

Particulars of the household

PSU number

Dwelling unit number

Physical identification of the dwelling unit/household

Telephone number of enumerated household (if any)

Total number of persons in the household

Questionnaire no. for this household (for persons no. 01 - 10 = 1, etc.)

Households at the selected dwelling unit

Household number for this household

Total number of households at the selected dwelling unit

Field staff

Interviewer

Number

Interview date

Supervisor

Number

Date checked

RSM

Number

Date checked

For office use

Response details

| Visit no | Date (actual) | Result code | Next visit (planned) |
|----------|---------------|-------------|----------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

FINAL RESULT

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Comments and full details of all non-response

RESULT CODES (for response details)

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

Comment and give full details above
of all non-response

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Questionnaire number

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FLAP This section covers particulars of each person in the household

The following information must be obtained for every person who has stayed in this household for at least four nights on average per week during the last four weeks.

Do not forget babies. If there are more than 10 persons in the household, use a second questionnaire.

| | | Person (respondent) number | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| Ask who the <u>head</u> (or the <u>acting head</u>) of the household is | | 01 Head/ Acting head | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 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. | | | | | | | | | | |
| | Surname: If more than one head or acting head, take the oldest Write sideways if necessary | | | | | | | | | | |
| B | Has stayed here for at least four nights on average per week during the last four weeks? 1 = YES 2 = No → End of questions for this person | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <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 | 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 |
| D | How old is? (In completed years - In figures only) Less than 1 year = 00 | | | | | | | | | | |
| E | 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 |
| F | Is there any other person residing in this household, than those already mentioned, who is not presently here? | <input type="checkbox"/> YES <input type="checkbox"/> NO | → If "YES", Go back to A | | | | | | | | |

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Questionnaire number

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SECTION 1 This section covers particulars of each person in the household

Start from the left (person number 01) and complete section 1 for each person in the household separately.

| | | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | |
|--------------|--|--|--|--|--|--|--|--|--|--|--|--|
| 1.1.a | What is’s present marital status? 1 = MARRIED OR LIVING TOGETHER AS HUSBAND AND WIFE 2 = WIDOW/WIDOWER 3 = DIVORCED OR SEPARATED 4 = NEVER MARRIED <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> } → Go to Q 1.2 </div> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | |
| 1.1.b | Does’s spouse/partner live in this household? 1 = YES 2 = No → Go to Q 1.2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | |
| 1.1.c | <i>If 1.1.b = 1</i> Which person is the spouse/partner of? <i>Give person number</i> | | | | | | | | | | | |
| 1.2 | Which language does speak most often at home? 01 = AFRIKAANS 02 = ENGLISH 03 = ISINDEBELE/SOUTH NDEBELE/NORTH NDEBELE 04 = ISIXHOSA/XHOSA 05 = ISIZULU/ZULU 06 = SEPEDI/NORTHERN SOTHO 07 = SESOTHO/SOUTHERN SOTHO/SOTHO 08 = SETSWANA/TSWANA 09 = SISWATI/SWAZI 10 = TSHIVENDA/VENDA 11 = XITSONGA/TSONGA 12 = OTHER, <i>specify</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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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 |

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| 1.3.a | What is the highest level of education that has 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 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 = SUB A/GRADE 1 | <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 = SUB B/GRADE 2 | <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 = DIPLOMA/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/CERTIFICATE WITH 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 = DEGREE | <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 = POSTGRADUATE DEGREE OR DIPLOMA | <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 = OTHER, <i>specify in column</i> | <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 = DON'T KNOW | <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 |
| | <i>Diplomas or certificates should be of at least six months study duration full time (or equivalent).</i> | | | | | | | | | | |
| | If code 17-20 → Go to Q 1.3.b, | | | | | | | | | | |
| | If other code → Go to Q 1.4 | | | | | | | | | | |

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Questionnaire number

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| 1.3.b | <p><i>If diploma, certificate or degree (code 17 - 20 in Q 1.3.a):</i></p> <p>In what area of study was the highest diploma, certificate or degree?</p> <p><i>Show prompt card 1 - read out categories if necessary</i></p> <p>01 = Communication studies and language</p> <p>02 = Education, training and development</p> <p>03 = Manufacturing, engineering and technology</p> <p>04 = Human and social studies</p> <p>05 = Law, military science and security</p> <p>06 = Health sciences and social services</p> <p>07 = Agriculture and nature conservation</p> <p>08 = Culture and arts</p> <p>09 = Business, commerce and management studies</p> <p>10 = Physical, mathematical, computer and life sciences</p> <p>11 = Services</p> <p>12 = Physical planning and construction</p> <p>13 = DON'T KNOW</p> | <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 | <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 | <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 | <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 | <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 | <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 |

Ask for all

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| 1.4 | <p>Has been trained in skills that can be used for work, e.g. book-keeping, security guard training, welding, child minding?</p> <p>1 = YES</p> <p>2 = No</p> <p>3 = DON'T KNOW</p> <p>→ Go to Q 1.7.a</p> | <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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
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| 1.5 | The last time received this type of training, how long did it last? 1 = LESS THAN A WEEK 2 = 1 WEEK 3 = MORE THAN 1 WEEK - LESS THAN 2 WEEKS 4 = 2 WEEKS - LESS THAN A MONTH 5 = 1 MONTH - LESS THAN 2 MONTHS 6 = 2 MONTHS - LESS THAN 6 MONTHS 7 = 6 MONTHS OR MORE 8 = DON'T KNOW | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 |
| 1.6 | In what field was the training the last time received this type of training? <i>Show prompt card 1 - read out categories if necessary</i> 01 = Communication studies and language 02 = Education, training and development 03 = Manufacturing, engineering and technology 04 = Human and social studies 05 = Law, military science and security 06 = Health sciences and social services 07 = Agriculture and nature conservation 08 = Culture and arts 09 = Business, commerce and management studies 10 = Physical, mathematical, computer and life sciences 11 = Services 12 = Physical planning and construction 13 = DON'T KNOW | <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 | <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 | <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 | <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 | <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 |
| 1.7.a | Can read in at least one language? 1 = YES 2 = 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 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | |

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| 1.7.b | Can write in at least one language? 1 = YES 2 = 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 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| 1.8 | Which of the following educational institutions, if any, does currently attend? <i>Include distance and correspondence education</i> 1 = School 2 = University 3 = Technikon 4 = College 5 = Adult basic education and training/literacy classes 6 = Other adult education classes 7 = Other than any of the above 8 = None → Go to Q 1.11 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 |
| 1.9 | Is this full time or part-time? 1 = FULL TIME 2 = PART-TIME | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| 1.10 | Is mainly studying through attending classes or through distance learning? 1 = ATTENDING CLASSES 2 = DISTANCE LEARNING | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| 1.11 | In the last seven days, did spend at least one hour fetching water for home use (not for sale)? 1 = YES 2 = No → Go to Q 1.13 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| 1.12 | How many hours did spend on fetching water in the last seven days? | | | | | | | | | | |

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| 1.13 | <p>In the last seven days, did spend at least one hour fetching wood/dung for home use (not for sale)?</p> <p>1 = YES 2 = No → Go to Q 1.15</p> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| 1.14 | How many hours did spend on fetching wood/dung in the last seven days? | | | | | | | | | | |

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| 1.15 | Who is the person who usually brings in the most money into the household? Give person number | |
| | <p>1 = If there is one person who brings in the highest amount, give person number of this person and mark box 1</p> <p>2 = If two persons or more bring in the same highest amount, give person number of the oldest of them and mark box 2</p> <p>3 = If the respondent does not know, give person number of the oldest person who brings in money and mark box 3</p> <p>4 = If no-one brings in money, give person number of the oldest person in the household and mark box 4</p> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |

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SECTION 2

This section covers activities in the last seven days

Ask for all household members aged 15 and above. **It is very important that you try to ask these questions of each person themselves if at all possible.**Read out. **Now I am going to ask some questions about activities in the last seven days for each household member aged 15 and above**

| | | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |
|------------|--|---|---|---|---|---|---|---|---|---|---|
| 2.0 | Interviewer to answer Is the person him/herself responding to questions? 1 = YES 2 = 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 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| 2.1 | In the last seven days, did do any of the following activities, even for only one hour? Show prompt card 2. a) Run or do any kind of business, big or small, for himself/herself or with one or more partners? <i>Examples: Selling things, making things for sale, repairing things, guarding cars, brewing beer, hairdressing, crèche businesses, taxi or other transport business, having a legal or medical practice, etc.</i> b) Do any work for a wage, salary, commission or any payment in kind (excl. domestic work)? <i>Examples: a regular job, contract, casual or piece work for pay, work in exchange for food or housing.</i> c) Do any work as a domestic worker for a wage, salary, or any payment in kind? d) Help unpaid in a household business of any kind? <i>Examples: Help to sell things, make things for sale or exchange, doing the accounts, cleaning up for the business, etc. Don't count normal housework.</i> e) Do any work on his/her own or the household's plot, farm, food garden, cattle post or kraal, or help in growing farm produce or in looking after animals for the household? <i>Examples: ploughing, harvesting, looking after livestock.</i> f) Do any construction or major repair work on his/her own home, plot, cattle post or business or those of the household? g) Catch any fish, prawns, shells, wild animals or other food for sale or household food? h) Beg for money or food in public? | YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 | YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 | YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 | YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 | YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 | YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 | YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 | YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 | YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 | YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 |

If "YES" for a person to any part of Question 2.1 → Go to Section 4 for that person.

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| 2.2 | <p><i>If "No" to all parts of Question 2.1</i></p> <p>Even though did not do any of these activities in the last seven days, does he/she have a job, business, or other economic or farming activity that he/she will definitely return to?</p> <p><i>For agricultural activities, the off season in agriculture is not a temporary absence.</i></p> <p>1 = YES 2 = No</p> <p style="text-align: right;">→Go to Section 3</p> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | |
| 2.3 | <p>What was the main reason was absent from this activity in the last seven days? Mark only one reason.</p> <p>01 = OWN ILLNESS OR INJURY</p> <p>02 = CARING FOR FAMILY OR OTHERS (EXCEPT MATERNITY/PATERNITY LEAVE)</p> <p>03 = MATERNITY OR PATERNITY LEAVE</p> <p>04 = OTHER FAMILY/COMMUNITY OBLIGATIONS (FUNERALS, MEETINGS)</p> <p>05 = STRIKE/STAY-AWAY/LOCKOUT</p> <p>06 = PROBLEMS WITH TRANSPORT</p> <p>07 = BAD WEATHER</p> <p>08 = VACATION, LEAVE</p> <p>09 = STUDY OR TRAINING LEAVE</p> <p>10 = UNREST (VIOLENCE)</p> <p>11 = TEMPORARILY LAID OFF/REDUCTION IN ECONOMIC ACTIVITY</p> <p>12 = OTHER REASON, <i>specify</i></p> | <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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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 |
| 2.4 | <p>When does intend to start working?</p> <p>1 = WITHIN A WEEK</p> <p>2 = WITHIN TWO WEEKS</p> <p>3 = WITHIN FOUR WEEKS</p> <p>4 = LATER THAN FOUR WEEKS FROM NOW</p> <p>5 = DON'T KNOW</p> | <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 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 |

→Go to Section 4

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SECTION 3 This section covers unemployment and non-economic activities

Ask for all household members aged 15 and above who did not work and were not absent from work (i.e. for those whose answer on Q 2.2 = 2)

Read out. Now I am going to ask some questions about whether you (.....) wanted and were (was) available for any of the types of work mentioned earlier

| | | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |
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| 3.1 | Why did not work during the past seven days? | | | | | | | | | | |
| | 01 = HAS FOUND A JOB, BUT IS ONLY STARTING AT A DEFINITE DATE IN THE FUTURE → Go to Q 3.8 | <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 = LACK OF SKILLS OR QUALIFICATIONS FOR AVAILABLE JOBS | <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 = SCHOLAR OR STUDENT <u>AND</u> PREFERS NOT TO WORK | <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 = HOUSEWIFE/HOMEMAKER <u>AND</u> PREFERS NOT TO WORK | <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 = RETIRED <u>AND</u> PREFERS NOT TO SEEK FORMAL WORK | <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 = ILLNESS, INVALID, DISABLED OR UNABLE TO WORK (HANDICAPPED) | <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 = TOO YOUNG OR TOO OLD TO WORK | <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 = SEASONAL WORKER, E.G. FRUIT PICKER, WOOL-SHEARER | <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 = CANNOT FIND SUITABLE WORK (SALARY, LOCATION OF WORK OR CONDITIONS NOT SATISFACTORY) | <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 = CONTRACT WORKER, E.G. MINE WORKER RESTING ACCORDING TO CONTRACT | <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 = RECENTLY RETRENCHED | <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 = OTHER REASON | <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 |
| 3.2 | If a suitable job is offered, will accept it? | | | | | | | | | | |
| | 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 |
| | 3 = DON'T KNOW } → Go to Q 3.8 | <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 |
| 3.3 | How soon can start work? | | | | | | | | | | |
| | 1 = WITHIN A WEEK | <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 = WITHIN TWO WEEKS | <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 = WITHIN FOUR WEEKS | <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 = LATER THAN FOUR WEEKS FROM NOW | <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 = DON'T KNOW | <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 |

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| 3.4 | <p>During the past four weeks, has taken any action</p> <p>a) to look for any kind of work</p> <p>b) to start any kind of business</p> <p><i>If “No” to <u>both</u> a) and b) → Go to Q 3.7</i></p> | <p>YES NO</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2</p> | <p>YES NO</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2</p> | <p>YES NO</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2</p> | <p>YES NO</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2</p> | <p>YES NO</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2</p> | <p>YES NO</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2</p> | <p>YES NO</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2</p> | <p>YES NO</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2</p> | <p>YES NO</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2</p> | <p>YES NO</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2</p> |
| 3.5 | <p>In the past four weeks, what has done to look for work or to start a business?</p> <p><i>Give only one answer, the main one</i></p> <p>1 = WAITED/REGISTERED AT EMPLOYMENT AGENCY/TRADE UNION</p> <p>2 = ENQUIRED AT WORKPLACES, FARMS, FACTORIES OR CALLED ON OTHER POSSIBLE EMPLOYERS</p> <p>3 = PLACED/ANSWERED ADVERTISEMENT(S)</p> <p>4 = SOUGHT ASSISTANCE FROM RELATIVES OR FRIENDS</p> <p>5 = LOOKED FOR LAND, BUILDING, EQUIPMENT OR APPLIED FOR PERMIT TO START OWN BUSINESS OR FARMING</p> <p>6 = SOUGHT/UNDERWENT TRAINING</p> <p>7 = WAITED AT THE STREET SIDE WHERE CASUAL WORKERS ARE FOUND</p> <p>8 = OTHER</p> <p>9 = DON'T KNOW</p> | <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> | <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> | <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> | <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> | <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> | <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> | <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> | <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> | <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> | |
| 3.6 | <p>How long has been trying to find work or start a business?</p> <p>1 = LESS THAN A MONTH</p> <p>2 = 1 MONTH TO LESS THAN 2 MONTHS</p> <p>3 = 2 MONTHS TO LESS THAN 3 MONTHS</p> <p>4 = 3 MONTHS TO LESS THAN 4 MONTHS</p> <p>5 = 4 MONTHS TO LESS THAN 6 MONTHS</p> <p>6 = 6 MONTHS TO LESS THAN 1 YEAR</p> <p>7 = 1 YEAR TO LESS THAN 3 YEARS</p> <p>8 = 3 YEARS OR MORE</p> <p>9 = DON'T KNOW</p> <p>→ Go to Q 3.8</p> | <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> | <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> | <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> | <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> | <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> | <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> | <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> | <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> | <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> | |

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| 3.7 | <p>If "No" to both Q 3.4.a and b (has not been looking for work or trying to start a business in the past four weeks)</p> <p>What was the main reason why did not try to find work or start a business in the past four weeks?</p> <p>01 = HAS BEEN TEMPORARILY LAID OFF WORK</p> <p>02 = ILL HEALTH/INJURY/PHYSICAL DISABILITY</p> <p>03 = PREGNANCY</p> <p>04 = FAMILY CONSIDERATIONS/CHILD CARE</p> <p>05 = UNDERGOING TRAINING TO HELP FIND WORK</p> <p>06 = NO JOBS AVAILABLE IN THE AREA</p> <p>07 = LACK OF MONEY TO PAY FOR TRANSPORT TO LOOK FOR WORK</p> <p>08 = UNABLE TO FIND WORK REQUIRING HIS/HER SKILLS</p> <p>09 = LOST HOPE OF FINDING ANY KIND OF WORK</p> <p>10 = NO TRANSPORT AVAILABLE</p> <p>11 = OTHER REASON</p> | <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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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 |

Ask for everyone who has come to Section 3

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| 3.8 | <p>Has ever worked before?</p> <p>1 = YES</p> <p>2 = No → Go to Q 3.12</p> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
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| 3.9 | How long ago was it since last worked? 01 = 1 WEEK - LESS THAN 1 MONTH 02 = 1 MONTH - LESS THAN 2 MONTHS 03 = 2 MONTHS - LESS THAN 3 MONTHS 04 = 3 MONTHS - LESS THAN 4 MONTHS 05 = 4 MONTHS - LESS THAN 5 MONTHS 06 = 5 MONTHS - LESS THAN 6 MONTHS 07 = 6 MONTHS - LESS THAN 1 YEAR 08 = 1 YEAR - LESS THAN 2 YEARS 09 = 2 YEARS - LESS THAN 3 YEARS 10 = 3 YEARS OR MORE 11 = DON'T KNOW | <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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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 |
| 3.10.a | What kind of work did do in his/her last job? Give occupation or job title. <i>Work includes all the activities mentioned earlier</i> <i>Record at least two words: Car sales person, Office cleaner, Vegetable farmer, Primary School teacher, etc.</i> <i>For agricultural work on own/family farm/plot, state whether for <u>own</u> use or for <u>sale</u> mostly.</i> | | | | | | | | | | |
| 3.10.b | What were 's <u>main</u> tasks or duties in this job? <i>Examples: Selling fruit, repairing watches, keeping accounts, feeding and watering cattle, teaching children.</i> | | | | | | | | | | |
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| 3.11.a | What was the name of’s place of work? <i>For government or large organisations, give the name of the establishment and branch or division: e.g. Education Dept – Rapele Primary School; ABC Gold Mining, Maintenance Div. Write ‘Own house’ or ‘No fixed location’, if relevant.</i> | | | | | | | | | | |
| 3.11.b | What were the main goods and services produced at’s place of work? What were its main functions? <i>Examples: Repairing cars, Selling commercial real estate, Sell food wholesale to restaurants, Retail clothing shop, Manufacture electrical appliances, Bar/ restaurant, Primary Education, Delivering newspapers to homes, Transporting goods by rail.</i> | | | | | | | | | | |
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| 3.12 | How does support him/herself? 1 = Did odd jobs during the past seven days 2 = Supported by persons in the household 3 = Supported by persons not in the household 4 = Supported by charity, church, welfare, etc. 5 = Unemployment Insurance Fund (UIF) 6 = Savings or money previously earned 7 = Old age or disability pension 8 = Other sources, e.g. bursary, study loan If “Yes” to response category 1 → Go back to Q 2.1 for that person | YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 | YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 | YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 | YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 | YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 | YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 | YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 | YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 | YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 | YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 |

→ Go to Section 5

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SECTION 4 This section covers main work activity in the last seven days

Ask for all persons 15 years and over who were working or absent from work in the last seven days.

Read out: The next several questions refer to your (.....)'s main job or activity. That is the one where you (he/she) usually work (-s) the most hours per week, even if you (he/she) were (was) absent the last seven days.

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| 4.1.a | <p>Read out:</p> <p>You said was doing these activities during the last seven days (or was temporarily absent). Refer to Q 2.1</p> <p>What kind of work did do in his/her <u>main</u> job during the last seven days (or usually does, even if he/she was absent in the last seven days)? Give occupation or job title.</p> <p>Work includes all the activities mentioned earlier Record at least two words: Car sales person, Office cleaner, Vegetable farmer, Primary school teacher, etc. For agricultural work on own/family farm/plot, state whether for <u>own</u> use or for <u>sale</u> mostly.</p> | | | | | | | | | | |
| 4.1.b | <p>What were 's <u>main</u> tasks or duties in this job?</p> <p>Examples: Selling fruit, repairing watches, keeping accounts, feeding and watering cattle.</p> | | | | | | | | | | |
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| 4.2.a | What is the name of 's place of work? <i>For government or large organisations, give the name of the establishment and branch or division: e.g. Education Dept – Rapele Primary School; ABC Gold Mining, Maintenance Div.</i> <i>Write 'Own house' or 'No fixed location', if relevant.</i> | | | | | | | | | | |
| 4.2.b | What are the main goods and services produced at 's place of work? What are its main functions? <i>Examples: Repairing cars, Selling commercial real estate, Sell food wholesale to restaurants, Retail clothing shop, Manufacture electrical appliances, Bar/ restaurant, Primary Education, Delivering newspapers to homes.</i> | | | | | | | | | | |
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|-----|--|--|--|--|--|--|--|--|--|--|--|
| 4.3 | <p>Ins main work was he/she</p> <p>1 = Working for someone else for pay? <i>Payment in cash kind or accommodation.</i> <i>Category 1 includes all employees: Full-time, part-time, casual work, piecework, <u>except</u> private household work.</i> → Go to Q 4.4</p> <p>2 = Working for one or more private households as a domestic employee, gardener or security guard? <i>Payment in cash, kind or accommodation.</i> → Go to Q 4.4</p> <p>3 = Working on his/her own or on a small household farm/plot or collecting natural products from the forest or sea? → Go to Q 4.14</p> <p>4 = Working on his/her own or with a partner, in any type of business (including commercial farms)? → Go to Q 4.14</p> <p>5 = Helping without pay in a household business? → Go to Q 4.14</p> | <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 |
| 4.4 | <p>Does work for</p> <p>1 = One employer</p> <p>2 = More than one employer</p> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| 4.5 | <p>When did start working with the (main) employer mentioned above (firm, institution or private individual)? Give year and month.</p> <p>State year in four figures, e.g. 1998 Year</p> <p>State month in two figures, e.g. 08 for August Month</p> | | | | | | | | | | |
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| 4.6 | Iss work 1 = Permanent 2 = A fixed period contract 3 = Temporary 4 = Casual 5 = Seasonal 6 = DON'T KNOW | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 |
| 4.7 | Who owns the tools and/or equipment that uses at work? 1 = The employer 2 = The person him/herself 3 = Both the employer and the person him/herself 4 = Tools and/or equipment are rented/hired or owned by an outside person or organisation 5 = Not applicable - equipment not used 6 = DON'T KNOW | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 |
| 4.8 | Does have a written contract with the employer? 1 = YES 2 = No 3 = DON'T KNOW | <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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| 4.9 | Does anyone directly supervise the work does or does he/she work independently? 1 = WORK SUPERVISED 2 = WORK INDEPENDENTLY 3 = DON'T KNOW | <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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |

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| 4.10 | Who pays ? 1 = The establishment/enterprise/individual for which he/she works 2 = A labour broker 3 = A contractor or agency 4 = Other 5 = DON'T KNOW | <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 |
| 4.11 | Does 's employer contribute to any pension/retirement fund? 1 = YES 2 = No 3 = DON'T KNOW | <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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| 4.12 | Does get any paid leave? 1 = YES 2 = No 3 = DON'T KNOW | <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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| 4.13 | Is a member of a trade union? 1 = YES 2 = No 3 = DON'T KNOW | <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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |

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| 4.14 | Is the business or enterprise/branch where works | | | | | | | | | | |
| | 1 = Central government | <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 = Provincial government | <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 = Local government | <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 = A government enterprise (<i>Transnet, Telkom, etc.</i>) | <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 = A club, community organisation, welfare organisation, NGO, or a church | <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 |
| | 6 = A co-operative, self-help association, labour union, professional association, or business league | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |
| | 7 = A private business | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 |
| | 8 = Self-employed | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 |
| | 9 = DON'T KNOW | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 |
| 4.15.a | What is’s total salary/pay at his/her <u>main</u> job? | | | | | | | | | | |
| | <i>Including overtime, allowances and bonus, before any tax or deductions.</i> | | | | | | | | | | |
| | Rand | | | | | | | | | | |
| | <i>Give amount in whole figures, without any text or decimals</i> | | | | | | | | | | |
| | If “REFUSE” or “DON’T KNOW” → Go to Q 4.15.c | | | | | | | | | | |
| 4.15.b | Only if amount given in 4.15.a | | | | | | | | | | |
| | Is this | | | | | | | | | | |
| | 1 = Per week | <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 = Per month | <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 = Annually | <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 |

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| 4.15.c | Only if "REFUSE" or "DON'T KNOW" in 4.15.a <i>Show the categories. Make sure the respondent points at the correct income column (weekly, monthly, annually) on prompt card 3 and mark the applicable code.</i> | | | | | | | | | | |
| | | Weekly | Monthly | Annually | | | | | | | |
| | 01 | NONE | NONE | NONE | <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 | R1 - R46 | R1 - R200 | R1 - R2 400 | <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 | R47 - R115 | R201 - R500 | R2 401 - R6 000 | <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 | R116 - R231 | R501 – R1 000 | R6 001 - R12 000 | <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 | R232 - R346 | R1 001 - R1 500 | R12 001 - R18 000 | <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 | R347 - R577 | R1 501 - R2 500 | R18 001 - R30 000 | <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 | R578 - R808 | R2 501 - R3 500 | R30 001 - R42 000 | <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 | R809 - R1 039 | R3 501 - R4 500 | R42 001 - R54 000 | <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 | R1 040 - R1 386 | R4 501 - R6 000 | R54 001 - R72 000 | <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 | R1 387 - R1 848 | R6 001 - R8 000 | R72 001 - R96 000 | <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 | R1 849 - R2 540 | R8 001 - R11 000 | R96 001 - R132 000 | <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 | R2 541 - R3 695 | R11 001 - R16 000 | R132 001 - R192 000 | <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 | R3 696 - R6 928 | R16 001 - R30 000 | R192 001 - R360 000 | <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 | R6 929 OR MORE | R30 001 OR MORE | R360 001 OR MORE | <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 | DON'T KNOW | DON'T KNOW | DON'T KNOW | <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 | REFUSE | REFUSE | REFUSE | <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 |

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| 4.16 | How many regular workers has the organisation/ business/ enterprise/ branch where works, including him/herself? | | | | | | | | | | |
| | 1 = 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"/> 1 |
| | 2 = 2 - 4 | <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 = 5 - 9 | <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 = 10 - 19 | <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 = 20 - 49 | <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 |
| | 6 = 50 OR MORE | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |
| | 7 = DON'T KNOW | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 |
| 4.17 | Is the organisation/ business/ enterprise/ branch where works | | | | | | | | | | |
| | a) a registered company or close corporation? | | | | | | | | | | |
| | 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 |
| | 3 = DON'T KNOW | <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 |
| | b) deducting UIF contributions for him/her? | | | | | | | | | | |
| | 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, because his/her income is above UIF limit | <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 = No, for other reasons | <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 = DON'T KNOW | <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 |
| | c) providing for membership of, or contributions towards, membership of a medical aid fund or health insurance? | | | | | | | | | | |
| | 1 = Yes, for him/herself only | <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, for him/herself and his/her dependants | <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 = No medical aid benefits provided | <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 = DON'T KNOW | <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 |
| | d) registered for VAT? | | | | | | | | | | |
| | 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 |
| | 3 = DON'T KNOW | <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 |

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| 4.18 | Is the organisation/ business/ enterprise/ branch where works 1 = In the formal sector 2 = In the informal sector (including domestic work) 3 = DON'T KNOW <i>Formal sector employment is where the employer (institution, business or private individual) is registered to perform the activity. Informal sector employment is where the employer is not registered.</i> | <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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | |
| 4.19 | Where is the business/enterprise/branch where works located? 1 = In the owner's home / On the owner's farm 2 = In someone else's home 3 = Inside a formal business premises such as factory or office 4 = At a service outlet such as a shop, school, post office, etc 5 = At a market 6 = On a footpath, street, street corner, open space or field 7 = No fixed location 8 = Other | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 |

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Working hours

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| 4.20 | How many hours, including overtime, did work during the last seven days | | | | | | | | | | |
| | a. In his/her main job/activity | | | | | | | | | | |
| | b. In all other work activities (See Q 2.1) | | | | | | | | | | |
| | c. In total | | | | | | | | | | |
| | Add a + b and confirm that this is correct. | | | | | | | | | | |
| 4.21 | How many hours per week, including overtime, does usually work | | | | | | | | | | |
| | a. In his/her main job/activity | | | | | | | | | | |
| | b. In all other work activities (See Q 2.1) | | | | | | | | | | |
| | c. In total | | | | | | | | | | |
| | Add a + b and confirm that this is correct. | | | | | | | | | | |
| 4.22 | Can decide on the number of hours per week during which he/she works, or are these fixed by the employer? | | | | | | | | | | |
| | 1 = He/she can decide fully for him/herself | <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 = He/she can decide, but within a limited range (e.g. flexitime) | <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 = Number of hours are fixed by his/her employer | <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 = DON'T KNOW | <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 |
| 4.23 | Does want to work longer hours? | | | | | | | | | | |
| | 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 → End of section for this person | <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 = DON'T KNOW | <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 |

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| 4.24 | If extra work was available, would be able to start such work in the next four weeks? 1 = YES 2 = No → <i>End of section for this person</i> 3 = DON'T KNOW | <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 |
| 4.25 | During the past four weeks, has taken any action to look for or prepare for any extra work? 1 = YES 2 = No } → <i>End of section for this person</i> 3 = DON'T KNOW | <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 |
| 4.26 | What activities did do to look or prepare for extra work? <i>Give only one answer, the main one</i> 1 = ENQUIRED AT WORKPLACES, FARMS, FACTORIES OR CALLED ON OTHER POSSIBLE EMPLOYERS 2 = WAITED/REGISTERED AT EMPLOYMENT AGENCY, LABOUR BROKER, DEPARTMENT OF LABOUR OR TRADE UNION 3 = PLACED OR ANSWERED ADVERTISEMENTS 4 = SOUGHT ASSISTANCE FROM FRIENDS OR RELATIVES 5 = LOOKED FOR LAND, BUILDINGS OR EQUIPMENT OR APPLIED FOR PERMIT TO START OWN BUSINESS OR FARMING 6 = WAITING AT THE STREET-SIDE 7 = OTHER 8 = DON'T KNOW | <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 |
| | | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |
| | | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 |
| | | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 |
| 4.27 | Was mostly looking for 1 = The same work with more hours 2 = Different work with more hours 3 = DON'T KNOW | <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 |

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SECTION 5**This section covers information regarding agricultural activities and uncompensated activities in the past 12 months***Ask for all persons 15 years and over.*

| | | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |
|------------|--|--|--|--|--|--|--|--|--|--|--|
| 5.1 | Did grow or help to grow any produce, e.g. maize or other crops, vegetables or fruit, or keep any stock, such as cattle, sheep, goats, horses, even chickens, for sale or for household use during the last 12 months? 1 = YES 2 = No → <i>Go to Q 5.4.</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 |
| 5.2 | During which months was engaged in growing produce or keeping stock in the last 12 months? <i>Mark a "YES" or a "No" for all months</i> | YES No <input type="checkbox"/> 1 <input type="checkbox"/> 2 | YES No <input type="checkbox"/> 1 <input type="checkbox"/> 2 | YES No <input type="checkbox"/> 1 <input type="checkbox"/> 2 | YES No <input type="checkbox"/> 1 <input type="checkbox"/> 2 | YES No <input type="checkbox"/> 1 <input type="checkbox"/> 2 | YES No <input type="checkbox"/> 1 <input type="checkbox"/> 2 | YES No <input type="checkbox"/> 1 <input type="checkbox"/> 2 | YES No <input type="checkbox"/> 1 <input type="checkbox"/> 2 | YES No <input type="checkbox"/> 1 <input type="checkbox"/> 2 | YES No <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| | September 2000 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| | October 2000 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| | November 2000 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| | December 2000 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| | January 2001 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| | February 2001 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| | March 2001 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| | April 2001 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| | May 2001 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| | June 2001 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| | July 2001 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| | August 2001 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| 5.3 | Why does grow or help in growing farm produce or keep stock for the household? 1 = As a main source of food for the household 2 = As the main source of income/earning a living 3 = As an extra source of income 4 = As an extra source of food for the household 5 = As a leisure activity or hobby, e.g. gardening | <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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|-----|--|---|---|---|---|---|---|---|---|---|---|
| 5.4 | In the last 12 months , did do any uncompensated work for the benefit of a community, neighbourhood, or an interest group? 1 = YES 2 = No → <i>End of Section 5 for this person.</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 |
| 5.5 | In which of the following areas was the uncompensated work did in the last 12 months? Was it a = to help sick or handicapped people in their everyday life activities b = to provide medical care, or counselling, to sick or handicapped people c = to provide training or instruction to others d = to keep law and order in a community e.= to maintain or replenish community resources (e.g.building or improving roads, water supply, structures, green areas, etc.) f = to organise cultural events (e.g. music, dance, or performance), sporting events, or recreational activities for a community, neighbourhood, or a group g = to collect money for an organisation/institution h = to organise events to collect money for an organisation/institution i = something else, <i>specify</i> | YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 | YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 | YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 | YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 | YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 | YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 | YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 | YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 | YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 | YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 |

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SECTION 6 This section covers information regarding the household.

Ask a responsible adult in the household

| 6.1 | Indicate the type of main dwelling and other dwelling that the household occupies? | Main dwelling | Other dwelling |
|-----|---|-----------------------------|-----------------------------|
| | 01 = DWELLING OR BRICK STRUCTURE ON A SEPARATE STAND OR YARD OR ON FARM | <input type="checkbox"/> 01 | <input type="checkbox"/> 01 |
| | 02 = TRADITIONAL DWELLING/HUT/STRUCTURE MADE OF TRADITIONAL MATERIALS | <input type="checkbox"/> 02 | <input type="checkbox"/> 02 |
| | 03 = FLAT OR APARTMENT IN A BLOCK OF FLATS | <input type="checkbox"/> 03 | <input type="checkbox"/> 03 |
| | 04 = TOWN/CLUSTER/SEMI-DETACHED HOUSE (Simplex, Duplex or Triplex) | <input type="checkbox"/> 04 | <input type="checkbox"/> 04 |
| | 05 = UNIT IN RETIREMENT VILLAGE | <input type="checkbox"/> 05 | <input type="checkbox"/> 05 |
| | 06 = DWELLING/FLAT/ROOM IN BACKYARD | <input type="checkbox"/> 06 | <input type="checkbox"/> 06 |
| | 07 = INFORMAL DWELLING/SHACK IN BACKYARD | <input type="checkbox"/> 07 | <input type="checkbox"/> 07 |
| | 08 = INFORMAL DWELLING/SHACK NOT IN BACKYARD, E.G. IN AN INFORMAL/SQUATTER SETTLEMENT OR ON FARM | <input type="checkbox"/> 08 | <input type="checkbox"/> 08 |
| | 09 = ROOM/FLATLET | <input type="checkbox"/> 09 | <input type="checkbox"/> 09 |
| | 10 = CARAVAN/TENT | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 |
| | 11 = OTHER, <i>specify</i> | <input type="checkbox"/> 11 | <input type="checkbox"/> 11 |

| 6.2 | What is the main material used for the roof and the walls of the main dwelling? | Roof | Walls |
|-----|---|-----------------------------|-----------------------------|
| | <i>Mark one code in each column.</i> | | |
| | 01 = BRICKS | <input type="checkbox"/> 01 | <input type="checkbox"/> 01 |
| | 02 = CEMENT BLOCK/CONCRETE | <input type="checkbox"/> 02 | <input type="checkbox"/> 02 |
| | 03 = CORRUGATED IRON/ZINC | <input type="checkbox"/> 03 | <input type="checkbox"/> 03 |
| | 04 = WOOD | <input type="checkbox"/> 04 | <input type="checkbox"/> 04 |
| | 05 = PLASTIC | <input type="checkbox"/> 05 | <input type="checkbox"/> 05 |
| | 06 = CARDBOARD | <input type="checkbox"/> 06 | <input type="checkbox"/> 06 |
| | 07 = MIXTURE OF MUD AND CEMENT | <input type="checkbox"/> 07 | <input type="checkbox"/> 07 |
| | 08 = WATTLE AND DAUB | <input type="checkbox"/> 08 | <input type="checkbox"/> 08 |
| | 09 = TILE | <input type="checkbox"/> 09 | <input type="checkbox"/> 09 |
| | 10 = MUD | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 |
| | 11 = THATCHING | <input type="checkbox"/> 11 | <input type="checkbox"/> 11 |
| | 12 = ASBESTOS | <input type="checkbox"/> 12 | <input type="checkbox"/> 12 |
| | 13 = OTHER, <i>specify</i> | <input type="checkbox"/> 13 | <input type="checkbox"/> 13 |
| | 14 = NOT APPLICABLE | <input type="checkbox"/> 14 | <input type="checkbox"/> 14 |

| 6.3 | In what condition are the roof and the walls of the main dwelling? | Roof | Walls |
|-----|--|----------------------------|----------------------------|
| | 1 = Very weak | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| | 2 = Weak | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| | 3 = Needs minor repairs | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| | 4 = Good | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| | 5 = Very good | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |

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| 6.4 | Is the dwelling 1 = Owned and fully paid off 2 = Owned, but not yet fully paid off (e.g. with a mortgage) 3 = Rented 4 = Occupied rent-free as part of employment contract of family member 5 = Occupied rent-free not as part of employment contract of family member 6 = 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"/> 6 |
| 6.5 | What is the total number of rooms in the dwelling(s) that the household occupies? <i>Give the total number of rooms, including living rooms, bedrooms and kitchens, but excluding bathrooms and toilets.</i> | <input type="text"/> <input type="text"/> <input type="text"/> |
| 6.6 | Did any member of this household receive a government housing subsidy to obtain this dwelling or any other dwelling? <i>Do not include housing subsidies for government employees.</i> 1 = YES 2 = NO 3 = DON'T KNOW | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| 6.7 | Did the 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 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |

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|------------|---|---|
| 6.8 | What is the household's main source of water? <i>Mark one code only</i> 01 = PIPED (TAP) WATER IN DWELLING 02 = PIPED (TAP) WATER ON SITE OR IN YARD 03 = NEIGHBOUR'S TAP 04 = BOREHOLE ON SITE 05 = RAIN-WATER TANK ON SITE 06 = PUBLIC TAP 07 = WATER-CARRIER/TANKER 08 = BOREHOLE OFF SITE/COMMUNAL 09 = FLOWING WATER/STREAM/RIVER 10 = DAM/POOL/STAGNANT WATER 11 = WELL 12 = SPRING 13 = OTHER, <i>specify</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 |
|------------|---|---|

→ **Go to Q 6.10**

Ask if water is not in dwelling, yard or site, otherwise go to Q 6.10

| | | |
|-------------|---|--|
| 6.9 | How long does it take members of this household to get to the water source? 1 = 0 - 14 MIN 2 = 15 - 29 MIN 3 = 30 - 44 MIN 4 = 45 - 59 MIN 5 = 60 MIN OR MORE | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 |
| 6.10 | Does the household pay for water? 1 = YES 2 = NO | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |

Questionnaire number

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|-----------|---|-----------------------------|-----------------------------|-----------------------------|
| 6.11 | What is the main source of energy/fuel for this household? | Cooking | Heating | Lighting |
| | 01 = ELECTRICITY FROM MAINS | <input type="checkbox"/> 01 | <input type="checkbox"/> 01 | <input type="checkbox"/> 01 |
| | 02 = ELECTRICITY FROM GENERATOR | <input type="checkbox"/> 02 | <input type="checkbox"/> 02 | <input type="checkbox"/> 02 |
| | 03 = GAS | <input type="checkbox"/> 03 | <input type="checkbox"/> 03 | <input type="checkbox"/> 03 |
| | 04 = PARAFFIN | <input type="checkbox"/> 04 | <input type="checkbox"/> 04 | <input type="checkbox"/> 04 |
| | 05 = WOOD | <input type="checkbox"/> 05 | <input type="checkbox"/> 05 | |
| | 06 = COAL | <input type="checkbox"/> 06 | <input type="checkbox"/> 06 | |
| | 07 = CANDLES | | <input type="checkbox"/> 07 | <input type="checkbox"/> 07 |
| | 08 = ANIMAL DUNG | <input type="checkbox"/> 08 | <input type="checkbox"/> 08 | |
| | 09 = SOLAR ENERGY | <input type="checkbox"/> 09 | <input type="checkbox"/> 09 | <input type="checkbox"/> 09 |
| | 10 = OTHER, <i>specify</i> | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 |
| 11 = NONE | <input type="checkbox"/> 11 | <input type="checkbox"/> 11 | <input type="checkbox"/> 11 | |

| | | | | |
|------|---|-----------------------------|-----------------------------|-----------------------------|
| 6.12 | What type of toilet facility is available for this household? <i>Mark only one, the main toilet</i> | In dwelling | On site | Off site |
| | 1 = FLUSH TOILET CONNECTED TO A PUBLIC SEWAGE SYSTEM | <input type="checkbox"/> 11 | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| | 2 = FLUSH TOILET CONNECTED TO A SEPTIC TANK | <input type="checkbox"/> 21 | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 |
| | 3 = CHEMICAL TOILET | | <input type="checkbox"/> 32 | <input type="checkbox"/> 33 |
| | 4 = PIT LATRINE WITH VENTILATION PIPE | | <input type="checkbox"/> 42 | <input type="checkbox"/> 43 |
| | 5 = PIT LATRINE WITHOUT VENTILATION PIPE | | <input type="checkbox"/> 52 | <input type="checkbox"/> 53 |
| | 6 = BUCKET TOILET | | <input type="checkbox"/> 62 | <input type="checkbox"/> 63 |
| | 7 = NONE → Go to Q 6.15 | | | <input type="checkbox"/> 73 |

Ask if toilet is "ON SITE" or "OFF SITE". Otherwise Go to Q 6.14

| | | |
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| 6.13 | How far is the nearest toilet facility to which the household has access? | |
| | 1 = LESS THAN 2 MINUTES (LESS THAN 200M) | <input type="checkbox"/> 1 |
| | 2 = 2 MINUTES BUT LESS THAN 5 MINUTES (200M - 500M) | <input type="checkbox"/> 2 |
| | 3 = MORE THAN 5 MINUTES (MORE THAN 500M) | <input type="checkbox"/> 3 |

Ask if answer to Q 6.12 is "BUCKET TOILET". Otherwise Go to Q 6.15

| | | |
|------|--------------------------------------|----------------------------|
| 6.14 | How frequently is it removed? | |
| | 1 = ONCE A WEEK OR MORE OFTEN | <input type="checkbox"/> 1 |
| | 2 = ABOUT ONCE A FORTNIGHT | <input type="checkbox"/> 2 |
| | 3 = ABOUT ONCE A MONTH | <input type="checkbox"/> 3 |
| | 4 = LESS OFTEN THAN ONCE A MONTH | <input type="checkbox"/> 4 |

Ask for all households

| | | |
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| 6.15 | 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 |

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|----------------------------------|---|----------------------------|----------------------------|
| 6.16 | Does this household | YES | NO |
| | a. have a fixed telephone in the dwelling | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | b. own a cellular telephone | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| If any "YES" Go to Q 6.18 | | | |

Ask if "No" to both a and b in Q 6.16, Otherwise go to Q 6.18

| | | |
|------|---|----------------------------|
| 6.17 | How long in minutes does it take from here to the nearest accessible telephone, using your usual means of transport? | |
| | 1 = 0 - 14 MIN | <input type="checkbox"/> 1 |
| | 2 = 15 - 29 MIN | <input type="checkbox"/> 2 |
| | 3 = 30 - 44 MIN | <input type="checkbox"/> 3 |
| | 4 = 45 - 59 MIN | <input type="checkbox"/> 4 |
| | 5 = 60 MIN OR MORE | <input type="checkbox"/> 5 |
| 6.18 | How does this household receive most of its mail/post? | |
| | 1 = DELIVERED TO THE DWELLING | <input type="checkbox"/> 1 |
| | 2 = DELIVERED TO A POST BOX/PRIVATE BAG | <input type="checkbox"/> 2 |
| | 3 = THROUGH FRIEND OR NEIGHBOUR | <input type="checkbox"/> 3 |
| | 4 = THROUGH SHOP | <input type="checkbox"/> 4 |
| | 5 = THROUGH SCHOOL | <input type="checkbox"/> 5 |
| | 6 = THROUGH WORKPLACE | <input type="checkbox"/> 6 |
| | 7 = THROUGH AUTHORITY | <input type="checkbox"/> 7 |
| | 8 = DO NOT RECEIVE MAIL | <input type="checkbox"/> 8 |
| | 9 = OTHER, <i>specify</i> | <input type="checkbox"/> 9 |

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|------|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 6.19 | What means of transport are usually used, or would be used, by members of this household to get to the nearest of each of these facilities? | | | | | | |
| | <i>If more than one means of transport, take the one used over the longest distance</i> | | | | | | |
| | Facility | ON FOOT | TAXI | BUS (PUBLIC) | TRAIN | OWN TRANSPORT | OTHER, <i>specify below</i> |
| | a Food market | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| | b Public transport | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| | c Pre-Primary/Pre-school centre | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| | d Primary school | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| | e Secondary school | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| | f Clinic | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| | g Hospital | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| | h Post office or post office agent | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| | i Welfare office | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

If "Other" in Q 6.19, specify: _____

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| 6.20 How long in minutes does or would it take, from here to reach the nearest of each of these facilities using the usual means of transport? | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Facility | 0 - 14 MIN | 15 - 29 MIN | 30 - 44 MIN | 45 - 59 MIN | 60 MIN OR MORE | DON'T KNOW |
| a Food market | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| b Public transport | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| c Pre-Primary/Pre-school centre | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| d Primary school | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| e Secondary school | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| f Clinic | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| g Hospital | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| h Post office or post office agent | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| i Welfare office | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

| | | | |
|------|--|----------------------------|----------------------------|
| 6.21 | Does the household own any of the following? 01 = Vehicle (e.g. car, truck, bakkie, van) 02 = Motorcycle 03 = Tractor 04 = Plough 05 = Television 06 = Bicycle 07 = Radio 08 = Bed 09 = Watch or clock 10 = Books | 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 |
| | | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 6.22 | In the past 12 months, how often, if ever, did this household have problems satisfying their food needs? 1 = NEVER 2 = SELDOM 3 = SOMETIMES 4 = OFTEN 5 = ALWAYS | <input type="checkbox"/> 1 | |
| | | <input type="checkbox"/> 2 | |
| | | <input type="checkbox"/> 3 | |
| | | <input type="checkbox"/> 4 | |
| | | <input type="checkbox"/> 5 | |
| | | | |
| 6.23 | Does any member of this household receive any of the following welfare grants? 1 = Old age pension 2 = Disability grant 3 = Child support grant 4 = Care dependency grant 5 = Foster care grant 6 = Grant in aid 7 = Social relief | 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 |
| | | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

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| 6.24 | What is the main source of income for this household? 1 = SALARIES AND/OR WAGES 2 = REMITTANCES 3 = PENSIONS AND GRANTS 4 = SALES OF FARM PRODUCTS 5 = OTHER NON-FARM INCOME 6 = NO INCOME | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 |
| 6.25 | What was the total household expenditure in the last month? <i>Include everything that the household and its members spent money on, including food, clothing, transport, rent and rates, alcohol and tobacco, school fees, entertainment and any other expenses.</i> 01 = R 0 – R 399 02 = R 400 – R 799 03 = R 800 – R 1 199 04 = R 1 200 – R 1 799 05 = R 1 800 – R 2 499 06 = R 2 500 – R 4 999 07 = R 5 000 – R 9 999 08 = 10 000 OR MORE 09 = DON'T KNOW 10 = REFUSE | <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 |

| 6.26 | Does this household, or a household member, own any of the following financial assets? 1 = Money in a savings account at a bank 2 = Savings in a stokvel 3 = Savings in pension plan or retirement annuity 4 = Unit trust, stocks or shares 5 = Cash loans which are expected to be repaid 6 = Life insurance 7 = Other savings, <i>specify</i> | <table border="0"> <tr> <th>YES</th> <th>NO</th> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> </table> | 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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <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 | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | | | | | | | | | | | | | | | | | | | | | | | |
| 6.27 | Did the household, or a household member, receive cash loans or buy on credit from any of the following in the past 12 months? 01 = Family member 02 = Neighbour 03 = Local dealer/shop 04 = Co-operative 05 = Commercial bank or building society (including credit card) 06 = Land Bank 07 = Other government agency 08 = Stokvel 09 = Non-governmental organisation (NGO) 10 = Money lender/mashonisa 11 = Commercial farmer 12 = Other, <i>specify</i> . | <table border="0"> <tr> <th>YES</th> <th>NO</th> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> </table> | 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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <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 | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | | | | | | | | | | | | | | | | | | | | | | | |
| 6.28 | In the past 12 months, did the household, or a household member, make any cash contributions to a member/ members or relatives of the family, who is/are not part of this household? 1 = YES 2 = No 3 = DON'T KNOW | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | | | | | | | | | | | | | | | | | | | | | | |

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Questionnaire number

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FOR PROCESSING

| | NAME | NUMBER | DATE |
|-----------------------|------|--------|------|
| HQ CHECK | | | |
| CODING 1 | | | |
| VERIFICATION CODING 1 | | | |
| CODING 2 | | | |
| VERIFICATION CODING 2 | | | |
| DATA ENTRY | | | |
| CHECK DATA ENTRY | | | |

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