



BIRTH TO TEN: 1997
SOCIAL STATUS MOTHER AND HOUSEHOLD

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Today's Date

BTT ID

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CHILD'S NAME: _____

SURNAME: _____

INTERVIEWER: _____

WHO PROVIDED THE INFORMATION: _____

WHAT IS THE RELATIONSHIP OF THE INFORMANT TO THE CHILD? _____

Is the Bt20 Mother the Primary Guardian of the Child?

Yes	No	If no Who Is? _____
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I. Family Structure / Household Composition (Score 1-10)

1.a Marital Status of the Mother:

1	Never Married, Not living with a partner
2	Married but not living with a partner
3	Widowed
4	Never Married, But now living with partner
8	Married and Currently living with a partner

1. b Household Membership

How many people currently reside in the household	
Number 18 and older	
Number 6-18 years old	
Number under 6 years old	

1.c Are there adult relatives now residing in the household?

0 = No	2 =Yes	<p>If YES Who are they in relation to the child?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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II. Social Status (Education, Occupation 2-18)

A. Mother's Education:

What is the highest level of education attained by Mother?

1	Less than Standard 3
2	Primary School (Standard 3-4)
3	Junior School (Standard 5-7)
4	Senior School (Standard 8-10)
5	Matric / High School Graduate / Vocational Training Diploma
6	1-2 Years College / Technikon
7	3-4 Years of University
8	PhD; M.D; J.D; DDS; or other Doctoral Degree

B. Education of Mother's Partner:

What is the highest level of education attained?

1	Less than Standard 3
2	Primary School (Standard 3-4)
3	Junior School (Standard 5-7)
4	Senior School (Standard 8-10)
5	Matric / High School Graduate / Vocational Training Diploma
6	1-2 Years College / Technikon
7	3-4 Years of University
8	PhD; M.D; J.D; DDS; or other Doctoral Degree

What are the names, occupation and industry of the primary wage earners in the house?

	Name	Occupation	Industry
1			
2			
3			
4			
5			

Access to Finances

Who in the family earns money? Check all that apply

<input type="checkbox"/>	Bt20 Mother
<input type="checkbox"/>	Partner
<input type="checkbox"/>	Parent
<input type="checkbox"/>	Parent Pension
<input type="checkbox"/>	Sibling / Aunt / Uncle

III. Housing Accommodation

In what Type of Housing do you live:

0	None, Homeless
1	Shack
2	Hostel
3	Room / Garage
4	Flat / Cottage
5	Home shared with other famil(ies)
6	Home that is not shared with other families

B. Does your home have...

1	A separate kitchen?	0 = No	1 = Yes
2	A separate bathroom?	0 = No	1 = Yes

a.) In your home how many separate rooms are there just for sleeping?

(circle only one number) 0 1 2 3 4+

b.) What type of toilet facilities does your home have:

0	None
1	Pit or Bucket
2	Outside Flush toilet
3	Inside Flush toilet

c.) Do you own or rent a home?

0	Neither
1	Rent
2	Purchasing on Bond
3	Own

d.) How much do you pay monthly for Rent of Bond? R_____

How much do you pay monthly for Service Charges? R_____

e.) For electricity: Highest in the last year: R_____

Lowest in the last year: R_____

Does the place you live in have a ...?

a	Refrigerator	0=No	1=Yes
b	Television	0=No	1=Yes
c	Telephone	0=No	1=Yes
d	Car	0=No	1=Yes
e	Video Recorder	0=No	1=Yes

f	Washing Machine	0=No	1=Yes
g	Microwave Oven	0=No	1=Yes

h.) In the past, Have your children gone hungry because you did not have food?

3	No, Never
2	Rarely
1	Often
0	All the Time

VI Savings (Score 0-3) *proposed for inclusion*

a	Do you have savings or participate in a savings plan?	0=No	1=Yes
b	Do you have life insurance?	0=No	1=Yes

May we have your permission to visit your child's school to talk to his/her teacher?

Yes	No
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Name of Child's School: _____
 Teacher's Name: _____
 School Telephone No.: _____
 Location: _____