

INCOME AND EXPENDITURE SURVEY 2005/06

SURVEY MONTH

For office use

PARTICULARS OF THE HOUSEHOLD

Primary Sampling Unit (PSU) number

Physical identification of the dwelling unit

.....

Dwelling unit number

Telephone number (if any)

Total number of persons in the household

Name of main respondent

HOUSEHOLDS AT THE SELECTED DWELLING UNIT

Household number for this household

Total number of households at the selected dwelling unit

DETAILS ON COMPLETED ACTIVITIES

Part	Date	Result code
Initial visit		
Diary 1		
Diary 2		
Diary 3		
Diary 4		
Main questionnaire		

RESULT CODES

- 1 Completed
- 2 Non-contact
- 3 Refused
- 4 Partly completed
- 5 No usable information
- 6 Vacant dwelling
- 7 Listing error
- 8 Other

COMMENT

FINAL RESULT

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

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CONTACT DETAILS

NO	APPOINTMENT		ACTUAL VISIT		PURPOSE OF VISIT	RESULT OF VISIT	COMMENTS
	Day	Time	Day	Time			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

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FIRST INTERVIEW

FLAP HOUSEHOLD COMPOSITION AND PARTICULARS OF EACH PERSON IN THE HOUSEHOLD

The following information must be obtained in respect of every person who normally resides at least four nights a week in this household. Do not forget to include babies.

If there are more than 10 persons in the household, continue from person no 11 on page 3.

		Person (respondent) number									
		1	2	3	4	5	6	7	8	9	10
A First name and surname Write down first name and surname of each member of the household, starting with the Head or Acting head	First name:										
	Surname:										
B Is a male or a female? 1 = MALE 2 = FEMALE		<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
C How old is.....? In completed years – in figures only Less than 1 year = 0											
D What population group does belong to? 1 = AFRICAN/BLACK 2 = COLOURED 3 = INDIAN/ASIAN 4 = WHITE 5 = OTHER, specify		<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
		<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
		<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
		<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5

If 10 or less people in the household, go to Section 1, otherwise continue on next page with person no 11

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	11	12	13	14	15	16	17	18	19	20
A First name and surname <i>Write down first name and surname of each member of the household, starting with the Head or Acting head</i>										
First name: Surname:										
B Is a male or a female? 1 = MALE 2 = FEMALE	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
C How old is.....? In completed years – in figures only <i>Less than 1 year = 0</i>										
D What population group does belong to? 1 = AFRICAN/BLACK 2 = COLOURED 3 = INDIAN/ASIAN 4 = WHITE 5 = OTHER, <i>specify</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

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Household composition control

Ask only at the 2nd – 5th visit. Start from person no 1 and ask for all recorded persons

For person	1	2	3	4	5	6	7	8	9	10
E Did spend at least four nights in this household during the period ...	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
1 = 1 st - 7 th of this month <i>Record at 2nd interview (week 2)</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
2 = 8 th - 14 th of this month <i>Record at 3rd interview (week 3)</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
3 = 15 th - 21 st of this month <i>Record at 4th interview (week 4)</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
4 = 22 nd - last day of this month <i>Record at 5th interview (week 5)</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
(NOTE: five nights at 5th interview if the survey month has 30 days and six nights if the survey month has 31 days)	11	12	13	14	15	16	17	18	19	20
1 = 1 st - 7 th of this month <i>Record at 2nd interview (week 2)</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
2 = 8 th - 14 th of this month <i>Record at 3rd interview (week 3)</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
3 = 15 th - 21 st of this month <i>Record at 4th interview (week 4)</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
4 = 22 nd - last day of this month <i>Record at 5th interview (week 5)</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2

	1	2	3	4	5	6	7	8	9	10
F Since the last interview, has any other person stayed in this household?										
<i>If "YES", cross the box in the next empty column and complete A – E for each new person.</i>	—	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<i>Do not forget to ask E for new persons.</i>	11	12	13	14	15	16	17	18	19	20
	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1

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SECTION 1 PARTICULARS OF EACH PERSON IN THE HOUSEHOLD

	1	2	3	4	5	6	7	8	9	10
1.1.a Which sources of income does have?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
01 = Salaries and wages	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
02 = Net profit from business or professional practice/ activities or commercial farming	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
03 = Income from subsistence farming	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
04 = Income from letting of fixed property	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
05 = Royalties	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
06 = Interest received and/or accrued on deposits, loans, savings certificates, and dividends on building society shares	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
07 = Dividends on shares other than building society shares	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
08 = Regular receipts from pension such as private pension, government pension and pension from other annuity funds	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
09 = Other social welfare grants	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
10 = Alimony, maintenance and similar allowances received from divorced spouse, family members, etc., living elsewhere	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
11 = Regular allowances received from non-household members	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
12 = Other income, <i>specify in the box at the bottom</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
13 = If "No" to all of 01 – 12, mark here and → Go to 1.2	<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"/>
<i>If answer 12, "Other income", specify →</i>										
1.1.b Which one iss main income (the one that brings in the most value to the household)? Give the response category number from 1.1.a										

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	1	2	3	4	5	6	7	8	9	10
1.2 Does use tobacco or tobacco products (including snuff)?										
1 = No	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2 = YES: CIGARETTES	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 = YES: CIGAR	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4 = YES: TOBACCO, INCLUDING SNUFF	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
5 = YES: OTHER ITEMS FOR SMOKING	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
1.3 Can read in at least one language?										
1 = YES	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2 = No	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
1.4 Can write in at least one language?										
1 = YES	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2 = No	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2

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If 10 or less persons in the household, go to Q 1.7, page 11. Otherwise continue on next page with person 11.

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Questions 1.1.a – 1.5 for persons 11 – 20. If 10 or less persons in the household, go to question 1.6

	11		12		13		14		15		16		17		18		19		20	
1.1.a Which sources of income does have?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
01 = Salaries and wages	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
02 = Net profit from business or professional practice/ activities or commercial farming	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
03 = Income from subsistence farming	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
04 = Income from letting of fixed property	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
05 = Royalties	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
06 = Interest received and/or accrued on deposits, loans, savings certificates, and dividends on building society shares	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
07 = Dividends on shares other than building society shares	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
08 = Regular receipts from pension such as private pension, government pension and pension from other annuity funds	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
09 = Other social welfare grants	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
10 = Alimony, maintenance and similar allowances received from divorced spouse, family members, etc., living elsewhere	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
11 = Regular allowances received from non-household members	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
12 = Other income, <i>specify at the box in the bottom</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
13 = If "No" to all 01 – 12, mark here and → Go to 1.2	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If answer 12, "Other income", specify →</i>																				
1.1.b Which one iss main income (the one that brings in the most value to the household)? Give the response category number from 1.1.a																				

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	Person (respondent) number									
	11	12	13	14	15	16	17	18	19	20
1.2 Does use tobacco or tobacco products (including snuff)?										
1 = No	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2 = YES: CIGARETTES	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 = YES: CIGAR	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4 = YES: TOBACCO, INCLUDING SNUFF	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
5 = YES: OTHER ITEMS FOR SMOKING	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
1.3 Can read in at least one language?										
1 = YES	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2 = No	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
1.4 Can write in at least one language?										
1 = YES	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2 = No	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2

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	11	12	13	14	15	16	17	18	19	20
1.5 What is the highest level of education that has successfully completed?										
00 = NO SCHOOLING	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00
01 = GRADE R/0	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
02 = GRADE 1/ SUB A	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
03 = GRADE 2 / SUB B	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
04 = GRADE 3/STANDARD 1	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
05 = Grade 4/ STANDARD 2	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
06 = GRADE 5/ STANDARD 3	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
07 = GRADE 6/STANDARD 4	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
08 = GRADE 7/STANDARD 5	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
09 = GRADE 8/STANDARD 6/FORM 1	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
10 = GRADE 9/STANDARD 7/FORM 2	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
11 = GRADE 10/ STANDARD 8/ FORM 3	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
12 = GRADE 11/ STANDARD 9/ FORM 4	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12
13 = GRADE 12/STANDARD 10/FORM 5/MATRIC	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13
14 = NTC I	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14
15 = NTC II	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15
16 = NTC III	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16
17 = CERTIFICATE WITH LESS THAN GRADE 12/STD 10	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17
18 = DIPLOMA WITH LESS THAN GRADE 12/STD 10	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18
19 = CERTIFICATE WITH GRADE 12/STD 10	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19
20 = DIPLOMA WITH GRADE 12/STD 10	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20
21 = BACHELORS DEGREE	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21
22 = BACHELORS DEGREE AND DIPLOMA	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22
23 = HONOURS DEGREE	<input type="checkbox"/> 23	<input type="checkbox"/> 23	<input type="checkbox"/> 23	<input type="checkbox"/> 23	<input type="checkbox"/> 23	<input type="checkbox"/> 23	<input type="checkbox"/> 23	<input type="checkbox"/> 23	<input type="checkbox"/> 23	<input type="checkbox"/> 23
24 = HIGHER DEGREE (MASTERS, DOCTORATE)	<input type="checkbox"/> 24	<input type="checkbox"/> 24	<input type="checkbox"/> 24	<input type="checkbox"/> 24	<input type="checkbox"/> 24	<input type="checkbox"/> 24	<input type="checkbox"/> 24	<input type="checkbox"/> 24	<input type="checkbox"/> 24	<input type="checkbox"/> 24
25 = OTHER, <i>specify in the box at the bottom</i>	<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 25
26 = DON'T KNOW	<input type="checkbox"/> 26	<input type="checkbox"/> 26	<input type="checkbox"/> 26	<input type="checkbox"/> 26	<input type="checkbox"/> 26	<input type="checkbox"/> 26	<input type="checkbox"/> 26	<input type="checkbox"/> 26	<input type="checkbox"/> 26	<input type="checkbox"/> 26
Diplomas or certificates should be of at least six months study duration full-time (or equivalent)										

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1.6 Does anyone in this household fully or partially support someone who is not a member of this household? 1 = YES 2 = NO → <i>Go to section 2</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.7 How many people are fully or partially supported by members of this household?	

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To be asked for persons who are not members of this household but are fully or partially supported by members of this household

You said there is a person or persons who do not reside here but are fully or partially supported by members of this household. I would now like to ask you about particulars of these people.

Only non-household members supported by the household	Person number of non-household members supported by the household									
	1	2	3	4	5	6	7	8	9	10
1.8 First name and surname First name and surname of each member of the household not residing here but fully or partially supported by members of this household, starting with the eldest First name: Surname:										
1.9 Where does ... stay? 01 = BOARDING SCHOOL/UNIVERSITY HOSTEL 02 = OLD AGE HOME 03 = FRAIL CARE CENTRE 04 = HOME FOR THE DISABLED 05 = INITIATION SCHOOL 06 = PRISON 07 = RETIREMENT VILLAGE 08 = HOSPITAL/MEDICAL FACILITY/CLINIC 09 = PRIVATE HOUSE 10 = OTHER, specify in the box below <div style="position: absolute; left: 280px; top: 600px;"> } Go to section 2 </div>	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
If answer 10, "OTHER", specify →										
1.10 Is a male or a female? 1 = MALE 2 = FEMALE	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2

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Only non-household members supported by the household	Person number of non-household members supported by the household									
	1	2	3	4	5	6	7	8	9	10
1.11 How old is? (In completed years – in figures only) <i>Less than 1 year = 0</i>										
1.12 What population group does belong to? 1 = AFRICAN/BLACK 2 = COLOURED 3 = INDIAN/ASIAN 4 = WHITE 5 = OTHER, <i>specify in the box below</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<i>If answer 5, "OTHER", specify →</i>										
1.13 What kind of support does receive from this household? Is it 1 = Financial support 2 = Clothing 3 = Food 4 = Personal care products 5 = Appliances 6 = Furniture 7 = Transport 8 = Boarding/Lodging/Accommodation 9 = Other, <i>specify in the box below</i>	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2
<i>If answer 9, "OTHER", specify →</i>										
Only ask this question if 'yes' to Q1.13 (1) 1.14 How much financial aid does ... get on average per month?										

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Only non-household members supported by the household	Person number of non-household members supported by the household									
	1	2	3	4	5	6	7	8	9	10
1.15 What is expected to use the money s/he receives from this household for?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
01 = Clothing	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
02 = Food	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
03 = Personal care products	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
04 = Appliances	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
05 = Furniture	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
06 = Alcoholic beverages	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
07 = Tobacco products	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
08 = Transport	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
09 = Boarding/Lodging/Accommodation	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
10 = Pocket money	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
11 = Other, specify in the box below	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<i>If answer 11, "OTHER", specify →</i>										

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SECTION 2 AREA OF PURCHASE OF GOODS BY THIS HOUSEHOLD

2.1 Where does this household do most of its shopping regarding the following items:

Mark "A. Area of purchase" and "B. Type of retailer" for each item, unless "Not applicable"

Products	Not applicable	A. Area of purchase				B. Type of retailer			
		In the town/city where the household lives	In another town or city away from where the household lives		In the rural area	Formal sector		Informal sector	
			Name of town or city			Chain store	Other retailer	Street trading	Other
a) Grain products	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b) Meat	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c) Fish	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d) Milk, cheese and eggs	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e) Fats and oils	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f) Fruit	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g) Nuts	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h) Vegetables	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i) Sugar	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j) Other food products	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
k) Coffee, tea and cocoa	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
l) Non-alcoholic beverages	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
m) Sorghum beer	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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Products	Not appli- cable	A. Area of purchase				B. Type of retailer			
		In the town/ city where the household lives	In another town or city away from where the household lives		In the rural area	Formal sector		Informal sector	
			Name of town or city			Chain store	Other retailer	Street trading	Other
n) Alcoholic beverages	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
o) Cigarettes, cigars and tobacco	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
p) Clothing and footwear	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
q) Furniture	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
r) Cleaning materials	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
s) Other household items	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
t) Medicine	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
u) Personal care items	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
v) Motor vehicles	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
w) Newspapers and magazines	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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SECOND INTERVIEW

Please ask for receipts wherever possible

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SECTION 3 INFORMATION REGARDING DWELLINGS

3.1	Indicate the type of main dwelling and other dwelling that the household occupies on this piece of land. <i>Mark only two dwellings, even if the household occupies more than two dwellings</i>	MAIN DWELLING	OTHER DWELLING
		<input type="checkbox"/> 01	<input type="checkbox"/> 01
		<input type="checkbox"/> 02	<input type="checkbox"/> 02
		<input type="checkbox"/> 03	<input type="checkbox"/> 03
		<input type="checkbox"/> 04	<input type="checkbox"/> 04
		<input type="checkbox"/> 05	<input type="checkbox"/> 05
		<input type="checkbox"/> 06	<input type="checkbox"/> 06
		<input type="checkbox"/> 07	<input type="checkbox"/> 07
		<input type="checkbox"/> 08	<input type="checkbox"/> 08
		<input type="checkbox"/> 09	<input type="checkbox"/> 09
		<input type="checkbox"/> 10	<input type="checkbox"/> 10
		<input type="checkbox"/> 11	<input type="checkbox"/> 11
		<input type="checkbox"/> 12	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 13		
<i>If answer 13, "OTHER", specify →</i>			

3.2	What is the main material used for the walls and the roof of the main dwelling? <i>Mark only one code in each column</i>	Walls	Roof
		<input type="checkbox"/> 01	<input type="checkbox"/> 01
		<input type="checkbox"/> 02	<input type="checkbox"/> 02
		<input type="checkbox"/> 03	<input type="checkbox"/> 03
		<input type="checkbox"/> 04	<input type="checkbox"/> 04
		<input type="checkbox"/> 05	<input type="checkbox"/> 05
		<input type="checkbox"/> 06	<input type="checkbox"/> 06
		<input type="checkbox"/> 07	<input type="checkbox"/> 07
		<input type="checkbox"/> 08	<input type="checkbox"/> 08
		<input type="checkbox"/> 09	<input type="checkbox"/> 09
		<input type="checkbox"/> 10	<input type="checkbox"/> 10
		<input type="checkbox"/> 11	<input type="checkbox"/> 11
		<input type="checkbox"/> 12	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 13		
<i>If answer 13, "OTHER", specify →</i>			
3.3	Did this household receive a government land grant to obtain a plot of land for residence or for farming? 1 = YES 2 = NO 3 = DON'T KNOW		

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3.4	What is this household's main source of water for drinking and for other use?		Drinking	Other
	01 = PIPED (TAP) WATER IN DWELLING 02 = PIPED (TAP) WATER ON-SITE OR IN YARD 03 = BOREHOLE ON-SITE 04 = RAIN-WATER TANK ON-SITE 05 = NEIGHBOUR'S TAP 06 = PUBLIC TAP 07 = WATER-CARRIER/TANKER 08 = BOREHOLE OFF-SITE/COMMUNAL 09 = FLOWING WATER/STREAM/RIVER 10 = STAGNANT WATER/DAM/POOL 11 = WELL 12 = SPRING 13 = OTHER, <i>specify in a box below</i>		<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13
If answer 13, "OTHER", specify →				
3.5	What type of toilet facility is available for this household? <i>Mark only one code</i>	1	2	3
		In dwelling	On-site	Off-site
1- = FLUSH TOILET WITH OFF-SITE DISPOSAL 2- = FLUSH TOILET WITH ON-SITE DISPOSAL (SEPTIC TANK) 3- = CHEMICAL TOILET 4- = PIT LATRINE WITH VENTILATION PIPE 5- = PIT LATRINE WITHOUT VENTILATION PIPE 6- = BUCKET TOILET 7- = NONE → Go to Q 3.7		<input type="checkbox"/> 11 <input type="checkbox"/> 21 _____ _____ _____ _____ _____	<input type="checkbox"/> 12 <input type="checkbox"/> 22 <input type="checkbox"/> 32 <input type="checkbox"/> 42 <input type="checkbox"/> 52 <input type="checkbox"/> 62 _____	<input type="checkbox"/> 13 <input type="checkbox"/> 23 <input type="checkbox"/> 33 <input type="checkbox"/> 43 <input type="checkbox"/> 53 <input type="checkbox"/> 63 <input type="checkbox"/> 73
3.6	Is the toilet facility shared with other households?			
1 = YES 2 = NO				<input type="checkbox"/> 1 <input type="checkbox"/> 2

3.7	Do you have any street lighting where you live?			<input type="checkbox"/> 1 <input type="checkbox"/> 2
1 = YES 2 = NO				
3.8	Does this household have a connection to the mains electricity supply?			<input type="checkbox"/> 1 <input type="checkbox"/> 2
1 = YES 2 = NO				
3.9	What is the main source of energy/fuel for this household?	Cooking	Heating	Lighting
		<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 _____ <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 _____ _____ <input type="checkbox"/> 07 _____ <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11
01 = ELECTRICITY FROM MAINS 02 = ELECTRICITY FROM GENERATOR 03 = GAS 04 = PARAFFIN 05 = WOOD 06 = COAL 07 = CANDLES 08 = ANIMAL DUNG 09 = SOLAR ENERGY 10 = OTHER, <i>specify in a box below</i> 11 = NONE		If answer 10 "OTHER", specify →		

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3.10	How is the refuse or rubbish of this household taken care of?	
	1 = REMOVED BY LOCAL AUTHORITY AT LEAST ONCE A WEEK	<input type="checkbox"/> 1
	2 = REMOVED BY LOCAL AUTHORITY LESS OFTEN THAN ONCE A WEEK	<input type="checkbox"/> 2
	3 = REMOVED BY COMMUNITY MEMBERS AT LEAST ONCE A WEEK	<input type="checkbox"/> 3
	4 = REMOVED BY COMMUNITY MEMBERS LESS OFTEN THAN ONCE A WEEK	<input type="checkbox"/> 4
	5 = COMMUNAL REFUSE DUMP/COMMUNAL CONTAINER	<input type="checkbox"/> 5
	6 = OWN REFUSE DUMP	<input type="checkbox"/> 6
	7 = NO RUBBISH REMOVAL	<input type="checkbox"/> 7
	8 = OTHER, <i>specify</i>	<input type="checkbox"/> 8

3.11	Does the household own or have access to any of the following?	Owne	Does not own, but has access	Neither owns nor has access
	01 = Radio	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	02 = Stereo/HiFi	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	03 = Tape recorder	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	04 = Television	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	05 = Video cassette recorder/DVD	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	06 = Refrigerator/ Freezer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	07 = Stove, gas or electric	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	08 = Microwave oven	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	09 = Washing machine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	10 = Motor vehicle	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	11 = Motor cycle/Scooter	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	12 = Sewing/Knitting machine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	13 = Donkey cart/Ox cart	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	14 = Plough	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	15 = Tractor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	16 = Wheelbarrow	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	17 = Grinding mill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	18 = Bicycle	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	19 = Computer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	20 = Canoe/Boat	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	21 = Motorboat	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	22 = Camera	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	23 = Bed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	24 = Cellular telephone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	25 = Landline telephone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	26 = Satellite dish	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	27 = Internet service	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

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SECTION 4 HOUSING

NOTES

- Only expenditure in respect of the dwelling-unit occupied by this household should be given, except in the case of holiday dwellings, which must be shown against Q6.1.2
- The value of fringe benefits, including rent and interest subsidies, should be shown below.
- Amounts shown against Q4.6, items 4.6.1 – 4.6.5 should relate to one month only, amounts relating to periods other than a month should be converted to show the estimated monthly value.
- If the household does not own the dwelling or pay rent, it should be regarded as rent received as a gift.

4.1	What is			
	a) The number of rooms that this household occupies?	_____ a		
	b) The total number of rooms in the dwelling unit?	_____ b		
	a) Bedrooms			
	b) Living rooms			
	c) Dining rooms			
	d) Kitchens			
	e) Bathrooms			
	f) Other			
Total number of rooms in use (a+b+c+d+f)				

In the tribal areas treat different huts as rooms according to what they are used for as indicated by household

4.2	Is there any garage that belongs to the dwelling unit that the household occupies?	YES	NO
		<input type="checkbox"/> 1	<input type="checkbox"/> 2
	If Yes, For how many cars?		

4.3	What is the area of the dwelling unit? Give the area in square meters.		
4.4	What is the value of the dwelling unit? Give the value in Rand.		
4.5	Is the main dwelling		
	1 = Owned and fully paid off	→ Go to Q4.6.5.5	<input type="checkbox"/> 1
	2 = Owned, but not yet fully paid off (e.g. with a mortgage)	→ Go to Q4.6.5	<input type="checkbox"/> 2
	3 = Rented as part of employment contract of household member	→ Go to Q4.6.1	<input type="checkbox"/> 3
	4 = Rented not as part of employment contract of household member		<input type="checkbox"/> 4
	5 = Occupied rent-free as part of employment contract of household member		<input type="checkbox"/> 5
	6 = Occupied rent-free not as part of employment contract of household member		<input type="checkbox"/> 6
	7 = Occupied as a boarder/lodger	→ Go to Q4.6.4	<input type="checkbox"/> 7
	8 = Other, specify		

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4.6 Monthly housing

IF RENTED

	Cost for the month prior to the survey month	
	R	R
4.6.1 Rent paid for this dwelling unit		
a) Amount paid by you		
b) The value of rent you would pay for this dwelling, if rented free		
c) Amount subsidised (e.g. by employer)		
d) Rent paid for garage and/or domestic worker's room, if rented separately		
e) Total rent paid or, if rented free, the total value of rent you would pay, for this dwelling unit Add (a or b)+c+d to confirm e		
f) Does the total rent (or the free rental) include water, electricity, etc?		
1 = YES	<input type="checkbox"/>	1
2 = NO	<input type="checkbox"/>	2
4.6.2 Levy paid in the case of dwelling-units under sectional title or share-holding/ block scheme		
4.6.3 Insurance on contents of dwelling		
a) Insurance on contents of dwelling (excluding package insurance)		
b) Package insurance		
4.6.4. Boarding/Lodging paid		
This item only covers permanent boarder/lodging. Include also amounts paid to family members if boarding with them		

→ Go to 4.9

IF OWNED

Item	Cost for the month prior to the survey month	
	R	R
4.6.5 Payment on dwelling-unit (including additional payments for immovable improvements)		
NOTE If the composition of the instalment is not known, please ask the household to obtain the information from the bank/financial institution or from the person or body who granted the loan.		
4.6.5.1 Monthly instalment for the last month (incl. voluntary additional monthly payment)		
a) of which - Capital		
b) of which - Interest		
4.6.5.2 Does this household receive any subsidy towards repayments for this dwelling unit or reduction in instalments if loan is repaid at an instalment lower than the normal?		
1 = YES	<input type="checkbox"/>	1
2 = NO → Go to Q4.6.5.5	<input type="checkbox"/>	2
4.6.5.3 Does the amount (in Q4.6.5.1) include subsidy or value of reduction in instalment?		
1 = YES → Go to Q4.6.5.5	<input type="checkbox"/>	1
2 = NO	<input type="checkbox"/>	2
4.6.5.4 Subsidy and/or value of reduction in instalment Must also be shown as Income in section 19.3, item 19.3.4 Amount received from e.g. employer or someone else, and/or value of reduction in instalment if loan is repaid at an instalment lower than the normal		
4.6.5.5 Levy and other payments		

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Item	Cost for the month prior to the survey month
	R
4.6.5.6 Insurance on property	
a) Insurance on buildings	
b) Life insurance covering mortgage debt	
4.6.5.7 Insurance on contents of dwelling	
a) Insurance on contents of dwelling (<i>excluding package insurance</i>)	
b) Package insurance	
TOTAL MONTHLY COST OF ITEMS 4.6.1 – 4.6.5.7	

4.7 Single payments for housing in the 11 months prior to the survey month

Item	Cost for the 11 months prior to the survey month
	R
Additional single amount paid regarding	
a) Capital payments (including deposit)	
b) Other payments such as transfer duty and transfer costs and registration of mortgage bond	
TOTAL COST OF ITEMS 4.7.1 a – 4.7.1.b	

4.8 Imputed rent

If you were to rent this dwelling, how much would you pay for it per month?	R
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Ask for all households

4.9 Services for all households in the previous month

Item	Cost for the month prior to the survey month
	R
4.9.1 Payments for housing services	
4.9.1.1 Assessment rates and taxes	
4.9.1.2 Water (including basic levies, water bought from tankers, kiosks and from neighbours, where applicable)	
4.9.1.3 Electricity (including basic levies where applicable)	
4.9.1.4 Electricity (pre-payment cards, "Koopkrag", E-cards) <i>Specify excluding VAT where applicable</i>	
4.9.1.5 Water and electricity. <i>If cost for electricity and water cannot be separated, give the total amount here</i>	
4.9.1.6 Gas supplied by public networks	
4.9.1.7 Sanitary service	
4.9.1.8 Refuse removal	
4.9.1.9 Value Added Tax, VAT (<i>If not included above</i>)	
4.9.1.10 Value of free water	
4.9.1.11 Value of free electricity	
4.9.1.12 Value of free sanitary services	
TOTAL MONTHLY COST OF ITEMS 4.9.1 – 4.9.12	

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4.10 Housing during the 11 months prior to the survey month

Amounts shown against items 4.10.1 – 4.10.4 should relate to 11 months

Item	Cost for the 11 months prior to the survey month
	R
4.10.1 Contributions made towards communal provision of housing services, such as water facilities and electricity supply (e.g. communal tap)	
4.10.2 Payment for right to access a piece of land for housing purposes (tribal/shacks)	
4.10.3 Did the household do any repairs and improvements to this dwelling-unit of which payments were not included in the dwelling-unit mortgage bond above (item 4.6.5)? 1 = YES <input type="checkbox"/> 1 2 = No <input type="checkbox"/> 2 → Go to Q4.11	
a) Maintenance and repair of dwelling (existing buildings, swimming pools, etc. Including paints, wallpaper, etc.)	
b) Services for maintenance and repair of dwelling (plumbers, electricians, carpenters, etc)	
c) Labour and material for maintenance and repair of the dwelling	
d) Improvements, additions and alterations (including built-in furniture, solar energy systems, swimming pools and garden layouts)	

Item	Cost for the 11 months prior to the survey month
	R
e) Services for improvements, additions and alterations (carpenters, electricians, etc)	
f) Labour and material for improvements, additions and alterations	
g) Security structures (including fences, electronic gates)	
h) Security systems (including alarms, panic buttons)	
i) Security services (including reaction services and neighbourhood watch)	
j) Firearms and ammunition (for security purposes)	
4.10.4 Building materials not included in Q4.10.3 (a) or (c) (e.g. for building houses)	
TOTAL VALUE OF ITEMS 4.10.1 – 4.10.4	

4.11 Cost of other dwellings

Item	Cost for the 11 months prior to the survey month
	R
4.11.1 All costs of other dwellings the household owns (not for business purposes)	
TOTAL COST OF ITEM 4.11.1	

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SECTION 5 SWIMMING POOL AND GARDEN DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH

5.1 Swimming pool and garden equipment

Including swimming pool maintenance and other garden requisites

Item	Value for the 11 months prior to the survey month
	R
5.1.1 Did this household have access to private use of a swimming pool in a dwelling during the 11 months prior to the survey month? 1 = YES 2 = No → Go to Q5.1.2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
a) Swimming pool equipment and repairs of equipment b) Swimming pool maintenance (excluding wages of persons who maintain pools -see section 7 - but including chemicals)	
<i>Ask for all households</i> 5.1.2 Seeds, plants, shrubs and trees, fertilizer, plant and pest spray remedies	
5.1.3 Garden ornaments	
5.1.4 Garden water sprinklers	

Item	Value for the 11 months prior to the survey month
	R
5.1.5 Power driven garden tools	
5.1.6 Garden hand tools (such as spades)	
5.1.7 Bouquets and cut flowers for household use	
5.1.8 Other, specify	
TOTAL VALUE OF ITEMS 5.1.1 – 5.1.8	

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SECTION 6 EXPENDITURE WHEN AWAY FROM HOME DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH

Ask for all households

6.1 Expenditure when away from home

<p>6.1.1 During the 11 months prior to the survey month did one or more members of this household undertake any trip/s that lasted at least one night away from home, for holiday or for attending a funeral, a wedding or any other event? <i>Excluding for business</i></p> <p>1 = YES → Go to Q6.1.2</p> <p>2 = No → Go to Q6.3</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
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6.1.2 Accommodation when away from home during the 11 months prior to the survey month

Item	Value for the 11 months					
	Domestic			International		
	Holidays	Funerals, weddings, other social events	Other events	Holidays	Funerals, weddings, other social events	Other events
	R	R	R	R	R	R
6.1.2.1 Accommodation						
a) Hotel, motel and/or boarding fees (paying for yourself)						
b) Rent: Holiday flat or house, caravan, (including site fees) etc. (paying for yourself)						
6.1.2.2 Holiday tour packages						
TOTAL VALUE OF ITEMS 6.1.2.1 – 6.1.2.2						

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Ask this question if answer to Q6.1.1 is 'YES'

<p>6.2.1 During the 11 months prior to the survey month did this household make use of any public and/or hired transport for the purposes of holiday, funeral or any other event lasting at least one night away from home? <i>Excluding for business.</i></p> <p>1 = YES → Go to Q6.2.2</p> <p>2 = No → Go to Q6.3</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
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6.2.2 Transport when away from home for the purpose of holiday or any other event during the 11 months prior to the survey month

Item	Value for the 11 months					
	Domestic			International		
	Holidays	Funerals, weddings, other social events	Other events	Holidays	Funerals, weddings, other social events	Other events
	R	R	R	R	R	R
6.2.2.1 Bus						
6.2.2.2 Train						
6.2.2.3 Aircraft						
6.2.2.4 Boat/ship						
6.2.2.5 Rented vehicle (<i>Show fuel in Q16.1.6.2.b</i>)						
6.2.2.6 Taxi						
a) Metered cab						
b) Minibus taxi / combi (incl. 30 seater, e.g. Iveco) ...						
c) Other (incl. bakkies used as taxis)						

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Item	Value for the 11 months					
	Domestic			International		
	Holidays	Funerals, weddings, other social events	Other events	Holidays	Funerals, weddings, other social events	Other events
	R	R	R	R	R	R
6.2.2.7 Supporting services (e.g. parking services, port operators)						
6.2.2.8 Insurance paid for holiday purposes (life, luggage, medical)						
6.2.2.9 Other (e.g. cable car, horse)						
TOTAL VALUE OF ITEMS 6.2.2.1 – 6.2.2.9						

Ask for all

6.3 Timeshare

6.3.1 Does the household own any timeshare or holiday accommodation? 1 = YES 2 = NO → Go to Section 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2
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Item	Value for the 11 months
	R
6.3.1.1 Payment on timeshare	
a) Purchase	
b) Levy	
6.3.1.2 Expenses incurred as owner of a holiday home i.e. after deduction of income received from letting	
TOTAL VALUE OF ITEMS 6.3.1.1 – 6.3.1.2	

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SECTION 7 DOMESTIC WORKERS IN THE MONTH PRIOR THE SURVEY MONTH

Read out: I am now going to ask you questions on domestic work services such as making use of a cook, clothes washer, child minder, garden worker and chauffeur

7.1 Did this household make use of domestic or household workers' services during the month prior to the survey month?

1 = YES	<input type="checkbox"/> 1
2 = No → Go to section 8	<input type="checkbox"/> 2

7.2 Value of domestic workers' services

Particulars of domestic workers			Total remuneration to domestic workers in the month prior to the survey month				
Main activity	Number of domestic workers	Total number of hours usually worked per month	Cash wage incl. transport allowance	Contributions to benefits (e.g. pension, medical aid, UIF)	Estimated value of		
			R	R	Free food	Free accommodation	Free clothing, health care, etc.
			R	R	R	R	R
a) General domestic worker							
b) Child minder/ nanny							
c) Cook							
d) Chauffeur							
e) Clothes washer or ironer							
f) Garden worker							
g) Baby sitter							
h) Other, specify							
TOTAL REMUNERATION TO DOMESTIC WORKERS							
TOTAL VALUE OF DOMESTIC WORKERS' SERVICES							

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SECTION 8 INPUT COSTS FOR HOME PRODUCTION DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH

8.1 In the 11 months prior to the survey month, has this household produced products and/or kept any livestock for own consumption or sale?

1 = YES	<input type="checkbox"/> 1
2 = No → Go to Section 9	<input type="checkbox"/> 2

8.2 Input value

Item	Value for the 11 months prior to the survey month
	R
a) Seeds	
b) Fertilizer	
c) Feed	
d) Livestock	
e) Services (e.g. ploughing, veterinary – not for pets)	
f) Processing (e.g. grinding, milling and slaughtering)	
g) Other, specify	
TOTAL VALUE OF ITEMS 8.2 a)-g)	

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THIRD INTERVIEW

Please ask for receipts wherever possible

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SECTION 9 CLOTHING AND FOOTWEAR

NOTES

- Include clothing and footwear purchased from shops.
- Include clothing and footwear received as gifts or in kind
- Include uniforms and clothing for domestic workers who are household members
- Exclude special sports clothes and shoes (e.g. golf shoes, soccer boots, diving outfit, etc.). Record these in section 12.1 item 12.1.2 (c)

9.1 Clothing

Item	Total value for the 2 months prior to the survey month	Total value for the 11 months prior to the survey month
	R	R
9.1.1 Clothing accessories such as scarves, ties, belts, gloves, etc.		
9.1.2 Sports clothing		
9.1.3 Infants' clothing		
9.1.4 Girls' school uniforms		
9.1.5 Boys' school uniforms		
9.1.6 Girls' clothing		
9.1.7 Boys' clothing		
9.1.8 Women's clothing		
9.1.9 Men's clothing		
9.1.10 Other clothing		
TOTAL VALUE OF ITEMS 9.1.1 – 9.1.10		

9.2 Home-made and specially made-up clothes (not for resale), repairs and hire of clothing

Item	Total value for the 2 months prior to the survey month	Total value for the 11 months prior to the survey month
	R	R
9.2.1 Material for clothing		
9.2.2 Specially made-up clothes (e.g. clothes made by dressmakers and tailors)		
9.2.3 Knitting wool and yarns		
9.2.4 Patterns, trimming lace, sewing cotton, etc.		
9.2.5 Scissors, needles, pins		
9.2.6 Labour cost for making or knitting of clothing and repairs / alterations to clothing outside the household		
9.2.7 Value of the hire of clothing		
TOTAL VALUE ITEMS 9.2.1 – 9.2.7		

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9.3 Footwear and repair of footwear

Item	Total value for the 2 months prior to the survey month	Total value for the 11 months prior to the survey month
	R	R
9.3.1 Sports footwear		
9.3.2 Infants' footwear		
9.3.3 Girls' school footwear		
9.3.4 Boys' school footwear		
9.3.5 Girls' footwear		
9.3.6 Boys' footwear		
9.3.7 Women's footwear		
9.3.8 Men's footwear		
9.3.9 Other footwear		
9.3.10 Value of the hire of shoes		
9.3.11 Repair of footwear		
TOTAL VALUE OF ITEMS 9.3.1 – 9.3.11		

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SECTION 10 HOUSEHOLD TEXTILES

NOTE

- Include materials for, and making of household textiles
- Materials for making clothes must be shown in section 9.2, item 9.2.1

Now I am going to ask you about household textiles such as blankets, pillows, sheets, etc.

10.1 Did this household acquire any household textiles such as blankets, pillows, sheets, etc. during the 11 months prior to the survey month?

1 = YES	<input type="checkbox"/> 1
2 = NO → Go to 10.3	<input type="checkbox"/> 2

10.2 Value of household textiles

Item	Total value for the 11 months prior to the survey month
	R
10.2.1 Blankets and travelling rugs	
10.2.2 Sheets and pillow cases	
10.2.3 Duvets and duvet covers	
10.2.4 Duvet packs (e.g. package including pillow cases and sheets)	
10.2.5 Pillows and cushions	
10.2.6 Table and bathroom linen (e.g. tablecloths and napkins, towels and face-cloths, bathroom mats)	
10.2.7 Curtains (including making and hanging charges) and material for curtains	

Item	Total value for the 11 months prior to the survey month
	R
10.2.8 Other household textiles specify	
TOTAL VALUE OF ITEMS 10.2.1 – 10.2.8	

10.3 Did this household have any repairs done to household textiles during the 11 months prior to the survey month?

1 = YES	<input type="checkbox"/> 1
2 = No → Go to section 11	<input type="checkbox"/> 2

10.4 Value of repairs to household textiles

Item	Total value for the 11 months prior to the survey month
	R
10.4.1 Value of repairs to household textiles	
TOTAL VALUE OF ITEM 10.4.1	

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SECTION 11 FURNITURE AND EQUIPMENT

11.1 Value of furniture, fixtures and floor coverings

NOTES

- Exclude expenditure on musical instruments, sound and vision equipment and general tools. Record these in sections 11.8 and 12.1
- Exclude appliances. Record these in section 11.5
- For cash purchases include the total price of the item
- Include delivery and installation charges where applicable
- For credit/hire purchases include the total price of the item, deposit paid, monthly instalment, number of months to pay off the whole amount.
- Appliances such as refrigerator, microwave, iron, etc. should be included in 11.5

Item	Value of items acquired during the 11 months prior to the survey month				
	Value of items acquired for the 11 months prior to the survey month	Value of last item acquired for the 11 months prior to the survey month	Deposit paid on last item acquired	Monthly instalment for the last item acquired	Payment duration (months) – last item
	R	R	R	R	
11.1.1 FURNITURE					
a) Beds, bases, mattresses					
b) Other bedroom furniture					
c) Dining-room furniture					
d) Lounge furniture					
e) Kitchen furniture and units) (excluding appliances, e.g. refrigerators.....					
f) Study desks, bookshelves and other study furniture					

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Item	Value of items acquired during the 11 months prior to the survey month				
	Value of items acquired for the 11 months prior to the survey month	Value of last item acquired for the 11 months prior to the survey month	Deposit paid on last item acquired	Monthly instalment for the last item acquired	Payment duration (months) -- last item
	R	R	R	R	
g) Garden and patio furniture .					
h) Other furniture					
11.1.2 Furnishings					
a) Other loose items of furniture (e.g. beanbags, mirrors,) specify					
b) Other (e.g. ornaments, paintings and other works of art), specify					
11.1.3 Floor coverings (e.g. wall-to wall carpets and tiles)					
a) Fitted carpets					
b) Loose carpets and rugs					
c) Tiles					
d) Other floor coverings, (excluding bathroom & door mats (see 10.2), specify					
11.1.4 Upholstering					
TOTAL VALUE OF ITEMS 11.1.1 - 11.1.4					

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11.2 Did this household have any repairs done to furniture, furnishings and floor coverings during the 11 months prior to the survey month?

1 = YES	<input type="checkbox"/> 1
2 = NO → Go to Q11.4	<input type="checkbox"/> 2

11.3 Value of repairs to furniture, furnishing and floor coverings during the 11 months prior to the survey month

- Include repairs even if the items themselves were not acquired during the 11 months prior to the survey month.

Item	Total value for the 11 months prior to the survey month
	R
11.3.1 Furniture	
11.3.2 Furnishings	
11.3.3 Floor coverings	
TOTAL VALUE OF ITEMS 11.3.1 – 11.3.3	

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11.4 Value of appliances

NOTES

- Expenditure on musical instruments, sound and video equipment and general tools must be shown in sections 11.8 and 12.1
- Include delivery and installation where applicable
- Exclude built-in appliances (to be shown in section 4.10.3 item c)

Item	Value of items acquired during the 11 months prior to the survey month				
	Value of items acquired for the 11 months prior to the survey month	Value of last item acquired for the 11 months prior to the survey month	Deposit paid on last item acquired	Monthly instalment for the last item acquired	Payment duration (months) -- last item
	R	R	R	R	
11.4.1 Electrical appliances					
a) Refrigerators, deep freezers and refrigerator/ deep-freezer combinations					
b) Stoves and ovens, including microwave ovens					
c) Hotplates					
d) Kettles and percolators, coffee makers					
e) Food mixers, processors and similar accessories					
f) Frying pans and woks					
g) Toasters, waffle pans and sandwich toasters					
h) Sewing machines, over-lockers and knitting machines					

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Item	Value of items acquired during the 11 months prior to the survey month				
	Value of items acquired for the 11 months prior to the survey month	Value of last item acquired for the 11 months prior to the survey month	Deposit paid on last item acquired	Monthly instalment for the last item acquired	Payment duration (months) – last item
	R	R	R	R	
i) Irons					
j) Washing machines, dishwashers and tumble dryers					
k) Vacuum cleaners, polishers and carpet cleaning machines					
l) Heaters and air-conditioners					
m) Power drills					
n) Other electrical appliances (eg. electric blankets, water pumps and fans), specify					
11.4.2 Non-electrical appliances					
a) Refrigerators					
b) Gas stoves and heaters					
c) Coal, wood and anthracite stoves					
d) Paraffin stoves and heaters ..					
e) Sewing and knitting machines					

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Item	Value of items acquired during the 11 months prior to the survey month				
	Value of items acquired for the 11 months prior to the survey month	Value of last item acquired for the 11 months prior to the survey month	Deposit paid on last item acquired	Monthly instalment for the last item acquired	Payment duration (months) — last item
	R	R	R	R	
f) Hand tools (such as screw drivers)					
g) Other (e.g. drying cabinets and safes), <i>specify</i>					
TOTAL VALUE OF ITEMS 11.4.1– 11.4.2					

11.5 Did this household have any repairs done to appliances during the 11 months prior to the survey?

1 = YES	<input type="checkbox"/> 1
2 = No → Go to 11.7	<input type="checkbox"/> 2

11.6 Repairs on appliances

Item	Total value for the 11 months prior to the survey month
	R
11.6.1 Electrical appliances	
11.6.1 Non-electrical appliances	
TOTAL VALUE OF ITEMS 11.6.1 – 11.6.2	

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11.7 Musical instruments, sound equipment and accessories

NOTES

- For cash purchases include the total price of the item.
- For credit/hire purchases include the total price of the item, deposit paid, monthly instalment, number of months to pay off the whole amount.
- Include delivery and installation charges where applicable

Item	Value of items acquired during the 11 months prior to the survey month				
	Value of items acquired for the 11 months prior to the survey month	Value of last item acquired for the 11 months prior to the survey month	Deposit paid on last item acquired	Monthly instalment on the last item acquired	Payment duration (months) – last item
	R	R	R	R	
11.7.1 Musical Instruments:					
planos, organs and other musical instruments					
11.7.2 Sound and video equipment					
a) Television sets, decoders, video recorders / DVDs					
b) Aerials and satellite dishes					
c) Television licences		_____	_____	_____	_____
d) Subscription to pay TV channels		_____	_____	_____	_____
e) Television rental		_____	_____	_____	_____
f) Rent for decoder, video equipment and tapes		_____	_____	_____	_____
g) Radios, tape recorders, compact disk players, sound systems and similar equipment (including for cars)					
h) Magnetic tapes (excluding software and video games; but including pre-recorded and unrecorded music tapes)					

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Item	Value of items acquired during the 11 months prior to the survey month				
	Value of items acquired for the 11 months prior to the survey month	Value of last item acquired for the 11 months prior to the survey month	Deposit paid on last item acquired	Monthly instalment on the last item acquired	Payment duration (months) – last item
	R	R	R	R	
i) Disks for photographic and cinematographic use					
j) Compact disks – CDs (<i>excl. software and video games; but including pre-recorded and unrecorded disks</i>).....					
k) DVDs (<i>excluding software and video games; but including pre-recorded and unrecorded DVDs</i>)					
l) VCDs (<i>excluding software and video games; but including pre-recorded and unrecorded VCDs</i>)					
m) Other, <i>specify</i>					
TOTAL VALUE OF ITEMS 11.7.1– 11.7.2					

11.8 Did this household have any repairs done to musical instruments, sound equipment and accessories (read items 11.7) during the 11 months prior to the survey month?

1 = YES	<input type="checkbox"/> 1
2 = NO → Go to 11.10	<input type="checkbox"/> 2

11.9 Repairs to instruments, equipment and accessories

Item	Value for the 11 months prior to the survey month
	R
11.9.1 Repairs and service charges for the above-mentioned equipment	
TOTAL VALUE OF ITEM 11.9.1	

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11.10 Other household equipment

Item	Value of items acquired during the 11 months prior to the survey month				
	Value of items acquired for the 11 months prior to the survey month	Value of last item acquired for the 11 months prior to the survey month	Deposit paid on last item acquired	Monthly instalment for the last item acquired	Payment duration (months) Last item
	R	R	R	R	
11.10.1 Glass and crystal ware, tableware (including household or toilet articles of porcelain, ceramic, stoneware, china, etc.)					
11.10.2 Cutlery, flatware and silverware					
11.10.3 Kitchen and domestic utensils (non-electrical utensils such as frying pans, saucepans, etc.)					
a) Enamel					
b) Aluminium, iron, steel					
c) Plastic					
11.10.4 Other (such as towel rails, bottle racks, etc), specify					
TOTAL VALUE OF ITEMS 11.10.1 – 11.10.4					

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11.11 Did this household have any repairs done to glassware, tableware or household utensils during the 11 months prior to the survey?

1 = YES	<input type="checkbox"/> 1
2 = No → Go to Q11.13	<input type="checkbox"/> 2

11.12 Value of repairs to glassware, tableware and household utensils

Item	Total value for the 11 months prior to the survey month
	R
11.12.1 Value of repairs to glassware, tableware and household utensils	
TOTAL VALUE OF ITEM 11.12.1	

11.13 Miscellaneous goods

Item	Total value for the 11 months prior to the survey month
	R
11.13.1 Watches and personal jewellery	
11.13.2 Handbags, travelling bags, schoolbags, etc.	
11.13.3 Prams and push-carts	
11.13.4 Car seat for babies	

Item	Total value for the 11 months prior to the survey month
	R
11.13.5 Carry-cots, toys, etc.	
11.13.6 Other (umbrellas, pocket-knives, sun-glasses, etc.), specify	
TOTAL VALUE OF ITEMS 11.13.1 – 11.13.6	

11.14 Did this household have any repairs done to miscellaneous items during the 11 months prior to the interview? Please read list provided in 11.13

1 = YES	<input type="checkbox"/> 1
2 = No → Go to section 12	<input type="checkbox"/> 2

11.15 Repairs to miscellaneous items

Item	Total value for the 11 months prior to the survey month
	R
11.15.1 Value of repairs to miscellaneous item	
TOTAL VALUE OF ITEM 11.15.1	

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SECTION 12 RECREATION, ENTERTAINMENT AND SPORT DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH

12.1 Value of recreation, entertainment and sports equipment and accessories

NOTES:

- For cash purchases include the total price of the item.
- For credit/hire purchases include the total price of the item, deposit paid, monthly instalment, number of months to pay off the whole amount.
- Include delivery and installation charges where applicable

Item	Value of items acquired during the 11 months prior to the survey month				
	Value of items acquired for the 11 months prior to the survey month	Value of last item acquired for the 11 months prior to the survey month	Deposit paid on last item acquired	Monthly instalment on the last item acquired	Payment duration (months) – last item
	R	R	R	R	
12.1.1 Photography:					
a) Cameras, video cameras, projectors and flashes					
b) Film development and photo prints					
12.1.2 Sports equipment					
a) Firearms and ammunition (excluding those for security purposes)					
b) Tennis rackets and balls, fishing rods, etc.					
c) Special sports clothes and shoes					
12.1.3 Toys and games, video games (including software games)					
12.1.4 Camping equipment (tents, sleeping bags, etc.)					
12.1.5 Boats (including outboard motors), aircrafts, go-carts, etc					
TOTAL VALUE OF ITEMS 12.1.1 – 12.1.5					

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- 12.2 Did this household have any repairs or maintenance done to the recreation, entertainment and sports equipment during the 11 months prior to the survey month

Please read list provided in 12.1

1 = YES 2 = NO → Go to 12.4	<input type="checkbox"/> 1 <input type="checkbox"/> 2
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12.3 Repairs and maintenance services to recreation, entertainment and sports equipment.

Item	Value for the 11 months prior to the survey month
	R
12.3.1 Repairs and service charges for recreation, entertainment and sports equipment	
TOTAL VALUE OF ITEM 12.3.1	

12.4 Other recreation services

Item	Value for the 11 months prior to the survey month
	R
12.4.1 Admission charges:	
a) Cinema, theatres, concerts, festivals	
b) Sports	
c) Museums and zoos, etc.	
d) Amusement parks, etc.	
12.4.2 Fees for lessons related to recreation, entertainment and sport For lessons in educational subjects, see Q13.2, item 13.2.1, and for motor vehicle driving lessons, see Q16.1.7	
12.4.3 Hobbies	
12.4.4 Other, specify	
TOTAL VALUE OF ITEMS 12.4.1 – 12.4.4	

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Now I am going to ask you about the value of pets kept in the 11 months prior to the survey.

12.5 Did this household keep and/or acquire any pets or watch dogs during the 11 months prior to the survey month

1 = YES	<input type="checkbox"/> 1
2 = NO → Go to section 13	<input type="checkbox"/> 2

12.6 Value of house pets and requisites during the 11 months prior to the survey month

Item	Value for the 11 months prior to the survey month
	R
12.6.1 Purchase of watch dogs	
12.6.2 Purchase of pets	
12.6.3 Pet foods/feeds and other requisites	
12.6.4 Licences	
12.6.5 Care (e.g. doggy parlour, kennels and veterinary costs)	
TOTAL VALUE OF ITEMS 12.6.1 – 12.6.5	

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FOURTH INTERVIEW

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SECTION 13 EDUCATION AND TRAINING DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH

NOTES

- Expenditure on the following must not be included:
 - School bags: see Q11.3, item 11.3.2
 - Travelling expenses: see section 16, appropriate items
 - Clothing: see section 9, appropriate items

13.1 Did anyone in this household attend an educational institution (including training centres) during the 11 months prior to the survey month

1 = Yes	<input type="checkbox"/> 1
2 = No → Go to section 14	<input type="checkbox"/> 2

13.2 Education and training for public and private educational institutions during the 11 months prior to the survey month

Item	(a) Public institutions			(b) Private institutions		
	Paid by you or by means of loans	Paid by means of grants, non-refundable bursaries, etc.	Number attending	Paid by you or by means of loans	Paid by means of grants, non-refundable bursaries, etc.	Number attending
	R	R		R	R	
13.2.1 Tuition (including correspondence courses and school fees) and attendance fees (towards participation in conferences, etc.)						
a) Day-care mothers, crèches and play-groups						
b) Pre-primary education						
c) Primary education (includes literacy programmes for students too old for primary school)						
d) Secondary education (includes out-of-school secondary education for adults and young people)						
e) Tertiary education						

Item	(a) Public institutions			(b) Private institutions		
	Paid by you or by means of loans	Paid by means of grants, non- refundable bursaries, etc	Number attending	Paid by you or by means of loans	Paid by means of grants, non- refundable bursaries, etc	Number attending
	R	R		R	R	
f) Education not definable by level (<i>excluding driving and music lessons, recreational, sport or tourist activities, etc.</i>)						
1) Vocational training						
2) Computer certification schools						
3) Other (<i>including language classes</i>)						
g) Excursions, field trips						
Other lessons, see Q12.4, item 12.4.2						
h) Other, specify						
13.2.2 Boarding fees						
a) Schools						
b) Teachers' training and technical colleges, technikons						
c) Universities						
13.2.3 Schools and other educational institutions						
Expenses incurred not normally regarded as tuition, e.g. contributions to sport grounds						
13.2.4 Textbooks						
13.2.5 Stationery (<i>for academic purposes, excluding calculators</i>)						
13.2.6 Library fees and fines (<i>for academic purposes</i>)						
13.2.7 Other (<i>e.g. junior laptops, training and adult education</i>) specify.....						
TOTAL VALUE OF ITEMS 13.2.1 – 13.2.7						

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SECTION 14 READING MATERIAL AND STATIONERY DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH

14.1 Reading material and stationery

Item	Total value for the 11 months prior to the survey month
	R
14.1.1 Reading material	
a) Newspapers – daily and weekly	
b) Magazines and periodicals	
c) Books (<i>excluding those included in 13.2.4</i>)	
d) Library fees and fines (for non-academic purposes)	
14.1.2 Stationery (<i>excluding that included in 13.2.5</i>)	
14.1.3 Miscellaneous printed matter (e.g. road maps, greeting cards, posters, etc.)	
TOTAL VALUE OF ITEMS 14.1.1 – 14.1.3	

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SECTION 15 HEALTH SERVICES AND MEDICAL REQUISITES FOR THE 11 MONTHS PRIOR TO THE SURVEY MONTH

15.1 Health services

Item	Total value for the 11 months prior to the survey month	
	(a) Private Sector	(b) Public Sector
	R	R
15.1.1 Subscriptions and premiums in connection with medical aid schemes and medical provident schemes		
a) Paid by household member		
b) Contribution by employer		
15.1.2 Flat rate in respect of services and medicine obtained at hospital/clinic		
TOTAL COST OF ITEMS 15.1.1 – 15.1.2		

15.2 Medication and medical services not covered by medical aid/insurance schemes, medical provident scheme, etc or flat rate obtained at a hospital/clinic

Item	Total value for the 11 months prior to the survey month	
	(a) Private Sector	(b) Public Sector
	R	R
15.2.1 Actual cost paid by household member (not paid for by medical scheme and not covered in the flat rate)		
a) Medical service		
1) Consultations of general practitioners or specialists, excluding dental service and x-ray and laboratory service		
2) Consultations of traditional healers		
b) Dental service (service of dentists include oral-hygienists)		

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Item	Total value for the 11 months prior to the survey month	
	(a) Private Sector	(b) Public Sector
	R	R
c) Medical analysis laboratories and x-ray service		
d) Service of medical auxiliaries (freelance services by nurses and midwives, optometrists, physiotherapists, speech therapists, etc.)		
e) Hospital service fees (e.g. wards, beds and theatre fees)		
f) Therapeutic appliances and equipment (like spectacles and hearing aids)		
g) Non-hospital services (Ambulance service other than hospital)		
h) Medicine and pharmacy fees		
1) Medicine purchased with prescription		_____
2) Dispensing fees		_____
3) Service fees		_____
4) Medicine purchased without prescription		_____
i) Other medical products (bandages, syringes, knee supports, etc.)		
j) Other medical services		
TOTAL VALUE OF ITEMS 15.2.1 a - j		

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SECTION 16 TRANSPORT DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH

16.1 Private transport for household's own use *(Vehicles for business purposes must not be included)*

NOTES

- This section deals only with private vehicles registered in the name of any member of the household.

16.1 Did anyone in this household acquire a vehicle(s) for private use (excluding hired vehicles) during the 11 months prior to the survey month?

1 = YES, NEW → Go to 16.1.1	<input type="checkbox"/> 1
2 = YES, USED → Go to 16.1.2	<input type="checkbox"/> 2
3 = No → Go to 16.1.3	<input type="checkbox"/> 3

- For cash purchases include the total price of the item.
- For credit/hire purchases include the total price of the item, deposit paid, monthly instalment, number of months to pay off the whole amount.
- Include delivery charges where applicable.

16.1.1 Value of new private vehicles acquired

Item	Value of items acquired during the 11 months prior to the survey month				
	Value of items acquired for the 11 months prior to the survey month	Value of last item acquired for the 11 months prior to the survey month	Deposit paid on last item acquired	Monthly instalment on the last item	Payment duration (months) – last item
	R	R	R	R	
a) Motor cars, station wagons and mini-buses (excluding vehicles for business purposes).....					
b) Bakkies (excluding four-wheel drive vehicles)					
c) Four-wheel drive vehicles					
d) Motor cycles and scooters					
e) Bicycles					
f) Caravans and trailers, including motorised caravans					
g) Animal drawn vehicles					
TOTAL VALUE OF ITEMS 16.1.1 a – g					

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16.1.2 Value of used private vehicles acquired

Item	Value of items acquired during the 11 months prior to the survey month				
	Value of items acquired for the 11 months prior to the survey month	Value of last item acquired for the 11 months prior to the survey month	Deposit paid on last item acquired	Monthly instalment on the last item acquired	Payment duration (months) – last item
	R	R	R	R	
a) Motor cars, station wagons and mini-buses (excluding vehicles for business purposes)					
b) Bakkies (excluding four-wheel drive vehicles)					
c) Four-wheel drive vehicles					
d) Motor cycles and scooters					
e) Bicycles					
f) Caravans and trailers including motorised caravans					
g) Animal drawn vehicles					
TOTAL VALUE OF ITEMS 16.1.2 a – g					

16.1.3 Other private modes of transport

Item	Total value for the 11 months prior to the survey month
	R
a) Horse	
b) Donkey	
c) Other, specify	
TOTAL VALUE OF ITEMS 16.1.3 a– c	

16.1.4 Value of insurance for private transport

Item	Total value for the 11 months prior to the survey month
	R
a) Insurance of private transport (excluding package insurance)	
TOTAL VALUE OF ITEM 16.1.4 a	

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16.1.5 Transport running costs during the 11 months prior to the survey month

NOTES

- Amount spent on fuel and toll fees during holiday journeys must be included in question 16.1.6.2 item (a) and item (d) respectively.
- Expenditure in connection with the purchase and maintenance of aircraft, boats, etc. must be shown in section 12
- Expenses incurred (except rent) in connection with vehicles not belonging to you (e.g. rented vehicles or company vehicles) should be included here, unless these expenses were recovered from your employer.

16.1.5 Did this household incur running costs for privately used vehicles during the 11 months prior to the survey month

1 = YES	<input type="checkbox"/> 1
2 = No → Go to 6.1.7	<input type="checkbox"/> 2

16.1.6 Running costs during the 11 months prior to the survey month

16.1.6.1 Private use of vehicles not belonging to the household members (e.g. company vehicles)

Item	Total value for the 11 months prior to the survey month
	R
a) Estimated value of private use of company or similar vehicle	
TOTAL VALUE OF ITEM 16.1.6.1 (a)	

16.1.6.2 Other running costs

Item	Total value for the 11 months prior to the survey month
	R
a) Motor vehicle fuel	
b) Parking fees	
c) Traffic fines	
d) Toll fees	
e) Oil and grease	
f) Tyres and tubes	
1) New	
2) Retreaded/patched	
g) Batteries (new and used)	
h) Spare parts, maintenance and cleaning materials, accessories purchased for private repair and installation	
i) Maintenance and lubrication services ..	
j) Air conditioner for vehicles, including installation	
k) Security systems for vehicles, including installation	

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Item	Total value for the 11 months prior to the survey month
	R
l) Panel-beating repairs (including repairs to vehicles belonging to others)	
1) Paid for by you	
2) Paid for by your insurance company or other party	
m) Other repair work (including repairs to vehicles belonging to others)	
1) Paid for by you	
2) Paid for by your insurance company or other party	
n) Licence and registration fees (including that of motor cycles)	
o) Car wash and valet services	
1) Car wash	
2) Valet services	
p) Other, specify	
TOTAL VALUE OF ITEMS 16.1.6.2 a – p	

16.1.7 Did anyone in this household incur operational costs for other modes of transport (e.g. horse, donkey, etc) such as a saddle, horse shoe, etc. during the 11 months prior to the survey month

1 = YES	<input type="checkbox"/> 1
2 = No → Go to 6.1.9	<input type="checkbox"/> 2

16.1.8 Operational value of other modes of transport

Item	Total value for the 11 months prior to the survey month
	R
a) Saddle	
b) Horse shoes	
c) Veterinary costs	
d) Foods/feeds	
e) Other, specify	
TOTAL VALUE OF ITEMS 16.1.8 a – e	

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16.1.9 Did anyone in this household have driving lessons, driving tests or was issued a driving license during the 11 months prior to the survey month?

1 = YES	<input type="checkbox"/> 1
2 = NO → Go to 16.2	<input type="checkbox"/> 2

16.1.10 Value of driving lessons, driving tests and driving licenses

Item	Total value for the 11 months prior to the survey month
	R
16.1.10 Driving lessons, driving tests and driving licenses	
TOTAL VALUE OF ITEM 16.1.10	

16.2 Public and hired transport (excluding holiday journeys)

Item	Total value for the 11 months prior to the survey month
	R
	a) Incurred in attending educational institutions
	b) Other
16.2.1 Bus	
16.2.2 Train	
16.2.3 Aircraft	
16.2.4 Boat/Ship	
16.2.5 Rented vehicles	

Item	Total value for the 11 months prior to the survey month
	a) Incurred in attending educational institutions
	b) Other
16.2.6 TAXI	
a) Metered cab	
b) Minibus taxi / combi (including 30 seaters, e.g. Iveco).....	
c) Other (including bakkies used as taxis) ...	
16.2.7 Value of discounted fares	
16.2.8 Furniture removal and transport of goods (not for sale)	
16.2.9 Lift clubs	
16.2.10 Other (e.g. horse), specify	
TOTAL VALUE OF ITEMS 16.2.1 – 16.2.10	

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SECTION 17 COMPUTER AND TELECOMMUNICATION EQUIPMENT DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH

17.1 Computer and telecommunication equipment (Excluding business use)

Item	Total value for the 11 months prior to the survey month	
	New	Used
	R	R
17.1.1 Personal desktop computers (excluding laptops)		
17.1.2 Parts and upgrading of computers		
17.1.3 Laptops and palm tops		
17.1.4 Software (excluding games, play-stations, etc) ...		
17.1.5 Calculators		
17.1.6 Diskettes, CDs, flash disks and other consumable goods		
17.1.7 Printers / scanners / copiers		
17.1.8 Modems		
17.1.9 Communication equipment		
a) Cellular telephones		
b) Telephones, cordless telephones, motor telephones		
c) Fax machines and telephone answering machines for household purposes.....		

Item	Total value for the 11 months prior to the survey month	
	New	Used
	R	R
d) Pager		
17.1.10 Two-way radios		
TOTAL VALUE OF ITEMS 17.1.1 – 17.1.10		

17.2 Did this household have any repairs done to computers and communication equipment during the 11 months prior to the survey month

1 = YES	<input type="checkbox"/> 1
2 = No → Go to 17.4	<input type="checkbox"/> 2

17.3 Repairs on computers and communication equipment

Item	Total value for the 11 months prior to the survey month
	R
17.3.1 Repairs of computer and communication equipment	
TOTAL VALUE OF ITEM 17.3.1	

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17.4 Communication for household purposes

Excluding expenses incurred for business purposes

Item	Total value for the 11 months prior to the survey month
	R
17.4.1 Landline telephone fees	
a) Telephone rental and installation	
1) Installation	
2) Rental	
b) Telephone calls	
1) private	
2) from public phones	
c) Value Added Tax (VAT) <i>only if telephone account is available</i>	
d) Connection to the network	
17.4.2 Cellular telephone fees	
a) Rental	
b) Calls (including phone cards)	

Item	Total value for the 11 months prior to the survey month
	R
c) Value Added Tax (VAT) <i>only if cellphone account is available</i>	
d) Connection to the network	
17.4.3 Internet	
a) Subscription	
b) Other	
17.4.4 Postage	
a) Stamps	
b) Packages	
c) Courier services	
d) Other	
17.4.5 Post box rental	
17.4.6 Other (e.g. telegrams)	
TOTAL VALUE OF ITEMS 17.4.1 – 17.4.6	

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FIFTH INTERVIEW

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SECTION 18 FINANCE CHARGES, INCOME TAX AND INVESTMENTS

18.1 Finance and banking in the previous month

Item	Total value for the previous month
	R
18.1.1 Finance and bank charges	
a) Bank charges (<i>cheque books, service charges, etc.</i>)	
b) Interest/finance charges not shown elsewhere	
c) Repayments on loans and overdraft, (<i>including repayments to money lenders, credit cards, but excluding instalments shown elsewhere e.g. housing, furniture, studies, vehicles and recreational equipment</i>)	
TOTAL VALUE OF ITEMS 18.1.1 a - c	

18.2 Professional and membership fees in the past 12 months

Item	Total value for the past 12 months
	R
18.2.1 Professional fees. Legal fees, architects' and other professional fees not shown elsewhere	
18.2.2 Membership fees, member's fees	
a) Trade unions and staff associations, professional associations, scientific, art and cultural societies	
b) Gymnasiums, health, sports and social clubs	

Item	Total value for the past 12 months
	R
18.2.3 Donations to religious institutions	
18.2.4 Other, including donations to charity and political organisations, street collections (<i>including money given to beggars</i>), etc.	
TOTAL VALUE OF ITEMS 18.2.1 - 18.2.4	

18.3 Income tax in the past 12 months

Item	Total value for the past 12 months
	R
18.3.1 Tax deductions:	
a) SITE according to payslip	
b) Pay as you earn (PAYE) according to payslip	
18.3.2 Other payments according to assessment (<i>including preliminary tax payments, payments with regard to previous assessments</i>)	
18.3.3 Amnesty tax	
NET AMOUNT PAID (TOTAL VALUE OF ITEMS 18.3.1 - 18.3.3)	

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18.4 Personal insurance and other investments

Item	Total value for the past 12 months
	R
18.4.1 Insurance premiums paid by you or your employer	
a) Life and endowment policies (<i>including study policies</i>)	
b) Funeral policies	
c) Medical insurance	
d) Unemployment Insurance Fund (UIF)	
18.4.2 Contributions to pension, provident and annuity funds	
a) Paid by you	
b) Paid by your employer	
18.4.3 Contributions to stokvel	
18.4.4 Investment	
a) Shares in:	
1. Listed company	
2. Unlisted company	
b) Unit trusts	
c) Investment plans	
d) Offshore	
e) Other, <i>specify</i>	

Item	Total value for the past 12 months
	R
8.4.5 Amount deposited into savings during the past 12 months	
TOTAL VALUE OF ITEMS 18.4.1 – 18.4.5	

18.5 Remittances, gifts and maintenance

18.5.1 Remittances, gifts and maintenance in **CASH** in the past 12 months

NOTE: Include amounts paid by means of stop or debit orders and employer deductions.

Item	Total value for the past 12 months
	R
a) Maintenance of/remittance to family members and dependants living elsewhere (<i>including alimony/ palimony paid to ex-wife/ ex-husband, children</i>)	
b) Gifts for persons who are not members of this household (<i>excluding gifts in kind (18.5.2.b)</i>)	
c) Tribal levies (<i>not for housing</i>)	
TOTAL VALUE OF ITEMS 18.5.1 (a) – (c)	

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18.5.2 Gifts and maintenance in **KIND** in the 11 months prior to the survey month

Item	Total value for the 11 months prior to the survey month
	R
a) Maintenance of family members and dependants living elsewhere (including alimony/palimony paid to ex-wife/ ex-husband, children)	
b) Gifts for persons who are not members of this household (excluding cash gifts).....	
c) Tribal levies (not for housing)	
TOTAL VALUE OF ITEMS 18.5.2 (a) – (c)	

18.6 Other expenditure

18.6.1 Ceremonies and other expenditure

Item	Total value for the past 12 months
	R
18.6.1.1 Lobola/dowry paid	
18.6.1.2 Funeral expenses	
18.6.1.3 Gravestones and maintenance of graves (excluding unveiling)	
18.6.1.4 Religious and traditional ceremonies (e.g. unveiling, barmitzwah, diwali, weddings)	

Item	Total value for the past 12 months
	R
18.6.1.5 Fines(e.g. fines for straying livestock), excluding traffic and library fines See Q16.1.6.2.c, Q14.1.1.d and Q13.2.6	
18.6.1.6 All other expenditure, specify	
TOTAL VALUE OF ITEMS 18.6.1.1 – 18.6.1.6	

18.6.2 Gambling

	Total value for the 11 months prior to the survey month
	R
18.6.2.1 Gambling	
a) Lotto	
b) Casinos	
c) Other	
TOTAL VALUE OF ITEMS 18.6.2.1 a – c	

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18.7 Expenditure incurred running a business

Item	Total value for the past 12 months
	R
18.7.1 Expenditure incurred in obtaining income by working for your financial account, including part-time farming, but excluding dwelling(s) which should be shown in section 4	
TOTAL VALUE OF ITEM 18.7.1	

18.8 DEBTS

NOTE:

This section is on outstanding amounts, including hire purchase

Item	Outstanding amounts owed/due
	R
18.8.1 Bank	
a) Bond (for the main dwelling unit)	
b) Motor vehicle (check running costs in section 16)	
c) Bank overdraft/ credit card(s)	
d) Other bank loans	
18.8.2 Furniture and appliance shops	
18.8.3 Retail stores (clothes on account or lay-by)	
18.8.4 Loans from friends and family (cash loans)	
18.8.5 Loans from money lenders (e.g. Mashonisa)	
18.8.6 Arrears on municipal bills	
18.8.7 Other loans, specify	
TOTAL VALUE OF ITEMS 18.8.1 – 18.8.7	

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SECTION 19 PARTICULARS OF INCOME

Ask for all household members who have contributed to the household's income in the past 12 months. Transfer their person numbers from the Flap, A.

Ask if there are persons not previously recorded, who have spent more than half of the previous 12 months in the household and who have contributed to the household's income. If "Yes", create new person numbers for such persons, starting with 91 for the first person in the first empty column, 92 for the second person in the next column, etc. and ask for income details for all persons now recorded in 19.1.

NOTES:

- All income of members of the household must be shown here
- Income should be shown before deductions (gross)
- The cash value of all benefits received, whether from the employer or not, must be shown in Q19.3.

19.1 Regular income for the previous month

Item	Income for the previous month / Person number									
19.1.1 Salaries and wages (including overtime, bonuses, cash allowance in respect of transport, housing and clothing, etc.)										
19.1.2 Income from business or professional practice/activities or farming (excluding interest and dividends) conducted on a full-time or regular part time basis (see also Q19.3, item 1)										
19.1.3 Income from letting of fixed property (only if the letting of property is not a bona fide business - see item 19.1.2 above)										
19.1.4 Royalties										
19.1.5 Interest received and/or accrued on deposits, loans and savings certificates										
19.1.6 Dividends received on shares:										
a) Listed companies										
b) Unlisted companies										
19.1.7 Other dividends received										

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Item	Income for the previous month / Person number									
19.1.8 Receipts from pension, social welfare grants and other annuity funds										
a) Pension resulting from employment before retirement										
b) Annuities and similar recurring receipts resulting from own investments										
c) Social pension(s) or allowances										
1) Old age and war pensions										
2) Disability grants										
3) Family and other allowances (including state maintenance grants and child grants)										
d) From the Workmen's Compensation, Unemployment Insurance, Pneumoconiosis and Silicosis Funds and similar funds										
19.1.9 Alimony, maintenance and similar allowances received from divorced spouse, family members, etc. who are non-household members										
19.1.10 Other allowances received from non-household members										
TOTAL REGULAR INCOME FOR THE PREVIOUS MONTH (ITEMS 19.1.1 – 19.1.9)										
TOTAL REGULAR INCOME OF HOUSEHOLD FOR THE PREVIOUS MONTH										

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19.1 Regular income for the previous month

Item	Income for the previous month / Person number									
19.1.1 Salaries and wages (including overtime, bonuses, cash allowance in respect of transport, housing and clothing, etc.)										
19.1.2 Income from business or professional practice/activities or farming (excluding interest and dividends) conducted on a full-time or regular part time basis (see also Q19.3, item 1)										
19.1.3 Income from letting of fixed property (only if the letting of property is not a bona fide business - see item 19.1.2 above)										
19.1.4 Royalties										
19.1.5 Interest received and/or accrued on deposits, loans and savings certificates										
19.1.6 Dividends received on shares:										
a) Listed companies										
b) Unlisted companies										
19.1.7 Other dividends received										

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Item	Income for the previous month / Person number									
19.1.8 Receipts from pension, social welfare grants and other annuity funds										
a) Pension resulting from employment before retirement										
b) Annuities and similar recurring receipts resulting from own investments										
c) Social pension(s) or allowances										
1) Old age and war pensions										
2) Disability grants										
3) Family and other allowances (including state maintenance grants and child grants)										
d) From the Workmen's Compensation, Unemployment Insurance, Pneumoconiosis and Silicosis Funds and similar funds										
19.1.9 Alimony, maintenance and similar allowances received from divorced spouse, family members, etc. who are non-household members										
19.1.10 Other allowances received from non-household members										
TOTAL REGULAR INCOME FOR THE PREVIOUS MONTH (ITEMS 19.1.1 – 19.1.10)										
TOTAL REGULAR INCOME OF HOUSEHOLD FOR THE PREVIOUS MONTH										

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19.2 Regular income for the 11 months prior to the survey month

Item	Income for the previous month / Person number									
19.2.1 Salaries and wages (including overtime, bonuses, cash allowance in respect of transport, housing and clothing, etc.)										
19.2.2 Income from business or professional practice/activities or farming (excluding interest and dividends) conducted on a full-time or regular part time basis (see also Q19.3, item 1)										
19.2.3 Income from letting of fixed property (only if the letting of property is not a bona fide business - see item 19.1.2 above)										
19.2.4 Royalties										
19.2.5 Interest received and/or accrued on deposits, loans and savings certificates										
19.2.6 Dividends received on shares:										
a) Listed companies										
b) Unlisted companies										
19.2.7 Other dividends received										

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19.2 Regular Income for the 11 months prior to the survey month

Item	Income for the previous month / Person number									
19.2.1 Salaries and wages (including overtime, bonuses, cash allowance in respect of transport, housing and clothing, etc.)										
19.2.2 Income from business or professional practice/activities or farming (excluding interest and dividends) conducted on a full-time or regular part time basis (see also Q19.3, item 1)										
19.2.3 Income from letting of fixed property (only if the letting of property is not a bona fide business - see item 19.1.2 above)										
19.2.4 Royalties										
19.2.5 Interest received and/or accrued on deposits, loans and savings certificates										
19.2.6 Dividends received on shares:										
a) Listed companies										
b) Unlisted companies										
19.2.7 Other dividends received										

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Item	Income for the 11 months prior to the survey month/ Person number									
19.2.8 Receipts from pension, social welfare grants and other annuity funds										
a) Pension resulting from employment before retirement										
b) Annuities and similar recurring receipts resulting from own investments										
c) Social pension(s) or allowances										
1) Old age and war pensions										
2) Disability grants										
3) Family and other allowances (including state maintenance grants and child grants)										
d) From the Workmen's Compensation, Unemployment Insurance, Pneumoconiosis and Silicosis Funds and similar funds										
19.2.9 Alimony, maintenance and similar allowances received from divorced spouse, family members, etc. who are non-household members										
19.2.10 Other allowances received from non-household members										
TOTAL REGULAR INCOME FOR THE 11 MONTHS PRIOR TO THE SURVEY MONTH, ITEMS 19.2.1 – 19.2.10										
TOTAL REGULAR INCOME OF HOUSEHOLD FOR THE 11 MONTHS PRIOR TO THE SURVEY MONTH										

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**19.3 Other income for the past 12 month,
including the survey month**

Item	Income for the past 12 months
	R
19.3.1 Income from hobbies	
19.3.2 Income from side-lines and part-time activities	
19.3.3 Income derived from the sale of vehicles, property, etc.	
19.3.4 Payments received from boarders and other non-members of the household	
19.3.5 Value of goods and services received by virtue of your occupation and shown as expenditure in the questionnaire (e.g. housing subsidies, transport subsidies, pension, annuity funds, etc.)	
19.3.6 Gratuities and other lump sum payments received from pension, provident and other insurance or from private persons	
19.3.7 Claims in respect of funeral funds, damage to fixed property, road traffic collision, etc. ...	
19.3.8 Stokvel	

Item	Income for the past 12 months
	R
19.3.9 Other income (not by virtue of occupation)	
a) Withdrawals from savings <i>The surrender of insurance policies must be included here</i>	
b) Non-refundable bursaries from all sources <i>See section 13</i>	
c) Benefits, donations and gifts received from private persons (excluding from members of the household), welfare funds, clubs, the government, etc, excluding food and clothing	
d) Cash (including gifts and bonuses from buying associations)	
e) Value of food received	
f) Value of housing (including benefits, such as the value of rent deductions allowed by persons and organisations other than the employer)	
g) Value of clothing (not received from employer)	
h) Value of transport (not received from employer)	
i) Value of other benefits, donations, gifts, etc.	

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Item	Income for the past 12 months
	R
19.3.10 Lobola/dowry received	
19.3.11 Income from gambling and lotto winnings ...	
19.3.12 Tax refunds received (according to assessment)	
19.3.13 Income not elsewhere specified, specify	
.....	
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TOTAL OTHER INCOME, ITEMS 19.3.1 – 19.3.13	

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COMMENTS

PAGE	ITEM	COMMENT

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FIELDWORK

	NAME	NUMBER	DATE COMPLETED/ CHECKED
INTERVIEWER			
SUPERVISOR			
ARSM/CO-ORDINATOR			
MONITOR			

PROCESSING

	NAME	NUMBER	DATE
HQ SAMPLE CHECK			
HQ CHECK			

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