

# National Travel Survey 2003

## Particulars of the household

PSU number

Dwelling unit number

Physical identification of the dwelling  
unit/household

.....

Travel Analysis Zone Number

Telephone number of enumerated household (if any)

Total number of persons in the household

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

## Households at the selected dwelling unit

Household number for this household

Total number of households at the selected dwelling unit

## Field staff

Interviewer

.....

Number

Interview date

.....

Supervisor

.....

Number

Date checked

.....

RSM

.....

Number

Date checked

.....

For office use

## Response details

Visit no	Date (actual)	Time of interview	Result code	Next visit (planned)
1				
2				
3				
4				

## FINAL RESULT

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

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## RESULT CODES (for response details)

1	Completed	} <b>Comment and give full details above of all non-response</b>
2	Non-contact	
3	Refused	
4	Partly complete	
5	No usable information	
6	Vacant dwelling	
7	Listing error	
8	Other	
9	Incomplete (Section 6)	
0	Incomplete (Section 7)	

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**FLAP This section covers particulars of each person in the household**

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

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

		Person (respondent) number									
Ask to speak to an adult, if he/she is the one to respond to the questionnaire, record that person in column 01.		01	02	03	04	05	06	07	08	09	10
<b>A</b>	<b>First name and surname</b> Write down first name and surname of each member of the household, starting with the respondent.										
	<b>First name:</b>  <b>Surname:</b>										
<b>B</b>	<b>Has ..... stayed in this household for at least four nights on average per week during the last four weeks?</b> 1 = YES 2 = NO → <i>End of questions for this person</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>C</b>	<b>Is ..... a male or a female?</b> 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
<b>D</b>	<b>How old is .....? (In completed years - In figures only)</b> Less than 1 year = 00										
<b>E</b>	<b>What population group does ..... belong to?</b> 1 = AFRICAN/BLACK 2 = COLOURED 3 = INDIAN/ASIAN 4 = WHITE 5 = OTHER, <i>specify</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<b>F</b>	<b>Is there any other person residing in this household, than those already mentioned, who is not presently here?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	→ If "YES", Go back to A									

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## SECTION 1 This section covers information regarding the household.

Interviewer to answer

1.1	Indicate the type of main dwelling and other dwelling that the household occupies? <i>Verify if there are any other dwellings on this property</i>	Main dwelling	Other dwelling
	01 = Dwelling or brick structure on a separate stand or yard or on farm	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = Hut/Structure made of traditional materials	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = Flat or apartment in a block of flats	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	04 = Town/Cluster/Semi-detached house (Simplex, Duplex or Triplex)	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = Unit in retirement village	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	06 = Dwelling/Flat/room in backyard	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	07 = Informal dwelling/Shack in backyard	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	08 = Informal dwelling/Shack not in backyard, e.g. in an informal/squatter settlement or on farm	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	09 = Room/Flatlet	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = Caravan/Tent	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = Hostel room /unit/apartment	<input type="checkbox"/> 11	<input type="checkbox"/> 11
	12 = Other, specify	<input type="checkbox"/> 12	<input type="checkbox"/> 12

Ask a responsible adult in the household

1.2	What are the two most important transport problems experienced by this household? <i>(Probe to make the answer mode specific) e.g Taxis very expensive instead of transport very expensive.</i> ..... ..... ..... ..... ..... ..... ..... ..... .....	
a	CODE BOX FOR OFFICIAL USE ONLY	
b	CODE BOX FOR OFFICIAL USE ONLY	

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<b>1.3</b>	<b>How long, in minutes, do you think it will take me (the interviewer) to walk from here to the nearest.....?</b>			
	<b>(N.B. One answer per category is required)</b>			
		<b>Actual Minutes</b>	<b>Too far/ no service</b>	<b>Do not know</b>
<b>a</b>	Train station		<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>b</b>	Taxi (minibus, sedan and bakkie)		<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>c</b>	Bus stop		<input type="checkbox"/> 1	<input type="checkbox"/> 2

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1.4		<ul style="list-style-type: none"> <li>How do members of your household get to the nearest of each of the following facilities?</li> <li>And how long does it take to get there in minutes from this household to the facility (door to door)?</li> </ul> <p><i>(If more than one member of the household travels to a facility, record the type of transport used by the person who goes there most often. If more than one type of transport is used, mark the one used over the longest distance ) (Mark one only)</i></p>													
Facility		Walk	Train	Bus	Minibus taxi/ bakkie taxi/ sedan taxi	Metered Taxi	Car/ Bakkie	Truck/ Lorry	Tractor/ Trailer	Motorcycle/ Scooter	Bicycle	Animal Transport	Don't need to go there	Can't get there	Minutes <small>If code 12, or 13 enter 999</small>
a	Food shop	<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	Other shops	<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	
c	Traditional healer	<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	
d	Medical Services	<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	
e	Post office/ agent	<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	
f	Welfare office	<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	
g	Police station	<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	
h	Municipal office	<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	
i	Tribal authority	<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	

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1.5	<b>What is the total monthly household expenditure on train, bus and taxi for all members of the household (Show card)</b>	<b>Train</b>	<b>Bus</b>	<b>Taxi</b>
	01 = NOTHING	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = R 1 – R 50	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = R 51 – R 100	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	04 = R 101 – R 150	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = R 151 – R 200	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	06 = R 201 – R 250	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	07 = R 251 – R 300	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	08 = R 301 – R 400	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	09 = R 401 – R 500	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = R 501 – R 750	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = R 751 – R1000	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
	12 = R1001 OR MORE	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12

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1.6	<b>What is the total monthly income (before deductions) of <u>all the persons</u> in this household, from all sources? (Show card)</b>	
	01 = NOTHING	<input type="checkbox"/> 01
	02 = R 1 – R 200	<input type="checkbox"/> 02
	03 = R 201 – R 500	<input type="checkbox"/> 03
	04 = R 501 – R1 000	<input type="checkbox"/> 04
	05 = R1 001 – R1 500	<input type="checkbox"/> 05
	06 = R1 501 – R2 000	<input type="checkbox"/> 06
	07 = R2 001 – R3 000	<input type="checkbox"/> 07
	08 = R3 001 – R 4 500	<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 – R10 000	<input type="checkbox"/> 11
	12 = R10 001 – R16 000	<input type="checkbox"/> 12
	13 = R16 001 – R30 000	<input type="checkbox"/> 13
	14 = R30 000 or more	<input type="checkbox"/> 14
	15 = DON'T KNOW	<input type="checkbox"/> 15
16 = REFUSE	<input type="checkbox"/> 16	

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1.7	How many bicycles does this household own?	
1.8	How many of the following motorised vehicles in running order does this household have available for private use?  <i>Do not include tractors</i>	
a	Motorcycle/Scooter	
b	Car/Bakkies/Station wagons/4x4s owned by employer/company	
c	Car/Bakkies/Station wagons/ 4x4s owned by the household/ relatives / friends	
d	Minibus/Kombis	
e	Trucks	
f	Other, Specify.....	

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## SECTION 2 This section covers particulars of each person in the household

<i>Travel day</i>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thur</b>	<b>Fri</b>
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

		01	02	03	04	05	06	07	08	09	10	
<b>2.1</b>	<b>Is ..... limited in his/her daily travelling activities because of any disability lasting six months or more?</b>  1 = YES <b>CONTINUE</b> 2 = No <b>Go to Q2.3</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	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<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>2.2</b>	<b>What difficulty or difficulties does ..... have? Is it.....</b>  1 = Sight (blind/severe visual limitations) 2 = Hearing (deaf, profoundly hard of hearing) 3 = Communicating (speech impairment) 4 = Physical (e.g. needs wheel chair, crutches or prosthesis; limb or hand usage limitation) 5 = Intellectual (serious difficulties in learning, mental retardation) 6 = Emotional (behavioural, psychological problems) 7 = Other, specify in column	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	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
<b>2.3</b>	<b>Thinking of ..... (travel day, see above) did ..... leave the premises to go anywhere, such as going to work, visiting a friend or going to the shops?</b>  1 = YES <b>Go to Q2.5</b> 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	

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		01	02	03	04	05	06	07	08	09	10
<b>2.4</b>	<b>What was the reason for..... not going anywhere ?</b>  1 = DID NOT NEED TO TRAVEL 2 = NOT WELL ENOUGH TO TRAVEL 3 = FAMILY RESPONSIBILITIES 4 = USUAL CAR NOT AVAILABLE 5 = PUBLIC TRANSPORT TOO EXPENSIVE FOR ME 6 = NO AVAILABLE PUBLIC TRANSPORT 7 = I HAD NO MONEY 8 = NO SUITABLE TRANSPORT FOR DISABLED 9 = OTHER, SPECIFY IN SPACE UNDER COLUMN <b>Go to Q2.6</b>	<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	<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	<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	<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
<b>2.5</b>	<b>Thinking of ..... (travel day), to which of the following did ....go?</b>  a) = Work b) = Education c) = Shops d) = Looking for work e) = Medical services f) = Welfare offices g) = Visiting h) = Sport, recreation and entertainment i) = Church j) = Other, specify in space under column	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input 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type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2

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		01	02	03	04	05	06	07	08	09	10
<b>2.6</b>	<b>In the last 7 days, how many days has .....used:</b>										
<b>a</b>	A train										
<b>b</b>	A bus										
<b>c</b>	A metered taxi										
<b>d</b>	A minibus taxi										
<b>e</b>	A sedan taxi										
<b>f</b>	A bakkie taxi										
<b>g</b>	A car/bakkie /station wagon/kombi/4x4										
<b>h</b>	A truck/lorry										
<b>i</b>	A motor cycle/scooter										
<b>j</b>	A bicycle										
<b>k</b>	Animal transport										
<b>l</b>	An aircraft										
<b>m</b>	Other, specify in column										
<b>2.7</b>	<b>Has .....undertaken a holiday trip of at least 24 hours within RSA in the past year?</b>  1 = YES 2 = No <b>Go to Section 3</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	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<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>2.8</b>	<b>On how many occasions did.....undertake a holiday trip?</b>										

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		01	02	03	04	05	06	07	08	09	10
<b>2.9</b>	<b>Thinking about the most recent holiday trip, where did.....go?</b>										
<b>a</b>	Suburb/place name .....										
<b>b</b>	Town/Municipality/District .....										
<b>c</b>	Province .....										
	<b>CODE BOX FOR OFFICIAL USE ONLY</b>										
<b>2.10</b>	<b>What type of transport did..... use for the longest part of the trip?</b> <b>Mark one only</b> 1 = TRAIN 2 = BUS 3 = TAXI 4 = AIRCRAFT 5 = CAR / BAKKIE 6 = OTHER, SPECIFY IN COLUMN	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6

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### SECTION 3 This section covers educational information for each person in the household

		01	02	03	04	05	06	07	08	09	10
<b>3.1</b>	<b>What is the highest level of education that ..... has completed?</b>										
	00 = No SCHOOLING	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00
	01 = GRADE R/0	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = SUB A/GRADE 1	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = SUB B/GRADE 2	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	04 = GRADE 3/STANDARD 1	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = GRADE 4/STANDARD 2	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	06 = GRADE 5/STANDARD 3	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	07 = GRADE 6/STANDARD 4	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	08 = GRADE 7/STANDARD 5	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	09 = GRADE 8/STANDARD 6/FORM 1	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = GRADE 9/STANDARD 7/FORM 2	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = GRADE 10/STANDARD 8/FORM 3	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
	12 = GRADE 11/STANDARD 9/FORM 4	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12
	13 = GRADE 12/STANDARD 10/FORM 5/MATRIC	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13
	14 = NTC I	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14
	15 = NTC II	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15
	16 = NTC III	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16
	17 = DIPLOMA/CERTIFICATE WITH LESS THAN GRADE 12/STD 10	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17
	18 = DIPLOMA/CERTIFICATE WITH GRADE 12/STD 10	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18
	19 = DEGREE	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19
	20 = POSTGRADUATE DEGREE OR DIPLOMA	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20
	21 = OTHER, <i>specify in column</i>	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21
	22 = DON'T KNOW	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22
	<i>Diplomas or certificates should be of at least six months study duration full time (or equivalent).</i>										

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		01	02	03	04	05	06	07	08	09	10
<b>3.2</b>	<b>Does .....currently attend an educational institution including pre school and day care?</b> 1 = YES 2 = No <b>GO TO SECTION 4</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	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<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>3.3</b>	<b>Which educational institution does.....attend?</b> <i>Include distance and correspondence education</i>  1= PRE SCHOOL, CRECHE, DAY CARE 2 = PRIMARY SCHOOL 3 = SECONDARY/ HIGH SCHOOL 4 = UNIVERSITY 5 = TECHNIKON 6 = COLLEGE 7 = ADULT BASIC EDUCATION AND TRAINING OR LITERACY CLASSES 8 = OTHER ADULT EDUCATION CLASSES 9 = OTHER, <i>SPECIFY IN COLUMN</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"/> 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	<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	<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	<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
<b>3.4</b>	<b>Is ..... mainly studying through attending classes or through distance learning?</b> 1 = ATTENDING CLASSES 2 = DISTANCE LEARNING <b>GO TO SECTION 4</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	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<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>3.5</b>	<b>Where does.....attend.....?</b>										
<b>a</b>	Suburb/Place name										
<b>b</b>	Town/Municipality/District										
<b>c</b>	Province										
	<b>CODE BOX FOR OFFICIAL USE ONLY</b>										

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		01	02	03	04	05	06	07	08	09	10
<b>3.6</b>	<b>At what time does.....usually leave to go to .....?</b>										
<b>3.7</b>	<b>At what time does.....usually arrive at .....?</b>										
<b>3.8</b>	<b>How does .....usually get to.....? If more than one type mark the one used over the longest distance.</b>  01 = TRAIN 02 = BUS 03 = METERED TAXI 04 = MINI BUS TAXI 05 = SEDAN TAXI 06 = BAKKIE TAXI 07 = CAR/BAKKIE PASSENGER 08 = TRUCK 09 = TRACTOR/TRAILER 10 = ANIMAL TRANSPORT 11 = CAR/BAKKIE DRIVER 12 = MOTORCYCLE/SCOOTER 13 = BICYCLE 14 = WALK 15 = OTHER, SPECIFY IN COLUMN	<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 <input type="checkbox"/> 15	<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 <input type="checkbox"/> 15	<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 <input type="checkbox"/> 15	<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 <input type="checkbox"/> 15	<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 <input type="checkbox"/> 15	<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 <input type="checkbox"/> 15	<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 <input type="checkbox"/> 15	<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 <input type="checkbox"/> 15	<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 <input type="checkbox"/> 15	<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 <input type="checkbox"/> 15

} **GO TO SECTION 4**

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		01	02	03	04	05	06	07	08	09	10
<b>3.9</b>	<b>How much does it cost .....to get to ... (Rand)</b> <b>including all modes?</b>										
	<b>(cents)</b>										
<b>3.10</b>	<b>Is that.....</b>										
	1 = Per single trip	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = Per return trip	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	3 = Per week	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	4 = Per month	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
	5 = Per term	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
	6 = Not applicable	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6

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## SECTION 4 Questions for all members aged 15 and above

		01	02	03	04	05	06	07	08	09	10
<b>4.1</b>	<b>Does ..... have a driver's licence for a .....?</b> 1 = Motorcycle 2 = Car 3 = Heavy vehicle	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>4.2</b>	<b>Does ..... have a job or did .....do any work in the past seven days, even if he/she was absent from work?</b>  1 = Yes: Formal 2 = Yes: Informal 3 = No } <b>GO TO SECTION 5</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

**For those who didn't work in the past seven days**

<b>4.3</b>	<b>What is the main reason why.....did not have work in the past seven days.</b>  1 = SCHOLAR OR STUDENT 2 = HOMEMAKER OR HOUSEWIFE 3 = PENSIONER OR RETIRED PERSON/ TOO OLD TO WORK 4 = UNABLE TO WORK DUE TO ILLNESS OR DISABILITY 5 = SEASONAL WORKER NOT WORKING PRESENTLY 6 = CHOOSES NOT TO WORK 7 = CANNOT FIND WORK  <b>END INTERVIEW</b>	<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	<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	<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
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## SECTION 5 This section covers details about your main work activity *(No proxies allowed in this section)*

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

**Read out:** The next questions refer to your main job or activity. That is the one where you usually work the most hours per week, even if you were absent the last seven days.

		01	02	03	04	05	06	07	08	09	10
5.1a	<b>What is the FULL name of the business/company or organisation for whom you work?</b> (if the person works for him/herself, and the business does not have a name, write SELF in the appropriate row. If doing PAID domestic work in a private household, write PRIVATE HOUSEHOLD)										
5.1 b	<b>What does the business do (main economic activity)?</b> Write the MAIN INDUSTRY, economic activity, product or service of (the person's) employer or company. For example, gold mining, road construction OR Write the activity of the person if self-employed. For example subsistence farming. If doing PAID domestic work in a private household, write PRIVATE HOUSEHOLD										
	<b>CODE BOX FOR OFFICIAL USE ONLY</b>										
5.2	<b>What is your main occupation in this workplace?</b> Occupation refers to the type of work you performed in the last seven days or you usually do at your place of work Use two or more words: For example, street trader, cattle farmer, primary school teacher, domestic worker, fruit seller, etc.										
	<b>CODE BOX FOR OFFICIAL USE ONLY</b>										
5.3	<b>How many days per week do you usually work?</b>										

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			01	02	03	04	05	06	07	08	09	10	
<b>5.4a</b>	<b>What is your total salary/pay at your <u>main</u> job before any tax or deductions?</b> <i>Include overtime, allowances and bonus</i> <div style="text-align: right;"><b>Rand</b></div> <i>Give amount in whole figures, without any text or decimals</i> <b>If "REFUSE" or "DON'T KNOW" → Go to Q 5.4c</b>												
<b>5.4b</b>	<b>Only if amount given in 5.4a Is this</b> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> 1 = Per week  2 = Per month  3 = Annually </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div> <b>Go to Q 5.5</b> </div> </div>												
		<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"/> 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"/> 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"/> 3	
<b>5.4c</b>	<b>Only if "REFUSE" or "DON'T KNOW" in 5.4a</b> <i>Show the categories. Make sure the respondent points at the correct income column (weekly, monthly, annually) on prompt card and mark the applicable code.</i>												
		<b>Weekly</b>	<b>Monthly</b>	<b>Annually</b>									
	01	NONE	NONE	NONE	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	
	02	R1 – R 46	R1 – R200	R1 - R2 400	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	
	03	R 47 – R115	R201 – R500	R2 401 - R6 000	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	
	04	R116 - R231	R501 – R1 000	R6 001 - R12 000	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	
	05	R232 - R346	R1 001 - R1 500	R12 001 - R18 000	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	
	06	R347 – R462	R1 501 - R2 000	R18 001 – R24 000	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	
	07	R463 – R692	R2 001 - R3 000	R24 001 – R36 000	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	
	08	R693 - R1 038	R3 001 - R4 500	R36 001 – R54 000	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	
	09	R1 039 - R1 385	R4 501 - R6 000	R54 001 - R72 000	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	
	10	R1 386 - R1 846	R6 001 - R8 000	R72 001 - R96 000	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	
	11	R1 847 - R2 308	R8 001 - R10 000	R96 001 - R120 000	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	
	12	R2 309 - R3 692	R10 001 - R16 000	R120 001 - R192 000	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	
	13	R3 693 - R6 923	R16 001- R30 000	R192 001 - R360 000	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	
	14	R6 924 OR MORE	R30 001 OR MORE	R360 001 OR MORE	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	
	15	DON'T KNOW	DON'T KNOW	DON'T KNOW	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	
	16	REFUSE	REFUSE	REFUSE	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	

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		01	02	03	04	05	06	07	08	09	10
<b>5.5</b>	<b>Have you undertaken any business trips longer than 200km within the RSA in the past month?</b>  1 = YES 2 = No <b>Go to Q5.9</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	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<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>5.6</b>	<b>How many business trips have you undertaken in the past month?</b>										
<b>5.7</b>	<b>Thinking about the most recent business trip away, where did you go?</b>										
<b>a</b>	Suburb/place name .....										
<b>b</b>	Town/Municipality/District .....										
<b>c</b>	Province .....										
	<b>CODE BOX FOR OFFICIAL USE ONLY</b>										

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		01	02	03	04	05	06	07	08	09	10
<b>5.8</b>	<b>What type of transport did you use for the longest part of the trip?</b> <b>Mark one only</b> 1 = TRAIN 2 = BUS 3 = TAXI 4 = AIRCRAFT 5 = CAR / BAKKIE 6 = OTHER, SPECIFY IN COLUMN	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6

<b>5.9</b>	<b>Is there another place in the RSA which you regard as your home and to which you regularly make an overnight visit?</b> 1 = YES 2 = No <b>Go to Q5.16</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	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<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>5.10</b>	<b>Have you gone there by public transport during the past month?</b> 1 = YES 2 = No <b>Go to Q5.16</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	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<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>5.11</b>	<b>How many times have you gone there during the past month?</b>										

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		01	02	03	04	05	06	07	08	09	10
<b>5.12</b>	<b>Where is this place?</b>										
<b>a</b>	Suburb/place name										
<b>b</b>	Town/Municipality/District										
<b>c</b>	Province										
	<b>CODE BOX FOR OFFICIAL USE ONLY</b>										

<b>5.13</b>	<b>Thinking of your last trip home, what type of transport did you use for the longest part of the trip?</b>  <b>Mark one only</b>  1 = TRAIN 2 = BUS 3 = TAXI 4 = AIRCRAFT 5 = OTHER, SPECIFY IN COLUMN	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
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		01	02	03	04	05	06	07	08	09	10
<b>5.14</b>	<b>How much did you pay for the trip there and back?</b>  <b>Rand</b>										
<b>5.15</b>	<b>On which day of the week did you go?</b>  1 = MONDAY 2 = TUESDAY 3 = WEDNESDAY 4 = THURSDAY 5 = FRIDAY 6 = SATURDAY 7 = SUNDAY	<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	<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	<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>5.16</b>	<b>Where is your main place of work?</b> 1 = At home (where you sleep 4 nights a week) <b>End</b> 2 = Somewhere else <b>Go to Section 6</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	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<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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## Section 6

This section covers information about workers who travel to work

(worker 1)

<b>6.0</b>	<b>Person number</b>	
<b>6.1</b>	<b>Where is your main place of work</b>	
<b>a</b>	Suburb/place name...	
<b>b</b>	Town/municipality/district.....	
<b>c</b>	Province.....	
	<b>CODE BOX FOR OFFICE USE ONLY</b>	

<b>6.2</b>	<b>At what time do you usually leave to go there?</b>	
<b>6.3</b>	<b>At what time do you usually get there?</b>	
<b>6.4</b>	<b>Do you usually walk all the way?</b> 1 = YES <i>END</i> 2 = NO	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>6.5</b>	<b>Do you usually cycle all the way?</b> 1 = YES <i>End</i> 2 = NO	<input type="checkbox"/> 1 <input type="checkbox"/> 2

<b>6.6</b>	<b>Do you usually drive all the way to work? (Not as a passenger)</b> 1 = YES 2 = No <i>Go to Q6.11</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>6.7</b>	<b>Which of the following vehicles do you usually drive to work? Mark one</b> 1 = Truck/Lorry 2 = Car/Bakkie 3 = Motorcycle/Scooter	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>6.8</b>	<b>Do you regularly need your vehicle at work for work purposes?</b> 1 = YES 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>6.9</b>	<b>Do you have to drop/pick up passengers on your way to work?</b> 1 = YES 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>6.10</b>	<b>Do you have to drop/pick up passengers on your way back home?</b> 1 = YES 2 = No <i>Go to Q6.20</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>6.11</b>	<b>Do you change transport on the way to work?</b> 1 = YES 2 = No <i>(E.G. TRAIN-TO-TRAIN, BUS-TO-TRAIN)</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2



(worker 1)

	Types of transport	FIRST TRANSPORT	SECOND TRANSPORT	THIRD TRANSPORT	FOURTH TRANSPORT
6.12	<b>How do you usually get there? Mark all types of transport in the order in which they were taken, but exclude walks</b>				
	01 = TRAIN	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = BUS	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = METERED TAXI	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	04 = MINI BUS TAXI	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = SEDAN TAXI	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	06 = BAKKIE TAXI	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	07 = CAR/BAKKIE <u>PASSENGER</u>	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	08 = TRUCK/LORRY <u>PASSENGER</u>	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	09 = COMPANY TRANSPORT	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = TRUCK/LORRY <u>DRIVER</u>	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = CAR/BAKKIE <u>DRIVER</u>	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
	12 = MOTORCYCLE/SCOOTER	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12
	13 = TRACTOR/TRAILER	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13
	14 = BICYCLE	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14
	15 = ANIMAL TRANSPORT	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15
	16 = OTHER, SPECIFY IN COLUMN	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16

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**(worker 1)**

	Types of transport	FIRST TRANSPORT					SECOND TRANSPORT					THIRD TRANSPORT					FOURTH TRANSPORT				
		R	R	R	C	C	R	R	R	C	C	R	R	R	C	C	R	R	R	C	C
6.13	How much does it cost you for the.....(mode)?																				
6.14	Is that....? 1 = Per single trip 2 = Per return trip 3 = Per week 4 = Per Month 5 = Not applicable (I do not pay)																				
		<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"/> 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"/> 5					<input type="checkbox"/> 5					<input type="checkbox"/> 5					<input type="checkbox"/> 5				

6.15	Does your employer give you cash or public transport tickets for your travel to and from work? 1 = YES 2 = No <i>Go to Q6.17</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
6.16	How much is this worth to you per month?  <b>RAND</b>	
6.17	How many minutes do you usually walk from here to your first transport?	
6.18	How many minutes do you usually wait for the first transport?	
6.19	How many minutes do you usually walk at the end of the trip to reach your work place?	

6.20	Are there any other workers in the household? 1 = YES <i>GO TO NEXT WORKER</i> 2 = No <i>GO TO SECTION 7</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
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## Section 6

This section covers information about workers who travel to work

(worker 2)

<b>6.0</b>	<b>Person number</b>	
<b>6.1</b>	<b>Where is your main place of work</b>	
<b>a</b>	Suburb/place name...	
<b>b</b>	Town/municipality/district.....	
<b>c</b>	Province.....	
	<b>CODE BOX FOR OFFICE USE ONLY</b>	

<b>6.2</b>	<b>At what time do you usually leave to go there?</b>	
<b>6.3</b>	<b>At what time do you usually get there?</b>	
<b>6.4</b>	<b>Do you usually walk all the way?</b> 1 = YES <i>END</i> 2 = NO	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>6.5</b>	<b>Do you usually cycle all the way?</b> 1 = YES <i>End</i> 2 = NO	<input type="checkbox"/> 1 <input type="checkbox"/> 2

<b>6.6</b>	<b>Do you usually drive all the way to work? (Not as a passenger)</b> 1 = YES 2 = NO <i>Go to Q6.11</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>6.7</b>	<b>Which of the following vehicles do you usually drive to work? Mark one</b> 1 = Truck/Lorry 2 = Car/Bakkie 3 = Motorcycle/Scooter	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>6.8</b>	<b>Do you regularly need your vehicle at work for work purposes?</b> 1 = YES 2 = NO	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>6.9</b>	<b>Do you have to drop/pick up passengers on your way to work?</b> 1 = YES 2 = NO	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>6.10</b>	<b>Do you have to drop/pick up passengers on your way back home?</b> 1 = YES 2 = NO <i>Go to Q6.20</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>6.11</b>	<b>Do you change transport on the way to work?</b> 1 = YES 2 = NO <i>(E.G. TRAIN-TO TRAIN, BUS-TO-TRAIN)</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2

(worker 2)

	Types of transport	FIRST TRANSPORT	SECOND TRANSPORT	THIRD TRANSPORT	FOURTH TRANSPORT
6.12	<b>How do you usually get there? Mark all types of transport in the order in which they were taken, but exclude walks</b>				
	01 = TRAIN	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = BUS	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = METERED TAXI	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	04 = MINI BUS TAXI	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = SEDAN TAXI	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	06 = BAKKIE TAXI	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	07 = CAR/BAKKIE <u>PASSENGER</u>	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	08 = TRUCK/LORRY <u>PASSENGER</u>	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	09 = COMPANY TRANSPORT	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = TRUCK/LORRY <u>DRIVER</u>	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = CAR/BAKKIE <u>DRIVER</u>	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
	12 = MOTORCYCLE/SCOOTER	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12
	13 = TRACTOR/TRAILER	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13
	14 = BICYCLE	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14
	15 = ANIMAL TRANSPORT	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15
	16 = OTHER, SPECIFY IN COLUMN	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16

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**(worker 2)**

	Types of transport	FIRST TRANSPORT					SECOND TRANSPORT					THIRD TRANSPORT					FOURTH TRANSPORT				
		R	R	R	C	C	R	R	R	C	C	R	R	R	C	C	R	R	R	C	C
6.13	How much does it cost you for the.....(mode)?																				
6.14	Is that....? 1 = Per single trip 2 = Per return trip 3 = Per week 4 = Per Month 5 = Not applicable (I do not pay)	<input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3  <input type="checkbox"/> 4  <input type="checkbox"/> 5					<input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3  <input type="checkbox"/> 4  <input type="checkbox"/> 5					<input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3  <input type="checkbox"/> 4  <input type="checkbox"/> 5					<input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3  <input type="checkbox"/> 4  <input type="checkbox"/> 5				

6.15	Does your employer give you cash or public transport tickets for your travel to and from work?  1 = YES 2 = No <i>Go to Q6.17</i>	<input type="checkbox"/> 1  <input type="checkbox"/> 2
6.16	How much is this worth to you per month?  <b>RAND</b>	
6.17	How many minutes do you usually walk from here to your first transport?	
6.18	How many minutes do you usually wait for the first transport?	
6.19	How many minutes do you usually walk at the end of the trip to reach your work place?	

6.20	Are there any other workers in the household?  1 = YES <i>GO TO NEXT WORKER</i> 2 = No <i>GO TO SECTION 7</i>	<input type="checkbox"/> 1  <input type="checkbox"/> 2
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## Section 6

This section covers information about workers who travel to work

(worker 3)

<b>6.0</b>	<b>Person number</b>	
<b>6.1</b>	<b>Where is your main place of work</b>	
<b>a</b>	Suburb/place name...	
<b>b</b>	Town/municipality/district.....	
<b>c</b>	Province.....	
	<b>CODE BOX FOR OFFICE USE ONLY</b>	

<b>6.2</b>	<b>At what time do you usually leave to go there?</b>	
<b>6.3</b>	<b>At what time do you usually get there?</b>	
<b>6.4</b>	<b>Do you usually walk all the way?</b> 1 = YES <i>END</i> 2 = NO	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>6.5</b>	<b>Do you usually cycle all the way?</b> 1 = YES <i>End</i> 2 = NO	<input type="checkbox"/> 1 <input type="checkbox"/> 2

<b>6.6</b>	<b>Do you usually drive all the way to work? (Not as a passenger)</b> 1 = YES 2 = No <i>Go to Q6.11</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>6.7</b>	<b>Which of the following vehicles do you usually drive to work? Mark one</b> 1 = Truck/Lorry 2 = Car/Bakkie 3 = Motorcycle/Scooter	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>6.8</b>	<b>Do you regularly need your vehicle at work for work purposes?</b> 1 = YES 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>6.9</b>	<b>Do you have to drop/pick up passengers on your way to work?</b> 1 = YES 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>6.10</b>	<b>Do you have to drop/pick up passengers on your way back home?</b> 1 = YES 2 = No <i>Go to Q6.20</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>6.11</b>	<b>Do you change transport on the way to work?</b> 1 = YES 2 = No <i>(E.G. TRAIN-TO-TRAIN, BUS-TO-TRAIN)</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2

(worker 3)

	Types of transport	FIRST TRANSPORT	SECOND TRANSPORT	THIRD TRANSPORT	FOURTH TRANSPORT
6.12	<b>How do you usually get there? Mark all types of transport in the order in which they were taken, but exclude walks</b>				
	01 = TRAIN	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = BUS	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = METERED TAXI	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	04 = MINI BUS TAXI	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = SEDAN TAXI	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	06 = BAKKIE TAXI	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	07 = CAR/BAKKIE <u>PASSENGER</u>	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	08 = TRUCK/LORRY <u>PASSENGER</u>	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	09 = COMPANY TRANSPORT	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = TRUCK/LORRY <u>DRIVER</u>	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = CAR/BAKKIE <u>DRIVER</u>	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
	12 = MOTORCYCLE/SCOOTER	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12
	13 = TRACTOR/TRAILER	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13
	14 = BICYCLE	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14
	15 = ANIMAL TRANSPORT	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15
	16 = OTHER, SPECIFY IN COLUMN	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16

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**(worker 3)**

	Types of transport	FIRST TRANSPORT					SECOND TRANSPORT					THIRD TRANSPORT					FOURTH TRANSPORT				
		R	R	R	C	C	R	R	R	C	C	R	R	R	C	C	R	R	R	C	C
6.13	How much does it cost you for the.....(mode)?																				
6.14	Is that....? 1 = Per single trip 2 = Per return trip 3 = Per week 4 = Per Month 5 = Not applicable (I do not pay)																				
		<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"/> 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"/> 5					<input type="checkbox"/> 5					<input type="checkbox"/> 5					<input type="checkbox"/> 5				

6.15	Does your employer give you cash or public transport tickets for your travel to and from work? 1 = YES 2 = No <i>Go to Q6.17</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
6.16	How much is this worth to you per month?  <b>RAND</b>	
6.17	How many minutes do you usually walk from here to your first transport?	
6.18	How many minutes do you usually wait for the first transport?	
6.19	How many minutes do you usually walk at the end of the trip to reach your work place?	

6.20	Are there any other workers in the household? 1 = YES <i>GO TO NEXT WORKER</i> 2 = No <i>GO TO SECTION 7</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
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## Section 6

This section covers information about workers who travel to work

(worker 4)

<b>6.0</b>	<b>Person number</b>	
<b>6.1</b>	<b>Where is your main place of work</b>	
<b>a</b>	Suburb/place name...	
<b>b</b>	Town/municipality/district.....	
<b>c</b>	Province.....	
	<b>CODE BOX FOR OFFICE USE ONLY</b>	

<b>6.2</b>	<b>At what time do you usually leave to go there?</b>	
<b>6.3</b>	<b>At what time do you usually get there?</b>	
<b>6.4</b>	<b>Do you usually walk all the way?</b> 1 = YES <i>END</i> 2 = NO	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>6.5</b>	<b>Do you usually cycle all the way?</b> 1 = YES <i>End</i> 2 = NO	<input type="checkbox"/> 1 <input type="checkbox"/> 2

<b>6.6</b>	<b>Do you usually drive all the way to work? (Not as a passenger)</b> 1 = YES 2 = NO <i>Go to Q6.11</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>6.7</b>	<b>Which of the following vehicles do you usually drive to work? Mark one</b> 1 = Truck/Lorry 2 = Car/Bakkie 3 = Motorcycle/Scooter	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>6.8</b>	<b>Do you regularly need your vehicle at work for work purposes?</b> 1 = YES 2 = NO	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>6.9</b>	<b>Do you have to drop/pick up passengers on your way to work?</b> 1 = YES 2 = NO	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>6.10</b>	<b>Do you have to drop/pick up passengers on your way back home?</b> 1 = YES 2 = NO <i>Go to Q6.20</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>6.11</b>	<b>Do you change transport on the way to work?</b> 1 = YES 2 = NO <i>(E.G. TRAIN-TO-TRAIN BUS-TO-TRAIN),</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2

(worker 4)

	Types of transport	FIRST TRANSPORT	SECOND TRANSPORT	THIRD TRANSPORT	FOURTH TRANSPORT
6.12	How do you usually get there? <i>Mark all types of transport in the order in which they were taken, but exclude walks</i>				
	01 = TRAIN	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = BUS	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = METERED TAXI	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	04 = MINI BUS TAXI	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = SEDAN TAXI	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	06 = BAKKIE TAXI	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	07 = CAR/BAKKIE <u>PASSENGER</u>	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	08 = TRUCK/LORRY <u>PASSENGER</u>	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	09 = COMPANY TRANSPORT	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = TRUCK/LORRY <u>DRIVER</u>	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = CAR/BAKKIE <u>DRIVER</u>	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
	12 = MOTORCYCLE/SCOOTER	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12
	13 = TRACTOR/TRAILER	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13
	14 = BICYCLE	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14
	15 = ANIMAL TRANSPORT	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15
	16 = OTHER, SPECIFY IN COLUMN	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16

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**(worker 4)**

	Types of transport	FIRST TRANSPORT					SECOND TRANSPORT					THIRD TRANSPORT					FOURTH TRANSPORT				
		R	R	R	C	C	R	R	R	C	C	R	R	R	C	C	R	R	R	C	C
6.13	How much does it cost you for the.....(mode)?																				
6.14	Is that....? 1 = Per single trip 2 = Per return trip 3 = Per week 4 = Per Month 5 = Not applicable (I do not pay)																				
		<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"/> 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"/> 5					<input type="checkbox"/> 5					<input type="checkbox"/> 5					<input type="checkbox"/> 5				

6.15	Does your employer give you cash or public transport tickets for your travel to and from work? 1 = YES 2 = No <i>Go to Q6.17</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
6.16	How much is this worth to you per month?  <b>RAND</b>	
6.17	How many minutes do you usually walk from here to your first transport?	
6.18	How many minutes do you usually wait for the first transport?	
6.19	How many minutes do you usually walk at the end of the trip to reach your work place?	

6.20	Are there any other workers in the household? 1 = YES <i>GO TO NEXT WORKER</i> 2 = No <i>GO TO SECTION 7</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
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## SECTION 7 This section covers information on your attitudes towards transport services.

<b>7.0</b>	<b>Enter the person number of the selected adult</b>	
<b>7.1</b>	<b>When traveling, what is most important to you?</b> <i>(Showcard)</i> 1 = Travel time 2 = Travel cost 3 = Safety from accidents 4 = Security from crime 5 = Flexibility (you can travel wherever you want, whenever you want) 6 = Driver's attitude 7 = Closeness of transport to home 8 = Something else, specify .....	<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
<b>7.2</b>	<b>Have you used a train in the past month?</b> 1 = YES <b>Go to Q7.4</b> 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2

<b>7.3</b>	<b>Why did you not use the train in the past month?</b>	<b>First</b>	<b>Second</b>
	01 = NO TRAIN AVAILABLE AT ALL	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = TRAIN NOT AVAILABLE OFTEN ENOUGH	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = TRAIN NOT AVAILABLE AT THE RIGHT TIMES	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	04 = TRAIN TOO EXPENSIVE	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = TOO MUCH CRIME (TOO DANGEROUS)	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	06 = TRAVEL TIME TOO LONG/ TOO SLOW	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	07 = TRAINS TOO CROWDED	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	08 = TRAINS ALWAYS LATE	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	09 = TRAINS DON'T GO WHERE NEEDED	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = STATION TOO FAR FROM HOME	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = STATION TOO FAR FROM DESTINATION	<input type="checkbox"/> 11	<input type="checkbox"/> 11
	12 = HAVE TO CHANGE TRANSPORT (TRANSFER)	<input type="checkbox"/> 12	<input type="checkbox"/> 12
	13 = NO KNOWLEDGE OF TIMETABLE AND ROUTES	<input type="checkbox"/> 13	<input type="checkbox"/> 13
	14 = PREFER PRIVATE TRANSPORT	<input type="checkbox"/> 14	<input type="checkbox"/> 14
	15 = PREFER TAXI	<input type="checkbox"/> 15	<input type="checkbox"/> 15
	16 = PREFER BUS	<input type="checkbox"/> 16	<input type="checkbox"/> 16
	17 = CAN WALK	<input type="checkbox"/> 17	<input type="checkbox"/> 17
	18 = DON'T TRAVEL MUCH	<input type="checkbox"/> 18	<input type="checkbox"/> 18
	19 = OTHER, SPECIFY.....	<input type="checkbox"/> 19	<input type="checkbox"/> 19
	..... <b>Go to Q7.5</b>		

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7.4	How satisfied or dissatisfied are you with the following aspects of the train service? (Use Showcard)				
	VERY SATISFIED	SATISFIED	DISSATISFIED	VERY DISSATISFIED	DON'T KNOW
a) The distance between the train station and your home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
b) The travel time by train	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
c) Security on the walk to/from the station	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
d) Security at stations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
e) Security on the train	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
f) The level of crowding in the train	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
g) Safety from accidents	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
h) The frequency of trains during peak period	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i) The frequency of trains during off-peak period	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j) The punctuality of trains	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
k) The train fares	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
l) The facilities at the stations e.g toilets, offices	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
m) The train service overall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	

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7.5	Have you used the bus in the past month?	
	1 = YES	<input type="checkbox"/> 1
	2 = NO	<input type="checkbox"/> 2

**Go to q 7.7**

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7.6	<b>Why did you not use the bus in the past month?</b>	First	Second
	01 = NO BUS AVAILABLE AT ALL	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = BUS NOT AVAILABLE OFTEN ENOUGH	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = BUS NOT AVAILABLE AT THE RIGHT TIMES	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	04 = BUS TOO EXPENSIVE	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = TOO MUCH CRIME (TOO DANGEROUS)	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	06 = TRAVEL TIME TOO LONG /TOO SLOW	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	07 = BUSES TOO CROWDED	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	08 = BUSES ALWAYS LATE	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	09 = BUSES DO NOT GO WHERE NEEDED	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = BUS STOP TOO FAR FROM HOME	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = BUS STOP TOO FAR FROM DESTINATION	<input type="checkbox"/> 11	<input type="checkbox"/> 11
	12 = HAVE TO CHANGE TRANSPORT	<input type="checkbox"/> 12	<input type="checkbox"/> 12
	13 = NO KNOWLEDGE OF TIMETABLE AND ROUTES	<input type="checkbox"/> 13	<input type="checkbox"/> 13
	14 = PREFER PRIVATE TRANSPORT	<input type="checkbox"/> 14	<input type="checkbox"/> 14
	15 = PREFER TAXI	<input type="checkbox"/> 15	<input type="checkbox"/> 15
	16 = PREFER TRAIN	<input type="checkbox"/> 16	<input type="checkbox"/> 16
	17 = CAN WALK	<input type="checkbox"/> 17	<input type="checkbox"/> 17
	18 = DON'T TRAVEL MUCH	<input type="checkbox"/> 18	<input type="checkbox"/> 18
	19 = TOO MANY ACCIDENTS	<input type="checkbox"/> 19	<input type="checkbox"/> 19
	20 = OTHER , SPECIFY..... ..... .....	<input type="checkbox"/> 20	<input type="checkbox"/> 20
<b>Go to Q7.8</b>			

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7.7 How satisfied or dissatisfied are you with the following aspects of the bus service? (Use Showcard)					
	VERY SATISFIED	SATISFIED	DISSATISFIED	VERY DISSATISFIED	DON'T KNOW
a) The distance between the bus stop and your home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
b) The travel time by bus	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
c) Security on walk to/from the bus stop	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
d) Security at the bus stops	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
e) Security on the buses	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
f) The level of crowding in the bus	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
g) Safety from accidents	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
h) The frequency of buses during peak period	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i) The frequency of buses during off-peak period	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j) The punctuality of buses	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
k) The bus fares	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
l) Facilities at bus stops e.g. shelters	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
m) Behaviour of the bus drivers towards passengers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
n) The bus service overall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	

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7.8	<b>Have you used a minibus taxi in the past month?</b>	
	1 = YES <b>Go to Q 7.10</b>	<input type="checkbox"/> 1
	2 = NO	<input type="checkbox"/> 2

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7.9	<b>Why did you not use minibus taxis in the past month?</b>	First	Second
	01 = TAXIS NOT AVAILABLE AT ALL	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = TAXIS NOT AVAILABLE OFTEN ENOUGH	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = TAXIS NOT AVAILABLE AT THE RIGHT TIMES	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	04 = TAXIS TOO EXPENSIVE	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = TOO MUCH CRIME (TOO DANGEROUS)	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	06 = TAXIS TOO CROWDED	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	07 = TAXIS DO NOT GO WHERE NEEDED	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	08 = PREFER PRIVATE TRANSPORT	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	09 = PREFER TRAIN	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = PREFER BUS	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = CAN WALK	<input type="checkbox"/> 11	<input type="checkbox"/> 11
	12 = DON'T TRAVEL MUCH	<input type="checkbox"/> 12	<input type="checkbox"/> 12
	13 = TOO MANY ACCIDENTS	<input type="checkbox"/> 13	<input type="checkbox"/> 13
	14 = TOO MUCH VIOLENCE/WARS	<input type="checkbox"/> 14	<input type="checkbox"/> 14
	15 = HAVE TO PAY CASH	<input type="checkbox"/> 15	<input type="checkbox"/> 15
	16 = DRIVERS ARE RUDE	<input type="checkbox"/> 16	<input type="checkbox"/> 16
	17 = TAXIS NOT ROADWORTHY	<input type="checkbox"/> 17	<input type="checkbox"/> 17
	18 = OTHER , SPECIFY.....	<input type="checkbox"/> 18	<input type="checkbox"/> 18
.....			
.....			
<b>END OF INTERVIEW</b>			

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7.10 How satisfied or dissatisfied are you with the following aspects of the minibus taxi service? (Use Showcard)					
	VERY SATISFIED	SATISFIED	DISSATISFIED	VERY DISSATISFIED	DON'T KNOW
a) The distance between the taxi rank/route and your home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
b) The travel time by taxi	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
c) Security on the walk to/from the taxi	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
d) Security at the taxi ranks	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
e) Security on taxis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
f) Safety from accidents	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
g) Roadworthiness of taxis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
h) The waiting time for taxis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
i) The frequency of taxis during peak periods	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j) The frequency of taxis during off-peak periods	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k) The level of crowding in the taxis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
l) The taxi fares	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
m) The facilities at the taxi ranks	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
n) The behaviour of the taxi drivers towards passengers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
o) The minibus taxi service overall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	

## FOR PROCESSING

	NAME	NUMBER	DATE
QUALITY ASSURER			
HQ CHECK			
CODING			
SCAN VERIFY ID			
DATA ENTRY ID			