. Do they still live with you now?

1	YES	2	NO

C13. If no, where are they now?

1	Married	2	Divorced
3	Dead	4	Living with someone else
5	I don't know	6	Other: Specify

C14. What factors influenced your family members who live with you, to live together **now**?

1	We want to live together	2	We had no Choice……
3	Unemployment	4	Death of relative(s)
5	Lack of money, resources etc.	6	New laws, new South Africa
7	They are still children	8	Other: Specify

C15. Why do you consider yourselves a family?

1	We choose to live together	2	We care/love/affectionate to each other.
3	We are Blood relatives	4	We didn't have a choice, circumstances
5	Living together made us a family	6	Other: Specify

C16. Who heads your family?

1	Mother	2	Father	3	Sister(s)
4	Brother(s)	5	Niece(s)	6	cousin male/female

7	Nephew(s)	8	Stepmother	9	Stepfather
10	Grandmother	11	Grandfather	12	Great grand mother
13.	Uncle	14	Aunt	15	Great Grand father
16	Husband	17	Wife	18	Son
19	Daughter	20	Other: Specify		

C17: Is this the same person who makes decisions in the family?

1	Yes	2	No

C18. Is this acceptable to everyone in the family?

1	YES	2	NO

C19. What kinds of things cause tension, conflict or disagreement in the family?

1	Lack of money	2	Caring for Children
3	Sharing Housework	4	Being unemployed
5	Food	6	Other: specify

C20. Is domestic violence an issue in your family

1	YES	2	NO

D. Children/Fathers/Mothers

D1. Are there any orphan children who live with you?

1	YES	2	NO

D2. If yes, how many orphans live with you?

1	2	3	Other: Specify

D3. Do they get a grant?

1	YES	2	NO

D4. If no, why not?

1. No birth certificate	2. Don't know about grant	3. Government Department processing	4.Other ……..

D5. Do the children in the family all go to school?

1	YES	2	NO

D6. Do they all attend the clinic regularly?

1	YES	2	NO

D7. Do the children all have birth certificates?

1	YES	2	NO

D8. Do all the children's fathers and / or mothers live with the family?

1	YES	2	NO

D9. If not, where do the children's fathers or mothers live?

1. Don't know	2. Chose to live without the children's father(s) or mother(s).	3. The fathers or mothers chose to live elsewhere	4. Other: Specify

D10. Do the children's fathers (or mothers) maintain their children, either financially or in any other way?

1	YES	2	NO

D11. If no, would you like the children's father (or mother) to maintain their children?

1	YES	2	NO

E: Sickness/Illness

E1. Who in your family has any of the following illnesses?

E1a.High Blood pressure i.Who:…… …. Age: Gender ii.Who:…… … Age: Gender iii. Who:…….. Age: Gender	E1b.Tuberculosis i.Who…….. Age: Gender ii.Who…… …. Age: Gender iii. Who……. Age: Gender	E1c.HIV/Aids i.Who…… .. Age: Gender ii.Who…… …. Age: Gender iii. Who…… Age: Gender	E1d. Any other illness Name:…… … i.Who…… … Age: Gender ii.Name…… Who…… Age: Gender iii. Name Who? Age: Gender

E2. Have any members of your family gone for testing on HIV/Aids?

1	YES	2	NO

E3. Have any members of your family gone for counselling because of HIV/Aids?

1	YES	2	NO

E4. Do any of your family members need HIV/AIDS medication but they don't have it?

1	YES	2	NO

E5. If yes, why don't they have the medication?

1	Can't afford /no money for medicine	2	Clinic doesn't provide	3	Doesn't believe in the medication

4	Don't know where to get medication	5	Other: specify		

E6. Has anyone in your family died of HIV/Aids?

1	YES	2	NO

F. Employment/Survival

F1. Please fill in the work details of your family. How many members of your family are:

1. Full-time or permanent Employed? ……..	2.Unemployed.....	3. Contract work……	4. Casual Work/ temporary work ……..

F2. Please Fill in the work that you or your family members who work, do for an income?

1.	2.	3	4.
5.	6	7	8

F3. How much money does your family live on for the whole month?

1. less than R1000	2. R1000-R2000	3. R2000 - R3000	Other: Specify

F4.Do you or any family member get income from the following?

1. Child Support Grant	2. Foster Grant	3. Old Age Pension	4. Disability Grant
5. HIV/Aids grant	6. Sell: vegetables etc	7. Other?	8. Other?

F5. Do you have any debts, or anything bought on hire purchase?

1. Furniture - value in Rands ……	2. Appliances - value in Rands ……	3. Clothes - value in Rands ……	4. Other: Specify value in Rands ……

F6. Have you ever been to a mashonisa/loan shark?

1	YES	2	NO

F7. What did you use the money for?

1. Food	2. Services:electricity/medicine specify	3. Schooling	4. Other/NA

F 8. Who or what other means do you and your family members turn to, to survive?

1. Informal ways	2. Turn to Friends	3. Neighbours	4. Other

F9. How often does your family eat meat?

1. Once a week	2. Twice a week	3. Once in 10 days	4. Other

F10. What kinds of meat do you eat?

1. Masapo/ bones	2. Tripe/ Trotters	3. Tbone/steak	4. Frozen chicken

3. Lamb chops	4. Wors/sausage	5. Chicken feet	6. Other/specify

F11.What food do you eat everyday?

1. Pap	2. Bread	3. Mogorogo	4. Maas (sour milk)
3. Vegetables	4. Meat	5. Chicken feet	6. Other

F12: What Associations, Religious, Sport do you belong to?

1. Religious/ Church mothers	2. Stokvel	3. Sports clubs/volunteer	4. Funeral/ Burial society
5. Traditional/ Cultural	6. Political party	7. Community organisation	8. Other/specify

F13: Have you been visited by any of the following organisations?

1.	ASEDI	2	Government specify	3	Other: Specify

F.14 Would you like a follow-up visit from ASEDI?

1.	2. YES	3.	4. NO

G. Additional Information/Comments

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