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INTERVIEW START TIME

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## Business ownership

**Read out:** The last time we spoke to you or a member of your household, we found out that you were engaged in some business activities. Statistics South Africa has a great deal of information about medium and large-sized businesses but very little information about small businesses like yours. More information about such businesses is needed for better government planning. All information you provide will be held strictly confidential and will not be made available to anyone else inside or outside of government.

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1	<b>Do you run any kind of business, big or small, for yourself or with one or more partners?</b> 1 = YES 2 = No → <i>End of interview</i>	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td></td><td>2</td></tr> </table>		1		2
	1					
	2					
2	<b>Do you own more than one business?</b> 1 = YES 2 = No → <i>Go to Q4</i>	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td></td><td>2</td></tr> </table>		1		2
	1					
	2					
3	<b>How many businesses do you own?</b>	<table border="1"> <tr><td></td><td></td></tr> </table>				

*If more than one business, ask which business has normally the highest turnover. Record that business as Business 1. Record the business with the second highest turnover as Business 2, etc. If only one business, complete the column for Business 1.*

		Business 1	Business 2	Business 3												
4	<b>Is your business registered for VAT? (repeat for each business)</b> 1 = YES 2 = No → <i>End of interview for this business</i>	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td></td><td>2</td></tr> </table>		1		2	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td></td><td>2</td></tr> </table>		1		2	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td></td><td>2</td></tr> </table>		1		2
	1															
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	1															
	2															
5	<b>Is your business registered for income tax? (repeat for each business)</b> 1 = YES 2 = No	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td></td><td>2</td></tr> </table>		1		2	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td></td><td>2</td></tr> </table>		1		2	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td></td><td>2</td></tr> </table>		1		2
	1															
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	1															
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6	<b>Do you have any licenses or permits to operate this business?</b> 1 = YES 2 = No → <i>Go to Q8</i>	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td></td><td>2</td></tr> </table>		1		2	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td></td><td>2</td></tr> </table>		1		2	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td></td><td>2</td></tr> </table>		1		2
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		Business 1	Business 2	Business 3
11	<b>Is the business owned by you as a single owner?</b> 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	<b>Is the business owned in partnership with other members of your household?</b> 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	<b>How many household members, including yourself, are partners in the business?</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14	<b>Are there any business partners living in other households?</b> 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	<b>How many of those partners live in other households?</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16	<b>Who is the main owner of this business?</b> 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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## Site of operation

		Business 1	Business 2	Business 3
17	<b>Does this business mainly operate ....</b> 01 = Within the owner's dwelling/s – with its own space (e.g. a separate room) 02 = Within the owner's dwelling/s – without its own space (e.g. a family room) 03 = In a structure attached to owner's dwelling/s or on the same plot (e.g. a workshop in the back yard) 04 = Within another person's dwelling (e.g. a neighbour's dwelling) 05 = In a non-residential building (e.g. an office block or factory) 06 = From a taxi rank / bus station / train station 07 = On a footpath, street or open space 08 = At a market 09 = No fixed location/mobile → <b>Go to Q24</b> 10 = At customer's homes or offices → <b>Go to Q24</b> 11 = Other, <i>specify</i> <input 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"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03  <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03  <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11
18	<b>Is the location of the business a permanent</b> (e.g. over a period of time) <b>or a temporary arrangement?</b> 1 = PERMANENT 2 = TEMPORARY	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
19	<b>Do you pay for use of this location for business purposes?</b> 1 = YES 2 = No → <b>Go to Q21</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
20	<b>How much did you pay in the last calendar month? (Rands)</b>	<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"/>
21	<b>Is electricity available at the main site where the business is operated from?</b> 1 = YES 2 = No 3 = NOT APPLICABLE	<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
<b>22</b>	<b>What is the main source of water for the business (the main site)?</b> 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
<b>23</b>	<b>What kind of toilet facility does the business have?</b> 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
<b>24</b>	<b>What is the main means of communication that the business has access to?</b> 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

<b>25</b>	<b>What records do you keep for this business?</b> 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 → <b>Go to Q27</b>	<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	<b>Are the expenditures for the business recorded separately from expenditures for the household?</b> 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  <b>→ Go to Q28</b>	<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	<b>Why are records not kept for this business?</b> 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	<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	<b>How many months in the last twelve months did the business operate?</b>  <i>If <u>12 months</u> go to Q29</i> <i>If <u>less than 12 months</u> go to Q30</i>	<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	<b>In the last 12 months, how much money came into the business through sales or services offered, before any deductions (turnover)? (Rands)</b>  <b>→ Go to Q31</b>	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><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><td></td></tr> <tr><td></td><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><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>												

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		Business 1	Business 2	Business 3
30	<p><b>Ask if less than 12 months in Q28, otherwise go to Q31</b></p> <p><b>What was the main reason that the business had no activity in some months?</b></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><b>When did this business start operating?</b></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
<b>32</b>	<b>What was the main reason you started this business?</b> 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 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
<b>33</b>	<b>Did you need any money to start the business?</b> 1 = YES 2 = No → <b>Go to Q44</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>34</b>	<b>Did you use your own money to start the business?</b> 1 = YES 2 = No → <b>Go to Q37</b>	<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																																																
35	<b>What was the main source of your own money?</b> 01 = PREVIOUS AND/OR PRESENT WAGE EMPLOYMENT 02 = OTHER BUSINESS 03 = SALE OF LIVESTOCK/CROPS 04 = SALES OF OTHER ASSETS 05 = INHERITANCE 06 = PENSION FROM WORK 07 = RETIREMENT/SEVERANCE PAY 08 = AN INVESTMENT POLICY THAT MATURED 09 = MONEY PAID OUT FROM A STOKVEL 10 = OTHER SAVINGS, <i>specify</i> <input 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"/> 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"/> 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																																																
36	<b>How much of your own money did you use to start this business? (Rands)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																
37	<b>Did you borrow any money to start this business?</b> 1 = YES 2 = No <b>→ Go to Q42</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																
38	<b>From where did you get the loan?</b> 1 = Loans from commercial banks ..... 2 = Loans from friends/relatives ..... 3 = Loans from credit societies/ stokvels..... 4 = Loans from moneylenders/mashonisas ..... 5 = Loans from (business) partners..... 6 = Loans from business association..... 7 = Loans from NGO/CBO..... 8 = Loans from others, <i>specify</i> <input type="text"/>	<table border="0"> <tr> <td>YES</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2</td> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2</td> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2</td> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2</td> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2</td> </tr> <tr> <td><input 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39	<b>What was the total amount of the money that you borrowed to start the business? (Rands)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																

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

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## Business expenditure and turnover

		Business 1	Business 2	Business 3
44	<b>Does the business use any raw materials, e.g. wood for furniture or steel for making gates, flour for making fat cakes?</b> <i>Raw material is something that you change in some way before selling it.</i> 1 = YES 2 = No <b>→ Go to Q46</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
45	<b>In the last calendar month, how much was spent on raw materials? (Rands)</b>			
46	<b>Does the business use any supplies, e.g. beverages or fruit?</b> <i>Supply is something that you <u>do not</u> change before reselling it.</i> 1 = YES 2 = No <b>→ Go to Q48</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
47	<b>In the last calendar month, how much was spent on these supplies? (Rands)</b>			
48	<b>In the last calendar month, how much money came into the business through sales or services offered, before any deductions (turnover)? (Rands)</b>			
49	<b>In the last calendar month, how much money came into the business from other sources? (Rands)</b>			
50	<b>What does the business need assistance with in order to progress / grow? Does it need assistance with .....</b> 1 = Provision of an alternative site? ..... 2 = Better access to loans?..... 3 = Assistance with marketing ? ..... 4 = Better access to raw materials/supplies?..... 5 = Less strict government regulations ?..... 6 = Access to modern technology ?..... 7 = Forming contacts with others in similar businesses for cooperation?..... 8 = Other, <i>specify</i> <input 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 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2
51	<b>Ask if more than one YES in Q50, otherwise go to Q52</b> <b>Which of the above mentioned forms of assistance is the most important?</b> <i>Give response category number from Q50</i>			

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

## People employed and labour costs

		<b>Business 1</b>		<b>Business 2</b>		<b>Business 3</b>	
<b>53</b>	Do other people besides yourself work in this business, <b>paid or unpaid, including household members?</b>  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	
<b>54</b>	<b>How many paid and unpaid workers</b> (anyone working more than 1 hour per week) <b>were there at this business, including other household members.....</b>  1 = At this time last year? .....  2 = During the last calendar month? .....  3 = During the last week ? .....	<b>Paid</b>	<b>Unpaid</b>	<b>Paid</b>	<b>Unpaid</b>	<b>Paid</b>	<b>Unpaid</b>
		<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"/>

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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	<b>In the last week, how many of these workers were ....</b>	<b>Paid</b>	<b>Unpaid</b>	<b>Paid</b>	<b>Unpaid</b>	<b>Paid</b>	<b>Unpaid</b>
	1 = Full time workers (35 hours or more per week) ?.....						
	2 = Part-time workers (less than 35 hours per week)?.....						
56	<b>In the last week, how many of these workers were ....</b>	<b>Paid</b>	<b>Unpaid</b>	<b>Paid</b>	<b>Unpaid</b>	<b>Paid</b>	<b>Unpaid</b>
	1 = Male?						
	2 = Female? .....						
57	<b>In the last week, how many of these workers were ....</b>	<b>Paid</b>	<b>Unpaid</b>	<b>Paid</b>	<b>Unpaid</b>	<b>Paid</b>	<b>Unpaid</b>
	1 = African/Black? .....						
	2 = Coloured?.....						
	3 = Indian/Asian?.....						
	4 = White?.....						
	5 = Other?, <i>specify</i> <input type="text"/>						
58	<b>In the last week, how many of these workers were ....</b>	<b>Paid</b>	<b>Unpaid</b>	<b>Paid</b>	<b>Unpaid</b>	<b>Paid</b>	<b>Unpaid</b>
	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	<b>What were the total wages, salaries and other benefits paid to all the employees during the last calendar month?</b>												
	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 type="text"/>												

### Remuneration for employers and own-account workers

		Business 1	Business 2	Business 3									
60	<b>How much was withdrawn from the business by you during the last calendar month as ...</b>												
	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 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"/>	

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## Fixed capital formation

		Business 1	Business 2	Business 3
62	<b>In the past year, how much did the business spent on .....</b>			
	1 = Machinery .....			
	2 = Equipment and tools .....			
	3 = Vehicles, trailers, etc. for transporting .....			
	4 = Buildings and other structures .....			
	5 = Furniture .....			
	6 = Other capital items, <i>specify</i> <input type="text"/>			
63	<b>How much money did the business make in the last calendar month after deductions (net profit)? (Rands)</b>			
64	<b>How much money does the business usually make in a month after deductions (net profit)? (Rands)</b>			
65	<b>What do you do with the profit from this business?</b>			
	1 = RE-INVEST IN THE BUSINESS	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = SAVE IT IN THE BANK	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	3 = SPEND IT ON ITEMS FOR THE HOUSEHOLD	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	4 = OTHER, <i>specify</i> <input type="text"/>	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
66	<b>Does the business currently have any debts (e.g. loan)?</b>			
	1 = YES	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = No → Go to Q68	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
67	<b>How much money does the business owe? (Rands)</b>			

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## Transport

		Business 1	Business 2	Business 3
<b>68</b>	<b>Does the business offer transport services?</b> 1 = YES 2 = No → <b>Go to Q71</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>69</b>	<b>What transport services does the business offer?</b> 1 = PASSENGER TRANSPORT WITH COMBIS/MINI-BUSES → <b>Go to Q71</b> 2 = PASSENGER TRANSPORT WITH CABS → <b>Go to Q71</b> 3 = TRANSPORT OF GOODS 4 = BOTH PASSENGER TRANSPORT AND TRANSPORT OF GOODS 5 = OTHER, <i>specify</i> <input type="text"/> → <b>Go to Q71</b>	<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
<b>70</b>	<b>What type of goods does the business normally transport?</b> 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	<b>You indicated that your business is not registered for VAT, what is the reason that the business is not registered? (Repeat for each business)</b> 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"/>	<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	<b>Refer to Q5 before asking this question</b> <b>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)</b> 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"/>	<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	<b>Does this business have a current / transactional / savings account?</b> 1 = YES, from a bank 2 = YES, from another formal financial institution 3 = YES, from an informal organization (e.g. stokvel) 4 = No	<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	<b>Does this business have an investment/deposit account? Term or notice deposit account</b> 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

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		Business 1	Business 2	Business 3
75	<b>Does this business have a loan account?</b> <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	<b>Does this business have asset finance?</b> <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	<b>Does this business have a mortgage loan?</b> 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	<b>Does this business have a credit facility?</b> <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	<b>Does this business have a short-term insurance?</b> <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	<b>Does this business make business payments through the account mentioned in Q73 above?</b> 1 = YES 2 = No 3 = NOT APPLICABLE (NO ACCOUNT)	<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	<b>To make the business payments, does this business use ....</b> 1 = Internet banking 2 = Cellphone banking 3 = A bank branch / personal banking	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

Go to Q82

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Person no.

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The following questions relate to the business owner not the business

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

INTERVIEW END TIME

h	h	m	m

***End of the interview.***

***Thank the respondent for his/her participation***

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