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		Business 1		Business 2		Business 3	
7	Who issued the license/s or permit/s?						
	1 = Municipality/ Provincial authority	<input type="checkbox"/> YES	<input type="checkbox"/> No	<input type="checkbox"/> YES	<input type="checkbox"/> No	<input type="checkbox"/> YES	<input type="checkbox"/> No
	2 = Professional association	<input type="checkbox"/> YES	<input type="checkbox"/> No	<input type="checkbox"/> YES	<input type="checkbox"/> No	<input type="checkbox"/> YES	<input type="checkbox"/> No
	3 = Business association	<input type="checkbox"/> YES	<input type="checkbox"/> No	<input type="checkbox"/> YES	<input type="checkbox"/> No	<input type="checkbox"/> YES	<input type="checkbox"/> No
	4 = Traditional leader	<input type="checkbox"/> YES	<input type="checkbox"/> No	<input type="checkbox"/> YES	<input type="checkbox"/> No	<input type="checkbox"/> YES	<input type="checkbox"/> No
	5 = Protection agency/ies	<input type="checkbox"/> YES	<input type="checkbox"/> No	<input type="checkbox"/> YES	<input type="checkbox"/> No	<input type="checkbox"/> YES	<input type="checkbox"/> No
	6 = Friend/relative	<input type="checkbox"/> YES	<input type="checkbox"/> No	<input type="checkbox"/> YES	<input type="checkbox"/> No	<input type="checkbox"/> YES	<input type="checkbox"/> No
	7 = CIPS / CIPRO	<input type="checkbox"/> YES	<input type="checkbox"/> No	<input type="checkbox"/> YES	<input type="checkbox"/> No	<input type="checkbox"/> YES	<input type="checkbox"/> No
8 = Other, <i>specify</i> <input type="text"/>	<input type="checkbox"/> YES	<input type="checkbox"/> No	<input type="checkbox"/> YES	<input type="checkbox"/> No	<input type="checkbox"/> YES	<input type="checkbox"/> No	
8	In your business are you.....						
	1 = Own-account worker (without employees)?	<input type="checkbox"/> YES	<input type="checkbox"/> No	<input type="checkbox"/> YES	<input type="checkbox"/> No	<input type="checkbox"/> YES	<input type="checkbox"/> No
	2 = Employer (with employees)?	<input type="checkbox"/> YES	<input type="checkbox"/> No	<input type="checkbox"/> YES	<input type="checkbox"/> No	<input type="checkbox"/> YES	<input type="checkbox"/> No
9	What kinds of goods or services does the business provide?						
	<i>Describe in at least three words. If more than one activity, answer for the one which usually generates the most net income.</i>						
10	What is the name of your business?						
	<i>Write 'No name', if the business does not have a name.</i>						
		<i>For coding</i>					

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		Business 1	Business 2	Business 3
11	Is the business owned by you as a single owner? 1 = YES → <i>Go to Q17</i> 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
12	Is the business owned in partnership with other members of your household? 1 = YES 2 = No → <i>Go to Q14</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
13	How many household members, including yourself, are partners in the business?	<input type="text"/>	<input type="text"/>	<input type="text"/>
14	Are there any business partners living in other households? 1 = YES 2 = No → <i>Go to Q16</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
15	How many of those partners live in other households?	<input type="text"/>	<input type="text"/>	<input type="text"/>
16	Who is the main owner of this business? 1 = Yourself 2 = Another family or household member 3 = Another person in the partnership or cooperative, not a household member 4 = The ownership is equally shared between two or more owners 5 = Other, <i>specify</i> <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

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		Business 1	Business 2	Business 3
22	What is the main source of water for the business (the main site)? 01 = PIPED (TAP) WATER IN STRUCTURE 02 = PIPED (TAP) WATER ON SITE 03 = PUBLIC TAP/SHARED TAP WITH OTHERS 04 = BOREHOLE ON SITE 05 = BOREHOLE OFF SITE 06 = RAINWATER TANK ON SITE 07 = FLOWING WATER/STREAM 08 = DAM/POOL/STAGNANT WATER 09 = WELL 10 = SPRING 11 = OTHER, <i>specify</i> 12 = NO WATER ACCESS 13 = NOT APPLICABLE	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13
23	What kind of toilet facility does the business have? 1 = FLUSH TOILET ON SITE 2 = FLUSH TOILET OFF SITE 3 = CHEMICAL TOILET 4 = PIT LATRINE WITH VENTILATION PIPE 5 = PIT LATRINE WITHOUT VENTILATION PIPE 6 = BUCKET TOILET 7 = NONE 8 = OTHER, <i>specify</i> 9 = NOT APPLICABLE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9

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		Business 1	Business 2	Business 3
24	What is the main means of communication that the business has access to? 1 = FIXED TELEPHONE ON SITE 2 = FIXED TELEPHONE NOT ON SITE 3 = CELLULAR TELEPHONE 4 = A PUBLIC TELEPHONE 5 = INTERNET / EMAIL 6 = NONE 7 = OTHER, <i>specify</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 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

25	What records do you keep for this business? 1 = Simple informal records of sales and/or expenditures 2 = Some accounts but not full (for example expenditures) 3 = Full annual accounts 4 = No accounts kept → Go to Q27	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
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Business management, operations and finances

		Business 1	Business 2	Business 3																														
26	<p>Are the expenditures for the business recorded separately from expenditures for the household?</p> <p>1 = YES, THEY ARE ALL RECORDED SEPARATELY 2 = SOME ARE RECORDED SEPARATELY, SOME TOGETHER 3 = NO, THEY ARE ALL RECORDED TOGETHER 4 = NO, BUSINESS EXPENDITURES ARE NOT RECORDED</p> <p>→ Go to Q28</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																														
27	<p>Why are records not kept for this business?</p> <p>1 = NO SKILLS 2 = THE BUSINESS IS TOO SMALL 3 = NO TIME TO KEEP RECORDS 4 = DON'T SEE A NEED TO KEEP RECORDS 5 = OTHER, SPECIFY</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																														
28	<p>How many months in the last twelve months did the business operate?</p> <p><i>If <u>12 months</u> go to Q29</i> <i>If <u>less than 12 months</u> go to Q30</i></p>	<table border="1"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>							<table border="1"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>							<table border="1"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																		
29	<p>In the last 12 months, how much money came into the business through sales or services offered, before any deductions (turnover)? (Rands)</p> <p>→ Go to Q31</p>	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>											<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>											<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>										

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		Business 1	Business 2	Business 3
30	<p>Ask if less than 12 months in Q28, otherwise go to Q31</p> <p>What was the main reason that the business had no activity in some months?</p> <p>01 = SEASONAL FACTORS</p> <p>02 = FAMILY REASONS (e.g. <i>Death of a family member, taking care of a sick family member</i>)</p> <p>03 = NON-PAYMENT OF GOVERNMENT CHARGES/TAXES</p> <p>04 = NO CUSTOMERS</p> <p>05 = SICKNESS OF YOURSELF OR STAFF</p> <p>06 = OTHER PERSONAL REASONS THAN SICKNESS (PREGNANCY, ETC)</p> <p>07 = LACK OF RAW MATERIALS</p> <p>08 = LACK OF FUNDS TO BUY SUPPLIES</p> <p>09 = NO ONE TO HELP DURING OWNER'S ABSENCE</p> <p>10 = BUSINESS CREATED DURING THE PAST 12 MONTHS</p> <p>11 = DUE TO VIOLENCE OR CRIMINAL INCIDENT/S</p> <p>12 = OTHER, <i>specify</i> <input type="text"/></p>	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
31	<p>When did this business start operating?</p> <p>1 = LESS THAN A YEAR AGO</p> <p>2 = 1 OR MORE BUT LESS THAN 3 YEARS AGO</p> <p>3 = 3 OR MORE BUT LESS THAN 5 YEARS AGO</p> <p>4 = 5 OR MORE BUT LESS THAN 10 YEARS AGO</p> <p>5 = 10 OR MORE YEARS AGO</p> <p>6 = CAN'T REMEMBER / DON'T KNOW</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6

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		Business 1	Business 2	Business 3
32	What was the main reason you started this business? 01 = INHERITED/FAMILY TRADITION 02 = UNEMPLOYED 03 = HAD NO ALTERNATIVE INCOME SOURCE 04 = RETRENCHED 05 = INADEQUATE INCOME FROM THE OTHER SOURCE 06 = I LIKE THE ACTIVITY 07 = I HAVE THE SKILLS FOR THIS BUSINESS 08 = I HAVE THE EQUIPMENT FOR THIS BUSINESS 09 = ACTIVITY BRINGS HIGH INCOME 10 = SMALL INVESTMENT NEEDED 11 = UNHAPPINESS WITH PREVIOUS WORK 12 = NEW OPPORTUNITY / IDEA 13 = OTHER, <i>specify</i> <input style="width: 300px; height: 20px;" type="text"/>	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13
33	Did you need any money to start the business? 1 = YES 2 = No → <i>Go to Q44</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
34	Did you use your own money to start the business? 1 = YES 2 = No → <i>Go to Q37</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2

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		Business 1	Business 2	Business 3
40	Are you presently paying off any money for the loan/s you took to start the business? 1 = YES 2 = No → Go to Q42	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
41	How much did you pay off in the last calendar month? (Rands)			
42	Did you obtain a business grant to start this business? 1 = YES 2 = No → Go to Q44	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
43	From where did you obtain the business grant? 1 = From government..... 2 = From a non-governmental organisation / CBO..... 3 = Other, <i>specify</i> <input style="width: 200px; height: 15px;" type="text"/>	YES No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2

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		Business 1	Business 2	Business 3
52	Where do you get advice on how to run this business? 1 = THE INSTITUTION THAT PROVIDED FUNDING TO START THE BUSINESS 2 = BUSINESS PARTNERS 3 = FINANCIAL ADVISOR 4 = FRIENDS AND RELATIVES 5 = NO ADVICE RECEIVED 6 = OTHER, <i>specify</i> 	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6

People employed and labour costs

		Business 1		Business 2		Business 3																																																	
53	Do other people besides yourself work in this business, paid or unpaid, including household members? 1 = YES 2 = No → Go to Q60	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																
54	How many paid and unpaid workers (anyone working more than 1 hour per week) were there at this business, including other household members..... 1 = At this time last year? 2 = During the last calendar month? 3 = During the last week?	<table border="1"> <thead> <tr> <th>Paid</th> <th>Unpaid</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>	Paid	Unpaid							<table border="1"> <thead> <tr> <th>Paid</th> <th>Unpaid</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>	Paid	Unpaid							<table border="1"> <thead> <tr> <th>Paid</th> <th>Unpaid</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>	Paid	Unpaid							<table border="1"> <thead> <tr> <th>Paid</th> <th>Unpaid</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>	Paid	Unpaid							<table border="1"> <thead> <tr> <th>Paid</th> <th>Unpaid</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>	Paid	Unpaid							<table border="1"> <thead> <tr> <th>Paid</th> <th>Unpaid</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>	Paid	Unpaid						
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Please note that the reference period for Q56 to Q59 is the last week

		Business 1		Business 2		Business 3	
55	In the last week, how many of these workers were	Paid	Unpaid	Paid	Unpaid	Paid	Unpaid
	1 = Full time workers (35 hours or more per week) ?.....						
	2 = Part-time workers (less than 35 hours per week)?.....						
56	In the last week, how many of these workers were	Paid	Unpaid	Paid	Unpaid	Paid	Unpaid
	1 = Male?						
	2 = Female?						
57	In the last week, how many of these workers were	Paid	Unpaid	Paid	Unpaid	Paid	Unpaid
	1 = African/Black?						
	2 = Coloured?.....						
	3 = Indian/Asian?.....						
	4 = White?.....						
	5 = Other?, <i>specify</i> <input type="text"/>						
58	In the last week, how many of these workers were	Paid	Unpaid	Paid	Unpaid	Paid	Unpaid
	1 = Aged 15 – 24 years?						
	2 = Aged 25 –34 years?						
	3 = Aged 35 –44 years?.....						
	4 = Aged 45 –54 years?.....						
	5 = Aged 55 –64 years?						
	6 = Aged more than 64 years?						
	7 = Under 15 years of age?						

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		Business 1	Business 2	Business 3
59	What were the total wages, salaries and other benefits paid to all the employees during the last calendar month?			
	1 = Wages and salaries, including overtime, bonuses, etc. (Rands)			
	2 = Payment in kind (food, clothing, drinks, etc). Give an estimated value (Rands)			
	3 = Refund of transport costs (Rands)			
	4 = Other, <i>specify</i> <input style="width: 300px; height: 20px;" type="text"/>			

Remuneration for employers and own-account workers

		Business 1	Business 2	Business 3
60	How much was withdrawn from the business by you during the last calendar month as ...			
	1 = Wages and salaries, including overtime, bonuses, etc for yourself? (Rands)			
	2 = Payment in kind (food, clothing, etc) for yourself? Give an estimated value (Rands).			
	3 = Refund of transport costs for yourself?			
	4 = Other, <i>specify</i> <input style="width: 300px; height: 20px;" type="text"/>			

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Expenditures on fuels, materials and services

61	How much did the business spend on each of the following items in the last calendar month? <i>State if the amount cannot be separated from that of the household and give the full amount.</i>	Business 1		Business 2		Business 3	
		Not separated	Rands	Not separated	Rands	Not separated	Rands
	01 = Electricity	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	02 = Water	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	03 = Fuel and lubricants	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	04 = Spare parts	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	05 = Rental of premises	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	06 = Rental of machinery and equipment	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	07 = Postage, telephone, printing and stationery	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	08 = Transport of raw materials/supplies	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	09 = Repairs and maintenance.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	10 = Business services (accounting, legal, advertisement, etc)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	11 = Licences, permits	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	12 = Interest on loans / repayments of loans	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	13 = Insurance premiums, mortgages/bonds.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	14 = Income tax/ levies	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	15 = Protection agencies	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	16 = Other, <i>specify</i> <input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Transport

		Business 1	Business 2	Business 3
68	Does the business offer transport services? 1 = YES 2 = No → Go to Q71	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
69	What transport services does the business offer? 1 = PASSENGER TRANSPORT WITH COMBIS/MINI-BUSES → Go to Q71 2 = PASSENGER TRANSPORT WITH CABS → Go to Q71 3 = TRANSPORT OF GOODS 4 = BOTH PASSENGER TRANSPORT AND TRANSPORT OF GOODS 5 = OTHER, <i>specify</i> <input type="text"/> → Go to Q71	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
70	What type of goods does the business normally transport? 1 = SAND AND GRAVEL 2 = OTHER CONSTRUCTION MATERIALS 3 = GROCERIES 4 = OTHER, <i>specify</i> <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

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Business registration

		Business 1	Business 2	Business 3
71	<p>You indicated that your business is not registered for VAT, what is the reason that the business is not registered? (Repeat for each business)</p> <p>1 = THE BUSINESS DOES NOT MEET REGISTRATION REQUIREMENTS 2 = DIDN'T KNOW THAT THE BUSINESS HAS TO BE REGISTERED 3 = REGISTRATION PROCESS IS TEDIOUS / COMPLICATED 4 = OTHER, <i>specify</i> <input type="text"/></p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
72	<p>Refer to Q5 before asking this question</p> <p>You indicated that your business is not registered for income tax, what is the reason that the business is not registered? (Repeat for each business)</p> <p>1 = THE BUSINESS DOES NOT MEET REGISTRATION REQUIREMENTS 2 = DIDN'T KNOW THAT THE BUSINESS HAS TO BE REGISTERED 3 = REGISTRATION PROCESS IS TEDIOUS / COMPLICATED 4 = OTHER, <i>specify</i> <input type="text"/></p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

Financial inclusion

		Business 1	Business 2	Business 3
73	<p>Does this business have a current / transactional / savings account?</p> <p>1 = YES, from a bank 2 = YES, from another formal financial institution 3 = YES, from an informal organization (e.g. stokvel) 4 = No</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
74	<p>Does this business have an investment/deposit account? <i>Term or notice deposit account</i></p> <p>1 = YES, from a bank 2 = YES, from another formal financial institution 3 = No</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

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		Business 1	Business 2	Business 3																								
75	Does this business have a loan account? <i>For operational purposes, not for start-up purposes</i> 1 = YES, from a bank 2 = YES, from another formal financial institution (e.g. microfinance organization) 3 = YES, from an informal organization 4 = YES, from family / friends 5 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5																								
76	Does this business have asset finance? <i>Hire purchase or term agreement</i> 1 = YES, from a bank 2 = YES, from another formal financial institution 3 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																								
77	Does this business have a mortgage loan? 1 = YES, from a bank 2 = YES, from another formal financial institution 3 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																								
78	Does this business have a credit facility? <i>E.g. credit card, overdraft, store card</i> 1 = YES, from a bank 2 = YES, from another formal financial institution 3 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																								
79	Does this business have a short-term insurance? <i>Insurance on all or part of the business assets</i> 1 = YES, from a bank 2 = YES, from another formal financial institution (e.g. insurance company) 3 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																								
80	Does this business make business payments through the account mentioned in Q73 above? 1= YES 2 = No 3 = NOT APPLICABLE (NO ACCOUNT) } <b style="color: red;">Go to Q82	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																								
81	To make the business payments, does this business use 1 = Internet banking 2 = Cellphone banking 3 = A bank branch / personal banking	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> </table>	YES	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> </table>	YES	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> </tr> </table>	YES	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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Person no. +

The following questions relate to the business owner not the business

82	Are you aware that queries with financial services can be referred to an ombudsman? <i>An Independent office where queries are assessed and service providers engaged on your behalf</i> 1 = YES 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
83	Have you been exposed to any financial literacy campaigns? <i>E.g. Importance of saving, importance of asset insurance, etc.</i> 1 = YES 2 = NO	<input type="checkbox"/> 1 <input type="checkbox"/> 2

INTERVIEW END TIME

h	h	m	m
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

End of the interview.

Thank the respondent for his/her participation

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