

# Time Use Survey 2010

## A: Particulars of the dwelling

A1: PSU Number

A2: Dwelling unit number

A3: Assignment number

A4: Survey date

A5: Physical identification of the dwelling unit

A6: Telephone number of emunerated household

A7: Total number of persons in the household

A8: Questionnaire number for this household (for persons no. 01-10=1, etc.)

## B: Households at the selected dwelling unit

B1: Household number for this household

B2: Total number of households at selected dwelling unit

## C: Field staff

C1: DSC  Assignment number

C2: PQM  Assignment number

Unique no.

## D: Response details

Visit No	Date (actual)								Result Code	Next visit (planned)								
	d	d	m	m	y	y	y	y		d	d	m	m	y	y	y	y	
D1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D5: Final result code																		
D6: Comments and full details for result codes 02-12																		
<input type="text"/>																		
<input type="text"/>																		
<input type="text"/>																		
<input type="text"/>																		

Result codes	
01	Completed
02	Non-contact
03	Refused
04	Partly completed
05	No usable information
06	Vacant/unoccupied dwelling
07	Listing error
08	Demolished
09	Change status
10	Other non-response
11	End at question 1.15
12	Only diary completed

Comment in D6 giving full details for result code 02-12

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**SECTION 1: GENERAL HOUSEHOLD INFORMATION**

This section covers general information regarding the household. *Ask a responsible person in the household to answer on behalf of the household.*

**HOUSING Ask all households**

1.1	Indicate the type of main dwelling that the household occupies?	Main Dwelling
	01 = DWELLING/HOUSE OR BRICK/CONCRETE BLOCK STRUCTURE ON A SEPARATE STAND OR YARD OR ON FARM	<input type="checkbox"/> 01
	02 = TRADITIONAL DWELLING/HUT/STRUCTURE MADE OF TRADITIONAL MATERIALS	<input type="checkbox"/> 02
	03 = FLAT OR APARTMENT IN A BLOCK OF FLATS	<input type="checkbox"/> 03
	04 = CLUSTER HOUSE IN COMPLEX	<input type="checkbox"/> 04
	05 = TOWNHOUSE (SEMI-DETACHED HOUSE IN COMPLEX)	<input type="checkbox"/> 05
	06 = SEMI-DETACHED HOUSE	<input type="checkbox"/> 06
	07 = DWELLING/HOUSE/FLAT/ROOM IN BACKYARD	<input type="checkbox"/> 07
	08 = INFORMAL DWELLING/SHACK IN BACKYARD	<input type="checkbox"/> 08
	09 = IFORMAL DWELLING/SHACK NOT IN BACKYARD, E.G. IN AN INFORMAL/SQUATTER SETTLEMENT OR ON FARM	<input type="checkbox"/> 09
	10 = ROOM/FLATLET ON A PROPERTY OR A LARGER DWELLING/ SERVANTS' QUARTERS /GRANNY FLAT	<input type="checkbox"/> 10
	11 = CARAVAN/TENT	<input type="checkbox"/> 11
	12 = OTHER, <i>specify</i>	<input type="checkbox"/> 12
	<div></div>	

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1.2	Does this household have the use of.....	Yes	No
	01 = Washing machine	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	02 = Vacuum cleaner	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	03 = Refrigerator	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	04 = Landline telephone	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	05 = Cellphone	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	06 = Television	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	07 = Radio	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	08 = Car	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	09 = Clock	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	10 = Computer	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	11 = Internet facilities at home	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	12 = Microwave oven	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	13 = Decoder (e.g. DSTV, Top TV)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	14 = Dishwashing machine	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**SOURCE OF ENERGY** *Ask all households*

1.3	What is the main source of energy/fuel for this household.....	For Lighting?	For Cooking?	For Heating?
	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		
	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 = None	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = Other, <i>specify in the box at the bottom</i>	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11

**FETCHING WOOD/DUNG** *Ask all households**Ask if the answer in Q1.3 is 05 or 08. Otherwise go to Q1.6*

1.4	How far do members of the household have to travel to fetch wood/dung?	
	1 = LESS THAN 100M	<input type="checkbox"/> 1
	2 = 100M - LESS THAN 200M	<input type="checkbox"/> 2
	3 = 200M - LESS THAN 500M	<input type="checkbox"/> 3
	4 = 500M - LESS THAN 1KM	<input type="checkbox"/> 4
	5 = 1KM OR MORE	<input type="checkbox"/> 5
	6 = NOT APPLICABLE	<input type="checkbox"/> 6
1.5	Are the persons who usually collect wood/dung.....	
	1 = Mostly males (men and/or boys)?	<input type="checkbox"/> 1
	2 = Mostly females (women and/or girls)?	<input type="checkbox"/> 2
	3 = Equally males and females?	<input type="checkbox"/> 3

**WATER** *Ask all households*

1.6	What is the household's main source of water?	
	01 = PIPED (TAP) WATER IN DWELLING/HOUSE	<input type="checkbox"/> 01
	02 = PIPED (TAP) WATER IN YARD	<input type="checkbox"/> 02
	03 = BOREHOLE IN YARD	<input type="checkbox"/> 03
	04 = RAIN WATER TANK IN YARD	<input type="checkbox"/> 04
	05 = NEIGHBOUR'S TAP	<input type="checkbox"/> 05
	06 = PUBLIC/COMMUNAL TAP	<input type="checkbox"/> 06
	07 = WATER-CARRIER/TANKER	<input type="checkbox"/> 07
	08 = BOREHOLE OUTSIDE YARD	<input type="checkbox"/> 08
	09 = FLOWING WATER/STREAM/RIVER	<input type="checkbox"/> 09
	10 = STAGNANT WATER/DAM/POOL	<input type="checkbox"/> 10
	11 = WELL	<input type="checkbox"/> 11
	12 = SPRING	<input type="checkbox"/> 12
	13 = VENDOR ( <i>e.g. person selling water</i> )	<input type="checkbox"/> 13
	14 = OTHER, <i>specify</i>	<input type="checkbox"/> 14
1.7	How far is the water source from the dwelling or yard?	
	1 = LESS THAN 100M	<input type="checkbox"/> 1
	2 = 100M - LESS THAN 200M	<input type="checkbox"/> 2
	3 = 200M - LESS THAN 500M	<input type="checkbox"/> 3
	4 = 500M - LESS THAN 1KM	<input type="checkbox"/> 4
	5 = 1KM OR MORE	<input type="checkbox"/> 5
	6 = NOT APPLICABLE	<input type="checkbox"/> 6
1.8	Are the persons who usually collect water.....	
	1 = Mostly males (men and/or boys)?	<input type="checkbox"/> 1
	2 = Mostly females (women and/or girls)?	<input type="checkbox"/> 2
	3 = Equally males and females?	<input type="checkbox"/> 3

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**TRANSPORT AND FACILITIES** *Ask all households*

<b>1.9</b>	<b>Are any of the following public transport services within a 30 minute (2 km) walk of this dwelling?</b>	Yes	No
	1 = Train	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	2 = Bus	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	3 = Minibus taxi/sedan taxi	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>1.10</b>	<b>Are any of the following facilities within a 30 minute (2 km) walk of this dwelling? (Include mobile services)</b>	Yes	No
	1 = Primary school	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	2 = Secondary school	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	3 = Clinic/ hospital	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	4 = Shops where basic foods can be bought	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**HOUSEHOLD INCOME** *Ask all households*

<b>1.11</b>	<b>Which of the following sources of income does your household have at present?</b>	Yes	No
	01 = Salaries/wages/commission	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	02 = Earnings from own business or farm	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	03 = State old age or disability grant	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	04 = Child support/foster care/care dependency grant	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	05 = Other state welfare grants	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	06 = Private pensions (including ex-government employees)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	07 = Unemployment insurance fund	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	08 = Investments	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	09 = Remittance from people outside the household	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	10 = Private maintenance (from ex-spouse or father of children)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	11 = Income from other sources, <i>specify</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<div style="border: 1px solid black; height: 20px; width: 200px;"></div>		
	12 = No income → <b>Go to Q1.14</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>1.12</b>	<b>Which one of the above income sources usually provides the most money for the household? (Choose only one source)</b> <i>Write the option number in the block provided.</i>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>1.13</b>	<b>What is the usual total monthly income of this household? (from all sources)</b>	
	01 = None	<input type="checkbox"/> 01
	02 = R1 - R200	<input type="checkbox"/> 02
	03 = R201 - R500	<input type="checkbox"/> 03
	04 = R501 - R1 000	<input type="checkbox"/> 04
	05 = R1 001 - R1 500	<input type="checkbox"/> 05
	06 = R1 501 - R2 500	<input type="checkbox"/> 06
	07 = R2 501 - R3 000	<input type="checkbox"/> 07
	08 = R3 501 - R4 500	<input type="checkbox"/> 08
	09 = R4 501 - R6 000	<input type="checkbox"/> 09
	10 = R6 001 - R8 000	<input type="checkbox"/> 10
	11 = R8 001 - R11 000	<input type="checkbox"/> 11
	12 = R11 001 OR MORE	<input type="checkbox"/> 12
	13 = DON'T KNOW	<input type="checkbox"/> 13
	14 = REFUSE	<input type="checkbox"/> 14

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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 number									
Record persons according to age from oldest to youngest, starting with the oldest in column 01		01	02	03	04	05	06	07	08	09	10
1.14	First name and surname First name:										
	Surname:										
1.15	Has..... stayed in this household 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
1.16	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
1.17	What is .....’s age in completed years? (less than 1 year = 000)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
1.18	What population group does.... belong to? 1 = AFRICAN/BLACK 2 = COLOURED 3 = INDIAN/ASIAN 4 = WHITE 5 = OTHER, specify in the box at the bottom	<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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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**HOUSEHOLD CHORES**

1.19	<b>Who is the person who does the most housework?</b> (Please record the person number for the person who does most housework. If the main person responsible for housework is not a member of the household, put code 88).	<input type="text"/> <input type="text"/>
1.20	<b>Indicate the column number of the person who responded to this section of the questionnaire</b>	<input type="text"/> <input type="text"/>
1.21	<b>In what language was the interview conducted?</b> 01 = AFRIKAANS 02 = ENGLISH 03 = INSINDEBELE/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 = XITSONG/TSONGA 12 = OTHER, SPECIFY <div></div>	<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

**Note to interviewer:** You must now select the two individuals who will be respondents for the time use diaries using the grid in your manual. The two individuals must be selected from among all household members who are 10 years of age or older.

1.22	<b>Which two members must be selected?</b>  1 = Number of eligible people in this household  2 = This is the ..... household with this number of eligible people in my sample	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.23	<b>Who are the selected members?</b>  1 = PERSON NUMBER FOR THE FIRST SELECTED MEMBER  2 = PERSON NUMBER FOR THE SECOND SELECTED MEMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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Person no.

Age

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**SECTION 2: INDIVIDUAL QUESTIONNAIRE****SELECTED MEMBER****1****2.1** What is the relationship of each of the other members of the household to you?*Indicate the relationship of each of the other members of the household to the selected person.**For example, if you are interviewing household member 02 (Selected person) and household member 03 is her son, then put code 9 in column 02 and put code 2 in column 03.*

	01	02	03	04	05	06	07	08	09	10
Selected person 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	11	12	13	14	15	16	17	18	19	20
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Code	Relationship
1	Husband/wife/partner
2	Son/daughter/stepchild/foster or adopted child
3	Brother/sister
4	Father/mother
5	Grandparent or great-grandparent
6	Grandchild
7	Other relative (e.g. in-law or aunt/uncle)
8	Non-related person
9	Self

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2.2	<b>What is the highest level of education that you have successfully completed?</b>	
	00 = NO SCHOOLING	<input type="checkbox"/> 00
	01 = GRADE R/0	<input type="checkbox"/> 01
	02 = GRADE 1/SUB A	<input type="checkbox"/> 02
	03 = GRADE 2/SUB B	<input type="checkbox"/> 03
	04 = GRADE 3/STANDARD 1	<input type="checkbox"/> 04
	05 = GRADE 4/STANDARD 2	<input type="checkbox"/> 05
	06 = GRADE 5/STANDARD 3	<input type="checkbox"/> 06
	07 = GRADE 6/STANDARD 4	<input type="checkbox"/> 07
	08 = GRADE 7/STANDARD 5	<input type="checkbox"/> 08
	09 = GRADE 8/STANDARD 6/FORM 1	<input type="checkbox"/> 09
	10 = GRADE 9/STANDARD 7/FORM 2	<input type="checkbox"/> 10
	11 = GRADE 10/STANDARD 8/FORM 3	<input type="checkbox"/> 11
	12 = GRADE 11/STANDARD 9/FORM 4	<input type="checkbox"/> 12
	13 = GRADE 12/STANDARD 10/FORM 5/MATRIC	<input type="checkbox"/> 13
	14 = NTC I	<input type="checkbox"/> 14
	15 = NTC II	<input type="checkbox"/> 15
	16 = NTC III	<input type="checkbox"/> 16
	17 = CERTIFICATE WITH LESS THAN GRADE12/STD10	<input type="checkbox"/> 17
	18 = DIPLOMA WITH LESS THAN GRADE12/STD10	<input type="checkbox"/> 18
	19 = CERTIFICATE WITH GRADE12/STD10	<input type="checkbox"/> 19
	20 = DIPLOMA WITH GRADE12/STD10	<input type="checkbox"/> 20
	21 = BACHELORS DEGREE	<input type="checkbox"/> 21
	22 = BACHELORS DEGREE AND DIPLOMA	<input type="checkbox"/> 22
	23 = HONOURS DEGREE	<input type="checkbox"/> 23
	24 = HIGHER DEGREE (MASTERS, DOCTORATE)	<input type="checkbox"/> 24
	25 = OTHER, <i>Specify in the box at the bottom</i>	<input type="checkbox"/> 25
	26 = DON'T KNOW	<input type="checkbox"/> 26
	<div></div>	

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2.3	<b>What is your present marital status?</b> 1 = MARRIED 2 = LIVING TOGETHER LIKE HUSBAND AND WIFE 3 = WIDOW/WIDOWER 4 = DIVORCED OR SEPARATED 5 = NEVER MARRIED	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
2.4	<b>Does your spouse / partner live in this household?</b> 1 = YES 2 = NO	<input type="checkbox"/> 1 <input type="checkbox"/> 2
2.5	<b>Which person is your spouse / partner?</b> <i>Give person number</i>	<input type="text"/> <input type="text"/>
2.6	<b>Do you have children aged less than 18 years who are still alive?</b> 1 = YES 2 = NO	<input type="checkbox"/> 1 <input type="checkbox"/> 2
2.7	<b>How many of these children under 18 years are living in this household?</b>	<input type="text"/> <input type="text"/>
2.8	<b>Do you have children under 7 years who are still alive?</b> 1 = YES 2 = NO	<input type="checkbox"/> 1 <input type="checkbox"/> 2
2.9	<b>How many of these children under 7 years are living in this household?</b>	<input type="text"/> <input type="text"/>

Person no.

Age

**SECTION 3:****This section covers economic activities in the last week for persons aged 10 years and above**

<b>3.1</b>	<b>In the last week.....</b>	Yes	No
	<b>(a) Did you work for a wage, salary, commission or any payment in kind (including paid domestic work), even if it was for only one hour?</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<i>Examples: a regular job, contract, casual or piece work for pay, work in exchange of food or housing, paid domestic work.</i>		
	<b>(b) Did you run or do any kind of business, big or small, for yourself or with one or more partners, even if it was for only one hour?</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<i>Examples: Commercial farming, selling things, making things for sale, construction, repairing things, guarding cars, brewing beer, collecting wood or water for sale, hairdressing, crèche business, taxi or other transport business, having a legal or medical practice, performing in public, having a public phone shop, etc.</i>		
	<b>(c) Did you help without being paid in any kind of business run by your household, even if it was for only one hour?</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<i>Examples: Commercial farming, help to sell things, make things for sale or exchange, doing the accounts, cleaning up for the business, etc.</i>		
	<b>If yes to any part of Q 3.1 go to Section 4, otherwise go to Q 3.2</b>		

<b>3.2</b>	<b>In the last week, even though you did not do any work for pay, profit or did not help without pay in a household business, .....</b>	Yes	No
	<b>(a) Did you have a paid job or business that you would definitely return to?</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	————→ <i>If yes, go to Section 4</i>		
	<i>Examples: a regular job, contract, casual or piece work for pay, paid domestic work; Commercial farming, selling things, taxi or other transport business, having a legal or medical practice, performing in public, having a public phone shop, etc.</i>		
	<b>(b) Did you have an unpaid job in any kind of business run by your household that you would definitely return to?</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	————→ <i>Go to Q 3.3</i>		
	<i>Examples: Commercial farming, help to sell things, make things for sale or exchange, doing the accounts, cleaning up for the business, etc.</i>		

<b>3.3</b>	<b>In the last four weeks were you looking for any kind of work or trying to start any kind of business?</b>	
	1 = YES —————→ <i>Go to Q 3.5</i>	<input type="checkbox"/> 1
	2 = NO	<input type="checkbox"/> 2
<b>3.4</b>	<b>Would you have liked to work last week?</b>	
	1 = YES	<input type="checkbox"/> 1
	2 = NO —————→ <i>Go to Q 4.5</i>	<input type="checkbox"/> 2
<b>3.5</b>	<b>If a suitable job had been offered or circumstances had allowed, would you have been able to start work or a business.....</b>	
	1 = Last week?	<input type="checkbox"/> 1
	2 = Within a week?	<input type="checkbox"/> 2
	3 = Within two weeks?	<input type="checkbox"/> 3
	4 = Within four weeks?	<input type="checkbox"/> 4
	5 = Later than four weeks from now?	<input type="checkbox"/> 5
	6 = DON'T KNOW	<input type="checkbox"/> 6
	————→ <i>Go to Q 4.5</i>	

*Read out:* The questions that follow refer to your main job/business. That is the one where you usually work the most hours per week, even if you were absent from it in the last week

4.1.a	<b>What kind of work do you usually do in the main job/business that you had during the last week?</b>
	<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>
4.1.b	<b>What are your main tasks or duties in this work?</b>
	<i>Examples: Selling fruit, repairing watches, keeping accounts, feeding and watering cattle, teaching children.</i>
CODE BOXES FOR OFFICE USE	

4.2.a	<p><b>What is the name of your place of work?</b></p> <p><i>For government or large organisations, give the name of the establishment and branch or division: e.g. Education Dept - Rapele Primary School; Harmony Gold Mining - Maintenance Div. Write "Own house" or "No fixed location", if relevant</i></p> <div data-bbox="1442 619 2179 825"></div>	
4.2.b	<p><b>What are the main goods or services produced at your place of work or its main functions?</b></p> <p><i>Examples: Repairing cars, Selling commercial real estate, Sell food wholesale to restaurants, Retail clothing shop, manufacturing electrical appliances, Bar/restaurant, primary Education, delivering newspapers to homes, For domestic workers write "private household"</i></p> <div data-bbox="1442 1040 2179 1191"></div> <p data-bbox="1442 1213 1663 1232">CODE BOXES FOR OFFICE USE</p>	<div data-bbox="2208 1199 2316 1246"></div>
4.3	<p><b>How many hours do you usually work each week?</b></p>	<div data-bbox="2208 1274 2316 1321"></div>
4.4	<p><b>In the job/business that you had during the last week were you.....</b></p> <p>1 = Working for someone else for pay?</p> <p>2 = An employer (employing one or more employees)?</p> <p>3 = Own-account worker (not employing any employees)?</p> <p>4 = Helping without pay in a household business?</p>	<div data-bbox="2245 1401 2295 1519"> <div>1</div> <div>2</div> <div>3</div> <div>4</div> </div>

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## Ask for persons aged 10 years and above

<b>4.5</b>	<b>What is your personal main source of income or support to meet your daily needs?</b>	
	01 = WAGES/SALARY/PIECEWORK PAY/COMMISSION	<input type="checkbox"/> 01
	02 = EARNING FROM OWN BUSINESS OR FARM	<input type="checkbox"/> 02
	03 = STATE OLD AGE PENSION OR DISABILITY	<input type="checkbox"/> 03
	04 = CHILD SUPPORT / FOSTER CARE GRANT	<input type="checkbox"/> 04
	05 = OTHER STATE WELFARE GRANTS	<input type="checkbox"/> 05
	06 = PRIVATE PENSIONS	<input type="checkbox"/> 06
	07 = UNEMPLOYMENT INSURANCE FUND	<input type="checkbox"/> 07
	08 = INVESTMENTS	<input type="checkbox"/> 08
	09 = MONEY FROM OTHER HOUSEHOLD MEMBERS, INCLUDING SPOUSE	<input type="checkbox"/> 09
	10 = REMITTANCE FROM PEOPLE OUTSIDE THE HOUSEHOLD	<input type="checkbox"/> 10
	11 = PRIVATE MAINTENANCE (FROM EX-SPOUSE OR FATHER OF CHILDREN)	<input type="checkbox"/> 11
	12 = INCOME FROM OTHER SOURCES, <i>specify</i>	<input type="checkbox"/> 12
	<div style="border: 1px solid black; height: 20px; width: 150px; margin-top: 5px;"></div>	
	13 = NO PERSONAL INCOME —————→ <b>Go to Q 4.7</b>	<input type="checkbox"/> 13
<b>4.6</b>	<b>What is your usual total monthly personal income from all sources?</b>	
	01 = None	<input type="checkbox"/> 01
	02 = R1 - R200	<input type="checkbox"/> 02
	03 = R201 - R500	<input type="checkbox"/> 03
	04 = R501 - R1 000	<input type="checkbox"/> 04
	05 = R1 001 - R1 500	<input type="checkbox"/> 05
	06 = R1 501 - R2 500	<input type="checkbox"/> 06
	07 = R2 501 - R3 000	<input type="checkbox"/> 07
	08 = R3 501 - R4 500	<input type="checkbox"/> 08
	09 = R4 501 - R6 000	<input type="checkbox"/> 09
	10 = R6 001 - R8 000	<input type="checkbox"/> 10
	11 = R8 001 - R11 000	<input type="checkbox"/> 11
	12 = R11 001 OR MORE	<input type="checkbox"/> 12
	13 = DON'T KNOW	<input type="checkbox"/> 13
	14 = REFUSE	<input type="checkbox"/> 14

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## Non market

<b>4.7</b>	<b>In the last week .....</b>	Yes	No
	<b>(a1) Were you involved in any farming activities to produce food for household use or look after livestock?</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<i>Examples: ploughing, harvesting, looking after livestock</i>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>(a2) If yes, for how many hours?</b>		
	<b>(b1) Did you do any construction or major repair work on your own home, plot, cattle post or business or those of the household?</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<b>(b2) If yes, for how many hours?</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>(c1) Did you catch any fish, prawns, shells, wild animals or other food for household consumption?</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<b>(c2) If yes, for how many hours?</b>	<input type="checkbox"/>	<input type="checkbox"/>

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Person no.

Age

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**SECTION 5:**  
**DIARY FOR SELECTED MEMBER 1**

**5.1** *Date for which activities are recorded:*  
*(This is the day before today)*

Day:

Month:

Year:


**5.2** *Day of the week for which activities are recorded:*  
*(This is the day before today)*

- 1 = Monday
- 2 = Tuesday
- 3 = Wednesday
- 4 = Thursday
- 5 = Friday
- 6 = Saturday
- 7 = Sunday

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7

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**NOTE: Repeat these questions for each half an hour period. Fill in the description of each activity the same time and location columns while with the respondent.**  
**Add the activity codes after the interview is finished.**

First person diary							
Time	Q 5.3 What were you doing between (04h00) and 04h30)? <i>Record activity in first line for time period</i> <i>Record one activity per line</i> Q 5.4 What else were you doing (If more than one activity mentioned) <i>(Fill in activities on next two lines for the time period)</i> 1 to 3 activities per time period	Code	Q 5.5 Did you do the activities at the same time, or one after the other?		Q 5.6.a Where were you when you did the activity? (Location 1)	Q 5.6.b Where were you when you did the activity? (Location 2)	Location code 1  1 = Own dwelling/Home 2 = Someone else's dwelling 3 = Field farm or other agricultural workplace 4 = Other workplace outside private dwelling 5 = Education establishment 6 = Public area i.e. not in private dwelling workplace or educational establishment 7 = Traveling or waiting to travel 8 = Other  Location code 2 1 = Inside 2 = Outside 3 = Traveling on foot 4 = Traveling by private transport (car, van, motorcycle) 5 = Traveling by taxi (minibus or other) 6 = Traveling by train 7 = Traveling by bus 8 = Traveling by bicycle 9 = Traveling by other means
			YES	NO			
04H00		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	
04H30		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	
04H30		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	
05H00		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	
05H00		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	
05H30		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	
05H30		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	
06H00		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	
06H00		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	
06H30		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	
06H30		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	
07H00		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	

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First person diary										
Time	Q 5.3 What were you doing between (04h00) and 04h30)? <i>Record activity in first line for time period Record one activity per line Q 5.4 What else were you doing (If more than one activity mentioned) (Fill in activities on next two lines for the time period)</i> <b>1 to 3 activities per time period</b>	Code	Q 5.5 Did you do the activities at the same time, or one after the other?		Q 5.6.a Where were you when you did the activity? (Location 1)	Q 5.6.b Where were you when you did the activity? (Location 2)	Location code 1			
			YES	NO						
07H00		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Location code 1</b> 1 = Own dwelling/Home 2 = Someone else's dwelling 3 = Field farm or other agricultural workplace 4 = Other workplace outside private dwelling 5 = Education establishment 6 = Public area i.e. not in private dwelling workplace or educational establishment 7 = Traveling or waiting to travel 8 = Other  <b>Location code 2</b> 1 = Inside 2 = Outside 3 = Traveling on foot 4 = Traveling by private transport (car, van, motorcycle) 5 = Traveling by taxi (minibus or other) 6 = Traveling by train 7 = Traveling by bus 8 = Traveling by bicycle 9 = Traveling by other means		
to		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
07H30		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
07H30		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
to		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
08H00		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
08H00		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
to		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
08H30		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
08H30		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
to		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
09H00		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
09H00		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
to		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
09H30		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
09H30		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
to		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10H00		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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First person diary							
Time	Q 5.3 What were you doing between (04h00) and 04h30)? <i>Record activity in first line for time period</i> <i>Record one activity per line</i> Q 5.4 What else were you doing (If more than one activity mentioned) <i>(Fill in activities on next two lines for the time period)</i> 1 to 3 activities per time period	Code	Q 5.5 Did you do the activities at the same time, or one after the other?		Q 5.6.a Where were you when you did the activity? (Location 1)	Q 5.6.b Where were you when you did the activity? (Location 2)	Location code 1  1 = Own dwelling/Home 2 = Someone else's dwelling 3 = Field farm or other agricultural workplace 4 = Other workplace outside private dwelling 5 = Education establishment 6 = Public area i.e. not in private dwelling workplace or educational establishment 7 = Traveling or waiting to travel 8 = Other  Location code 2 1 = Inside 2 = Outside 3 = Traveling on foot 4 = Traveling by private transport (car, van, motorcycle) 5 = Traveling by taxi (minibus or other) 6 = Traveling by train 7 = Traveling by bus 8 = Traveling by bicycle 9 = Traveling by other means
			YES	NO			
10H00		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10H30		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10H30		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11H00		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11H00		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11H30		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11H30		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12H00		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12H00		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12H30		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12H30		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13H00		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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First person diary										
Time	Q 5.3 What were you doing between (04h00) and 04h30)? <i>Record activity in first line for time period</i> <i>Record one activity per line</i> <b>Q 5.4 What else were you doing</b> (If more than one activity mentioned) (Fill in activities on next two lines for the time period) <b>1 to 3 activities per time period</b>	Code	Q 5.5 Did you do the activities at the same time, or one after the other?		Q 5.6.a Where were you when you did the activity? (Location 1)	Q 5.6.b Where were you when you did the activity? (Location 2)	Location code 1			
			YES	NO						
13H00		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 = Own dwelling/Home		
to		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2 = Someone else's dwelling		
13H30		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	3 = Field farm or other agricultural workplace		
13H30		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	4 = Other workplace outside private dwelling		
to		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	5 = Education establishment		
14H00		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	6 = Public area i.e. not in private dwelling workplace or educational establishment		
14H00		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	7 = Traveling or waiting to travel		
to		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	8 = Other		
14H30		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>Location code 2</b>		
14H30		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 = Inside		
to		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2 = Outside		
15H00		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	3 = Traveling on foot		
15H00		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	4 = Traveling by private transport (car, van, motorcycle)		
to		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	5 = Traveling by taxi (minibus or other)		
15H30		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	6 = Traveling by train		
15H30		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	7 = Traveling by bus		
to		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	8 = Traveling by bicycle		
16H00		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	9 = Traveling by other means		

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First person diary							
Time	Q 5.3 What were you doing between (04h00) and 04h30)? <i>Record activity in first line for time period</i> <i>Record one activity per line</i> Q 5.4 What else were you doing (If more than one activity mentioned) <i>(Fill in activities on next two lines for the time period)</i> 1 to 3 activities per time period	Code	Q 5.5 Did you do the activities at the same time, or one after the other?		Q 5.6.a Where were you when you did the activity? (Location 1)	Q 5.6.b Where were you when you did the activity? (Location 2)	Location code 1  1 = Own dwelling/Home 2 = Someone else's dwelling 3 = Field farm or other agricultural workplace 4 = Other workplace outside private dwelling 5 = Education establishment 6 = Public area i.e. not in private dwelling workplace or educational establishment 7 = Traveling or waiting to travel 8 = Other  Location code 2 1 = Inside 2 = Outside 3 = Traveling on foot 4 = Traveling by private transport (car, van, motorcycle) 5 = Traveling by taxi (minibus or other) 6 = Traveling by train 7 = Traveling by bus 8 = Traveling by bicycle 9 = Traveling by other means
			YES	NO			
16H00		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
to		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
16H30		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
16H30		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
to		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
17H00		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
17H00		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
to		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
17H30		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
17H30		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
to		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
18H00		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
18H00		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
to		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
18H30		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
18H30		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
to		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
19H00		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

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First person diary										
Time	Q 5.3 What were you doing between (04h00) and 04h30)? <i>Record activity in first line for time period</i> <i>Record one activity per line</i> <b>Q 5.4 What else were you doing</b> (If more than one activity mentioned) (Fill in activities on next two lines for the time period) <b>1 to 3 activities per time period</b>	Code	Q 5.5 Did you do the activities at the same time, or one after the other?		Q 5.6.a Where were you when you did the activity? (Location 1)	Q 5.6.b Where were you when you did the activity? (Location 2)	Location code 1			
			YES	NO						
19H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Location code 1</b> 1 = Own dwelling/Home 2 = Someone else's dwelling 3 = Field farm or other agricultural workplace 4 = Other workplace outside private dwelling 5 = Education establishment 6 = Public area i.e. not in private dwelling workplace or educational establishment 7 = Traveling or waiting to travel 8 = Other		
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Location code 2</b> 1 = Inside 2 = Outside 3 = Traveling on foot 4 = Traveling by private transport (car, van, motorcycle) 5 = Traveling by taxi (minibus or other) 6 = Traveling by train 7 = Traveling by bus 8 = Traveling by bicycle 9 = Traveling by other means		
20H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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First person diary							
Time	Q 5.3 What were you doing between (04h00) and 04h30)? <i>Record activity in first line for time period</i> <i>Record one activity per line</i> Q 5.4 What else were you doing (If more than one activity mentioned) <i>(Fill in activities on next two lines for the time period)</i> 1 to 3 activities per time period	Code	Q 5.5 Did you do the activities at the same time, or one after the other?		Q 5.6.a Where were you when you did the activity? (Location 1)	Q 5.6.b Where were you when you did the activity? (Location 2)	Location code 1  1 = Own dwelling/Home 2 = Someone else's dwelling 3 = Field farm or other agricultural workplace 4 = Other workplace outside private dwelling 5 = Education establishment 6 = Public area i.e. not in private dwelling workplace or educational establishment 7 = Traveling or waiting to travel 8 = Other  Location code 2 1 = Inside 2 = Outside 3 = Traveling on foot 4 = Traveling by private transport (car, van, motorcycle) 5 = Traveling by taxi (minibus or other) 6 = Traveling by train 7 = Traveling by bus 8 = Traveling by bicycle 9 = Traveling by other means
			YES	NO			
22H00		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
to		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
22H30		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
22H30		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
to		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
23H00		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
23H00		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
to		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
23H30		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
23H30		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
to		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
00H00		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
00H00		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
to		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
00H30		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
00H30		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
to		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
01H00		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

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First person diary										
Time	Q 5.3 What were you doing between (04h00) and 04h30)? <i>Record activity in first line for time period</i> <i>Record one activity per line</i> <b>Q 5.4 What else were you doing</b> (If more than one activity mentioned) (Fill in activities on next two lines for the time period) <b>1 to 3 activities per time period</b>	Code	Q 5.5 Did you do the activities at the same time, or one after the other?		Q 5.6.a Where were you when you did the activity? (Location 1)	Q 5.6.b Where were you when you did the activity? (Location 2)	Location code 1			
			YES	NO						
01H00		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 = Own dwelling/Home		
to		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2 = Someone else's dwelling		
01H30		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	3 = Field farm or other agricultural workplace		
01H30		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	4 = Other workplace outside private dwelling		
to		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	5 = Education establishment		
02H00		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	6 = Public area i.e. not in private dwelling workplace or educational establishment		
02H00		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	7 = Traveling or waiting to travel		
to		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	8 = Other		
02H30		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>Location code 2</b>		
02H30		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 = Inside		
to		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2 = Outside		
03H00		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	3 = Traveling on foot		
03H00		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	4 = Traveling by private transport (car, van, motorcycle)		
to		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	5 = Traveling by taxi (minibus or other)		
03H30		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	6 = Traveling by train		
03H30		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	7 = Traveling by bus		
to		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	8 = Traveling by bicycle		
04H00		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	9 = Traveling by other means		

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Note to interviewer: Probe for more activities if:

(a) any activities took much longer than you would expect

(b) activities that normally follow each other seem to be missing

<b>5.7</b>	<b>Did you spend any time during the day looking after children or adults?</b>  1 = YES, care of children not recorded all the times 2 = YES, care of adults not recorded all the times 3 = YES, all care of children and adults already recorded all the times 4 = NO	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
	} <i>go back to diary and fill in care activities</i>	
<b>5.8</b>	<b>Was yesterday a typical day for you?</b>  1 = YES 2 = NO, because I was ill 3 = NO, because it was school/ university/ college/ holidays 4 = NO, because I was on leave from work 5 = NO, because there was a funeral, wedding, bereavment 6 = NO, because there was a problem with the weather 7 = NO, because I was looking after another family/ household member	<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
<b>5.9</b>	<b>Overall, how did you feel about the day you just described? Would you say you...</b>  1 = Were too busy/ had too many things to do? 2 = Had a comfortable amount of things to do in a day? 3 = Were not busy enough/ did not have enough to do?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

*End of questions for selected member 1*

*Thank the respondent for his/her co-operation*

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Person no.

Age

**SECTION 2: INDIVIDUAL QUESTIONNAIRE****SELECTED MEMBER****2****2.1** What is the relationship of each of the other members of the household to you?*Indicate the relationship of each of the other members of the household to the selected person.**For example, if you are interviewing household member 02 (Selected person) and household member 03 is her son, then put code 9 in column 02 and put code 2 in column 03.*

	01	02	03	04	05	06	07	08	09	10
Selected person 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	11	12	13	14	15	16	17	18	19	20
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Code	Relationship
1	Husband/wife/partner
2	Son/daughter/stepchild/foster or adopted child
3	Brother/sister
4	Father/mother
5	Grandparent or great-grandparent
6	Grandchild
7	Other relative (e.g. in-law or aunt/uncle)
8	Non-related person
9	Self

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**2.2 What is the highest level of education that you have successfully completed?**

- |   |                             |
|---|-----------------------------|
| 00 = NO SCHOOLING                                   | <input type="checkbox"/> 00 |
| 01 = GRADE R/0                                      | <input type="checkbox"/> 01 |
| 02 = GRADE 1/SUB A                                  | <input type="checkbox"/> 02 |
| 03 = GRADE 2/SUB B                                  | <input type="checkbox"/> 03 |
| 04 = GRADE 3/STANDARD 1                             | <input type="checkbox"/> 04 |
| 05 = GRADE 4/STANDARD 2                             | <input type="checkbox"/> 05 |
| 06 = GRADE 5/STANDARD 3                             | <input type="checkbox"/> 06 |
| 07 = GRADE 6/STANDARD 4                             | <input type="checkbox"/> 07 |
| 08 = GRADE 7/STANDARD 5                             | <input type="checkbox"/> 08 |
| 09 = GRADE 8/STANDARD 6/FORM 1                      | <input type="checkbox"/> 09 |
| 10 = GRADE 9/STANDARD 7/FORM 2                      | <input type="checkbox"/> 10 |
| 11 = GRADE 10/STANDARD 8/FORM 3                     | <input type="checkbox"/> 11 |
| 12 = GRADE 11/STANDARD 9/FORM 4                     | <input type="checkbox"/> 12 |
| 13 = GRADE 12/STANDARD 10/FORM 5/MATRIC             | <input type="checkbox"/> 13 |
| 14 = NTC I  | <input type="checkbox"/> 14 |
| 15 = NTC II   | <input type="checkbox"/> 15 |
| 16 = NTC III  | <input type="checkbox"/> 16 |
| 17 = CERTIFICATE WITH LESS THAN GRADE12/STD10       | <input type="checkbox"/> 17 |
| 18 = DIPLOMA WITH LESS THAN GRADE12/STD10           | <input type="checkbox"/> 18 |
| 19 = CERTIFICATE WITH GRADE12/STD10                 | <input type="checkbox"/> 19 |
| 20 = DIPLOMA WITH GRADE12/STD10                     | <input type="checkbox"/> 20 |
| 21 = BACHELORS DEGREE                               | <input type="checkbox"/> 21 |
| 22 = BACHELORS DEGREE AND DIPLOMA                   | <input type="checkbox"/> 22 |
| 23 = HONOURS DEGREE                                 | <input type="checkbox"/> 23 |
| 24 = HIGHER DEGREE (MASTERS, DOCTORATE)             | <input type="checkbox"/> 24 |
| 25 = OTHER, <i>Specify in the box at the bottom</i> | <input type="checkbox"/> 25 |
| 26 = DON'T KNOW                                     | <input type="checkbox"/> 26 |

**2.3 What is your present marital status?**

- |   |                            |
|---|----------------------------|
| 1 = MARRIED                               | <input type="checkbox"/> 1 |
| 2 = LIVING TOGETHER LIKE HUSBAND AND WIFE | <input type="checkbox"/> 2 |
| 3 = WIDOW/WIDOWER                         | <input type="checkbox"/> 3 |
| 4 = DIVORCED OR SEPARATED                 | <input type="checkbox"/> 4 |
| 5 = NEVER MARRIED                         | <input type="checkbox"/> 5 |
- } → **Go to Q 2.6**

**2.4 Does your spouse / partner live in this household?**

- |         |                            |
|---------|----------------------------|
| 1 = YES | <input type="checkbox"/> 1 |
| 2 = NO  | <input type="checkbox"/> 2 |
- **Go to Q 2.6**

**2.5 Which person is your spouse / partner?**

*Give person number*

<input type="text"/>	<input type="text"/>
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**2.6 Do you have children aged less than 18 years who are still alive?**

- |         |                            |
|---------|----------------------------|
| 1 = YES | <input type="checkbox"/> 1 |
| 2 = NO  | <input type="checkbox"/> 2 |
- **Go to Section 3**

**2.7 How many of these children under 18 years are living in this household?**

<input type="text"/>	<input type="text"/>
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**2.8 Do you have children under 7 years who are still alive?**

- |         |                            |
|---------|----------------------------|
| 1 = YES | <input type="checkbox"/> 1 |
| 2 = NO  | <input type="checkbox"/> 2 |
- **Go to Section 3**

**2.9 How many of these children under 7 years are living in this household?**

<input type="text"/>	<input type="text"/>
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Person no.

Age

**SECTION 3:****This section covers economic activities in the last week for persons aged 10 years and above**

<b>3.1</b>	<b>In the last week.....</b>	Yes	No
	<b>(a) Did you work for a wage, salary, commission or any payment in kind (including paid domestic work), even if it was for only one hour?</b> <i>Examples: a regular job, contract, casual or piece work for pay, work in exchange of food or housing, paid domestic work.</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<b>(b) Did you run or do any kind of business, big or small, for yourself or with one or more partners, even if it was for only one hour?</b> <i>Examples: Commercial farming, selling things, making things for sale, construction, repairing things, guarding cars, brewing beer, collecting wood or water for sale, hairdressing, crèche business, taxi or other transport business, having a legal or medical practice, performing in public, having a public phone shop, etc.</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<b>(c) Did you help without being paid in any kind of business run by your household, even if it was for only one hour?</b> <i>Examples: Commercial farming, help to sell things, make things for sale or exchange, doing the accounts, cleaning up for the business, etc.</i> <b>If yes to any part of Q 3.1 go to Section 4, otherwise go to Q 3.2</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2

<b>3.2</b>	<b>In the last week, even though you did not do any work for pay, profit or did not help without pay in a household business, .....</b>	Yes	No
	<b>(a) Did you have a paid job or business that you would definitely return to?</b> —————→ <i>If yes, go to Section 4</i> <i>Examples: a regular job, contract, casual or piece work for pay, paid domestic work; Commercial farming, selling things, taxi or other transport business, having a legal or medical practice, performing in public, having a public phone shop, etc.</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<b>(b) Did you have an unpaid job in any kind of business run by your household that you would definitely return to?</b> —————→ <i>Go to Q 3.3</i> <i>Examples: Commercial farming, help to sell things, make things for sale or exchange, doing the accounts, cleaning up for the business, etc.</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2

<b>3.3</b>	<b>In the last four weeks were you looking for any kind of work or trying to start any kind of business?</b> 1 = YES —————→ <i>Go to Q 3.5</i> 2 = NO	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>3.4</b>	<b>Would you have liked to work last week?</b> 1 = YES 2 = NO —————→ <i>Go to Q 4.5</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>3.5</b>	<b>If a suitable job had been offered or circumstances had allowed, would you have been able to start work or a business.....</b> 1 = Last week? 2 = Within a week? 3 = Within two weeks? 4 = Within four weeks? 5 = Later than four weeks from now? 6 = DON'T KNOW —————→ <i>Go to Q 4.5</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

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### Ask for persons aged 10 years and above

<b>4.5</b>	<b>What is your personal main source of income or support to meet your daily needs?</b> 01 = WAGES/SALARY/PIECEWORK PAY/COMMISSION 02 = EARNING FROM OWN BUSINESS OR FARM 03 = STATE OLD AGE PENSION OR DISABILITY 04 = CHILD SUPPORT / FOSTER CARE GRANT 05 = OTHER STATE WELFARE GRANTS 06 = PRIVATE PENSIONS 07 = UNEMPLOYMENT INSURANCE FUND 08 = INVESTMENTS 09 = MONEY FROM OTHER HOUSEHOLD MEMBERS, INCLUDING SPOUSE 10 = REMITTANCE FROM PEOPLE OUTSIDE THE HOUSEHOLD 11 = PRIVATE MAINTENANCE (FROM EX-SPOUSE OR FATHER OF CHILDREN) 12 = INCOME FROM OTHER SOURCES, <i>specify</i> <div style="border: 1px solid black; height: 20px; width: 150px; margin: 5px 0;"></div> 13 = NO PERSONAL INCOME      → <b>Go to Q 4.7</b>	<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
<b>4.6</b>	<b>What is your usual total monthly personal income from all sources?</b> 01 = None 02 = R1 - R200 03 = R201 - R500 04 = R501 - R1 000 05 = R1 001 - R1 500 06 = R1 501 - R2 500 07 = R2 501 - R3 000 08 = R3 501 - R4 500 09 = R4 501 - R6 000 10 = R6 001 - R8 000 11 = R8 001 - R11 000 12 = R11 001 OR MORE 13 = DON'T KNOW 14 = 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 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14

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### Non market

<b>4.7</b>	<b>In the last week .....</b> <b>(a1) Were you involved in any farming activities to produce food for household use or look after livestock?</b> <i>Examples: ploughing, havesting, looking after livestock</i> <b>(a2) If yes, for how many hours?</b>  <b>(b1) Did you do any construction or major repair work on your own home, plot, cattle post or business or those of the household?</b> <b>(b2) If yes, for how many hours?</b>  <b>(c1) Did you catch any fish, prawns, shells, wild animals or other food for household consumption?</b> <b>(c2) If yes, for how many hours?</b>	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No															
<input type="checkbox"/> 1	<input type="checkbox"/> 2															
<input type="checkbox"/>	<input type="checkbox"/>															
<input type="checkbox"/> 1	<input type="checkbox"/> 2															
<input type="checkbox"/>	<input type="checkbox"/>															
<input type="checkbox"/> 1	<input type="checkbox"/> 2															
<input type="checkbox"/>	<input type="checkbox"/>															

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Person no.

 

Age

  

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## SECTION 5: DIARY FOR SELECTED MEMBER 2

5.1	<b>Date for which activities are recorded:</b> <i>(This is the day before today)</i>	<div>Day:</div> <div>Month:</div> <div>Year:</div>
5.2	<b>Day of the week for which activities are recorded:</b> <i>(This is the day before today)</i>	<div>1 = Monday</div> <div>2 = Tuesday</div> <div>3 = Wednesday</div> <div>4 = Thursday</div> <div>5 = Friday</div> <div>6 = Saturday</div> <div>7 = Sunday</div>

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**NOTE: Repeat these questions for each half an hour period. Fill in the description of each activity the same time and location columns while with the respondent.**  
**Add the activity codes after the interview is finished.**

Second person diary										
Time	Q 5.3 What were you doing between (04h00) and 04h30)? <i>Record activity in first line for time period</i> <i>Record one activity per line</i> <b>Q 5.4 What else were you doing (If more than one activity mentioned)</b> <i>(Fill in activities on next two lines for the time period)</i> <b>1 to 3 activities per time period</b>	Code	Q 5.5 Did you do the activities at the same time, or one after the other?		Q 5.6.a Where were you when you did the activity? <i>(Location 1)</i>	Q 5.6.b Where were you when you did the activity? <i>(Location 2)</i>	Location code 1			
			YES	NO						
04H00		<input type="text"/>	<input type="text"/>	1	<input type="text"/>	2	<input type="text"/>	<input type="text"/>	1 = Own dwelling/Home	
to		<input type="text"/>	<input type="text"/>	1	<input type="text"/>	2	<input type="text"/>	<input type="text"/>	2 = Someone else's dwelling	
04H30		<input type="text"/>	<input type="text"/>	1	<input type="text"/>	2	<input type="text"/>	<input type="text"/>	3 = Field farm or other agricultural workplace	
04H30		<input type="text"/>	<input type="text"/>	1	<input type="text"/>	2	<input type="text"/>	<input type="text"/>	4 = Other workplace outside private dwelling	
to		<input type="text"/>	<input type="text"/>	1	<input type="text"/>	2	<input type="text"/>	<input type="text"/>	5 = Education establishment	
05H00		<input type="text"/>	<input type="text"/>	1	<input type="text"/>	2	<input type="text"/>	<input type="text"/>	6 = Public area i.e. not in private dwelling workplace or educational establishment	
05H00		<input type="text"/>	<input type="text"/>	1	<input type="text"/>	2	<input type="text"/>	<input type="text"/>	7 = Traveling or waiting to travel	
to		<input type="text"/>	<input type="text"/>	1	<input type="text"/>	2	<input type="text"/>	<input type="text"/>	8 = Other	
05H30		<input type="text"/>	<input type="text"/>	1	<input type="text"/>	2	<input type="text"/>	<input type="text"/>	<b>Location code 2</b>	
05H30		<input type="text"/>	<input type="text"/>	1	<input type="text"/>	2	<input type="text"/>	<input type="text"/>	1 = Inside	
to		<input type="text"/>	<input type="text"/>	1	<input type="text"/>	2	<input type="text"/>	<input type="text"/>	2 = Outside	
05H30		<input type="text"/>	<input type="text"/>	1	<input type="text"/>	2	<input type="text"/>	<input type="text"/>	3 = Traveling on foot	
05H30		<input type="text"/>	<input type="text"/>	1	<input type="text"/>	2	<input type="text"/>	<input type="text"/>	4 = Traveling by private transport (car, van, motorcycle)	
to		<input type="text"/>	<input type="text"/>	1	<input type="text"/>	2	<input type="text"/>	<input type="text"/>	5 = Traveling by taxi (minibus or other)	
06H00		<input type="text"/>	<input type="text"/>	1	<input type="text"/>	2	<input type="text"/>	<input type="text"/>	6 = Traveling by train	
06H00		<input type="text"/>	<input type="text"/>	1	<input type="text"/>	2	<input type="text"/>	<input type="text"/>	7 = Traveling by bus	
to		<input type="text"/>	<input type="text"/>	1	<input type="text"/>	2	<input type="text"/>	<input type="text"/>	8 = Traveling by bicycle	
06H30		<input type="text"/>	<input type="text"/>	1	<input type="text"/>	2	<input type="text"/>	<input type="text"/>	9 = Traveling by other means	
06H30		<input type="text"/>	<input type="text"/>	1	<input type="text"/>	2	<input type="text"/>	<input type="text"/>		
to		<input type="text"/>	<input type="text"/>	1	<input type="text"/>	2	<input type="text"/>	<input type="text"/>		
07H00		<input type="text"/>	<input type="text"/>	1	<input type="text"/>	2	<input type="text"/>	<input type="text"/>		

Second person diary							
Time	Q 5.3 What were you doing between (04h00) and 04h30)? <i>Record activity in first line for time period</i> <i>Record one activity per line</i> Q 5.4 What else were you doing (If more than one activity mentioned) <i>(Fill in activities on next two lines for the time period)</i> 1 to 3 activities per time period	Code	Q 5.5 Did you do the activities at the same time, or one after the other?		Q 5.6.a Where were you when you did the activity? (Location 1)	Q 5.6.b Where were you when you did the activity? (Location 2)	Location code 1  1 = Own dwelling/Home 2 = Someone else's dwelling 3 = Field farm or other agricultural workplace 4 = Other workplace outside private dwelling 5 = Education establishment 6 = Public area i.e. not in private dwelling workplace or educational establishment 7 = Traveling or waiting to travel 8 = Other  Location code 2 1 = Inside 2 = Outside 3 = Traveling on foot 4 = Traveling by private transport (car, van, motorcycle) 5 = Traveling by taxi (minibus or other) 6 = Traveling by train 7 = Traveling by bus 8 = Traveling by bicycle 9 = Traveling by other means
			YES	NO			
07H00		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
07H30		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
07H30		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
08H00		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
08H00		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
08H30		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
08H30		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
09H00		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
09H00		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
09H30		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
09H30		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10H00		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Second person diary										
Time	Q 5.3 What were you doing between (04h00) and 04h30)? <i>Record activity in first line for time period</i> <i>Record one activity per line</i> <b>Q 5.4 What else were you doing</b> (If more than one activity mentioned) (Fill in activities on next two lines for the time period) <b>1 to 3 activities per time period</b>	Code	Q 5.5 Did you do the activities at the same time, or one after the other?		Q 5.6.a Where were you when you did the activity? (Location 1)	Q 5.6.b Where were you when you did the activity? (Location 2)	Location code 1			
			YES	NO						
10H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 = Own dwelling/Home		
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 = Someone else's dwelling		
10H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 = Field farm or other agricultural workplace		
10H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 = Other workplace outside private dwelling		
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 = Education establishment		
11H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 = Public area i.e. not in private dwelling workplace or educational establishment		
11H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 = Traveling or waiting to travel		
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 = Other		
11H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Location code 2</b>		
11H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 = Inside		
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 = Outside		
11H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 = Traveling on foot		
11H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 = Traveling by private transport (car, van, motorcycle)		
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 = Traveling by taxi (minibus or other)		
12H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 = Traveling by train		
12H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 = Traveling by bus		
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 = Traveling by bicycle		
12H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 = Traveling by other means		
12H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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Second person diary										
Time	Q 5.3 What were you doing between (04h00) and 04h30)? <i>Record activity in first line for time period</i> <i>Record one activity per line</i> Q 5.4 What else were you doing (If more than one activity mentioned) <i>(Fill in activities on next two lines for the time period)</i> 1 to 3 activities per time period	Code	Q 5.5 Did you do the activities at the same time, or one after the other?		Q 5.6.a Where were you when you did the activity? (Location 1)	Q 5.6.b Where were you when you did the activity? (Location 2)	Location code 1			
			YES	NO						
13H00		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>		1 = Own dwelling/Home		
to		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>		2 = Someone else's dwelling		
13H30		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>		3 = Field farm or other agricultural workplace		
13H30		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>		4 = Other workplace outside private dwelling		
to		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>		5 = Education establishment		
14H00		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>		6 = Public area i.e. not in private dwelling workplace or educational establishment		
14H00		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>		7 = Traveling or waiting to travel		
to		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>		8 = Other		
14H30		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>		Location code 2		
14H30		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>		1 = Inside		
to		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>		2 = Outside		
15H00		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>		3 = Traveling on foot		
15H00		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>		4 = Traveling by private transport (car, van, motorcycle)		
to		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>		5 = Traveling by taxi (minibus or other)		
15H30		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>		6 = Traveling by train		
15H30		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>		7 = Traveling by bus		
to		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>		8 = Traveling by bicycle		
16H00		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>		9 = Traveling by other means		

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Second person diary										
Time	Q 5.3 What were you doing between (04h00) and 04h30)? <i>Record activity in first line for time period</i> <i>Record one activity per line</i> <b>Q 5.4 What else were you doing</b> (If more than one activity mentioned) (Fill in activities on next two lines for the time period) <b>1 to 3 activities per time period</b>	Code	Q 5.5 Did you do the activities at the same time, or one after the other?		Q 5.6.a Where were you when you did the activity? (Location 1)	Q 5.6.b Where were you when you did the activity? (Location 2)	Location code 1			
			YES	NO						
16H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 = Own dwelling/Home		
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 = Someone else's dwelling		
16H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 = Field farm or other agricultural workplace		
16H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 = Other workplace outside private dwelling		
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 = Education establishment		
17H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 = Public area i.e. not in private dwelling workplace or educational establishment		
17H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 = Traveling or waiting to travel		
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 = Other		
17H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Location code 2</b>		
17H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 = Inside		
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 = Outside		
17H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 = Traveling on foot		
17H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 = Traveling by private transport (car, van, motorcycle)		
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 = Traveling by taxi (minibus or other)		
18H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 = Traveling by train		
18H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 = Traveling by bus		
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 = Traveling by bicycle		
18H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 = Traveling by other means		
18H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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Second person diary										
Time	Q 5.3 What were you doing between (04h00) and 04h30)? <i>Record activity in first line for time period</i> <i>Record one activity per line</i> Q 5.4 What else were you doing (If more than one activity mentioned) <i>(Fill in activities on next two lines for the time period)</i> 1 to 3 activities per time period	Code	Q 5.5 Did you do the activities at the same time, or one after the other?		Q 5.6.a Where were you when you did the activity? (Location 1)	Q 5.6.b Where were you when you did the activity? (Location 2)	Location code 1			
			YES	NO				1 = Own dwelling/Home 2 = Someone else's dwelling 3 = Field farm or other agricultural workplace 4 = Other workplace outside private dwelling 5 = Education establishment 6 = Public area i.e. not in private dwelling workplace or educational establishment 7 = Traveling or waiting to travel 8 = Other		
19H00		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>Location code 2</b> 1 = Inside 2 = Outside 3 = Traveling on foot 4 = Traveling by private transport (car, van, motorcycle) 5 = Traveling by taxi (minibus or other) 6 = Traveling by train 7 = Traveling by bus 8 = Traveling by bicycle 9 = Traveling by other means		
to		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
19H30		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
19H30		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
to		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
20H00		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
20H00		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
to		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
20H30		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
20H30		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
to		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
21H00		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
21H00		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
to		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
21H30		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
21H30		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
to		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
22H00		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

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Second person diary										
Time	Q 5.3 What were you doing between (04h00) and 04h30)? <i>Record activity in first line for time period</i> <i>Record one activity per line</i> <b>Q 5.4 What else were you doing</b> (If more than one activity mentioned) <i>(Fill in activities on next two lines for the time period)</i> <b>1 to 3 activities per time period</b>	Code	Q 5.5 Did you do the activities at the same time, or one after the other?		Q 5.6.a Where were you when you did the activity? (Location 1)	Q 5.6.b Where were you when you did the activity? (Location 2)	Location code 1			
			YES	NO						
22H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Location code 1</b> 1 = Own dwelling/Home 2 = Someone else's dwelling 3 = Field farm or other agricultural workplace 4 = Other workplace outside private dwelling 5 = Education establishment 6 = Public area i.e. not in private dwelling workplace or educational establishment 7 = Traveling or waiting to travel 8 = Other  <b>Location code 2</b> 1 = Inside 2 = Outside 3 = Traveling on foot 4 = Traveling by private transport (car, van, motorcycle) 5 = Traveling by taxi (minibus or other) 6 = Traveling by train 7 = Traveling by bus 8 = Traveling by bicycle 9 = Traveling by other means		
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
00H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
00H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
00H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
00H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
01H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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Second person diary										
Time	Q 5.3 What were you doing between (04h00) and 04h30)? <i>Record activity in first line for time period</i> <i>Record one activity per line</i> Q 5.4 What else were you doing (If more than one activity mentioned) <i>(Fill in activities on next two lines for the time period)</i> 1 to 3 activities per time period	Code	Q 5.5 Did you do the activities at the same time, or one after the other?		Q 5.6.a Where were you when you did the activity? (Location 1)	Q 5.6.b Where were you when you did the activity? (Location 2)	Location code 1			
			YES	NO				1 = Own dwelling/Home 2 = Someone else's dwelling 3 = Field farm or other agricultural workplace 4 = Other workplace outside private dwelling 5 = Education establishment 6 = Public area i.e. not in private dwelling workplace or educational establishment 7 = Traveling or waiting to travel 8 = Other		
01H00		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>Location code 2</b> 1 = Inside 2 = Outside 3 = Traveling on foot 4 = Traveling by private transport (car, van, motorcycle) 5 = Traveling by taxi (minibus or other) 6 = Traveling by train 7 = Traveling by bus 8 = Traveling by bicycle 9 = Traveling by other means		
to		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
01H30		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
01H30		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
to		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
02H00		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
02H00		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
to		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
02H30		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
02H30		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
to		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
03H00		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
03H00		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
to		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
03H30		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
03H30		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
to		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
04H00		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

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Note to interviewer: Probe for more activities if:

(a) any activities took much longer than you would expect

(b) activities that normally follow each other seem to be missing

5.7	<b>Did you spend any time during the day looking after children or adults?</b>  1 = YES, care of children not recorded all the times 2 = YES, care of adults not recorded all the times  3 = YES, all care of children and adults already recorded all the times 4 = NO	<div><div></div>1</div> <div><div></div>2</div> <div><div></div>3</div> <div><div></div>4</div>
5.8	<b>Was yesterday a typical day for you?</b>  1 = YES 2 = NO, because I was ill 3 = NO, because it was school/ university/ college/ holidays 4 = NO, because I was on leave from work 5 = NO, because there was a funeral, wedding, bereavement 6 = NO, because there was a problem with the weather 7 = NO, because I was looking after another family/ household member	<div><div></div>1</div> <div><div></div>2</div> <div><div></div>3</div> <div><div></div>4</div> <div><div></div>5</div> <div><div></div>6</div> <div><div></div>7</div>
5.9	<b>Overall, how did you feel about the day you just described? Would you say you...</b>  1 = Were too busy/ had too many things to do? 2 = Had a comfortable amount of things to do in a day? 3 = Were not busy enough/ did not have enough to do?	<div><div></div>1</div> <div><div></div>2</div> <div><div></div>3</div>

*End of questions for selected member 2*

*Thank the respondent for his/her co-operation*

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