

The South Africa I know, the home I understand

[illegible]

Assignment Number

Checklist				
1.	Is there anyone in this household aged 2 years or younger?	<input type="checkbox"/>	YES	<input type="checkbox"/> No
2.	Does any member of this household use alcoholic beverages?	<input type="checkbox"/>	YES	<input type="checkbox"/> No
3.	Does anyone in this household support someone who is in a boarding school, old age home, etc.?	<input type="checkbox"/>	YES	<input type="checkbox"/> No
4.	Does any member of this household use tobacco or tobacco products?	<input type="checkbox"/>	YES	<input type="checkbox"/> No
5.	How many dwelling units are owned by members of this household?	<input type="text"/>	<input type="text"/>	
6.	Does any member of the household own a cellular phone?	<input type="checkbox"/>	YES	<input type="checkbox"/> No
7.	Does the household own or make use of a functional telephone?	<input type="checkbox"/>	YES	<input type="checkbox"/> No
8.	Does the household have access to electricity for cooking, lighting and/or heating?	<input type="checkbox"/>	YES	<input type="checkbox"/> No
9.	Does anyone in this household make use of public transport to go to school or work?	<input type="checkbox"/>	YES	<input type="checkbox"/> No
10.	Does anyone in this household make use of private transport to go to school or work?	<input type="checkbox"/>	YES	<input type="checkbox"/> No
11.	Does anyone in this household own a car (vehicle)?	<input type="checkbox"/>	YES	<input type="checkbox"/> No
12.	Does anyone in this household attend an educational institution?	<input type="checkbox"/>	YES	<input type="checkbox"/> No
13.	Is there anyone in this household who is covered by medical aid or health insurance?	<input type="checkbox"/>	YES	<input type="checkbox"/> No
14.	Are there any TV licenses for TV sets owned by this household?	<input type="checkbox"/>	YES	<input type="checkbox"/> No
15.	Does anyone in this household subscribe to any kind of magazine or newspaper?	<input type="checkbox"/>	YES	<input type="checkbox"/> No
16.	Does anyone in this household subscribe to DSTv, internet, etc.?	<input type="checkbox"/>	YES	<input type="checkbox"/> No
17.	Does anyone in this household have a bank account?	<input type="checkbox"/>	YES	<input type="checkbox"/> No
18.	Does this household or anyone in this household grow produce (e.g. vegetables) and/or raise livestock for the household's own consumption?	<input type="checkbox"/>	YES	<input type="checkbox"/> No
19.	Does this household regularly purchase items from informal markets?	<input type="checkbox"/>	YES	<input type="checkbox"/> No
Does anyone in the household have debit orders, such as ...				
20.	Medical aid or health insurance	<input type="checkbox"/>	YES	<input type="checkbox"/> No
21.	Car insurance	<input type="checkbox"/>	YES	<input type="checkbox"/> No
22.	Other insurance	<input type="checkbox"/>	YES	<input type="checkbox"/> No
23.	Subscription to DSTv	<input type="checkbox"/>	YES	<input type="checkbox"/> No
24.	Subscription to the internet	<input type="checkbox"/>	YES	<input type="checkbox"/> No
25.	Subscription to magazines and newspapers	<input type="checkbox"/>	YES	<input type="checkbox"/> No
26.	TV license	<input type="checkbox"/>	YES	<input type="checkbox"/> No
27.	Parking	<input type="checkbox"/>	YES	<input type="checkbox"/> No
28.	Other debit orders	<input type="checkbox"/>	YES	<input type="checkbox"/> No
List all deductions from salaries/wages of household members:				
29.				
30.				
31.				
32.				
33.				

LIVING CONDITIONS SURVEY

GUIDELINE FOR FILLING IN DAILY ACQUISITIONS

TO BE RECORDED DAILY IN:

Form 1 (page 5-10)

- All food and non-food items purchased by any member of the household, such as bread, milk, rice, furniture, electric appliances, clothing, footwear, wood, etc. for the household's consumption as well as to give away as a gift or maintenance.

Households to record the full price of item at the time of acquisition.

- All items acquired by the household without paying for them, such as items from own production, e.g. from own garden or kraal, from nature (e.g. items from hunting, fishing and gathering of vegetables).
To be recorded when the item was consumed by the household.
- All items received as gifts or maintenance from someone who is not a member of the household.

Households to record the estimated value of the item acquired.

Form 2 (page 11-16)

- All food and beverages acquired at restaurants, canteens and other food outlets, such as a hamburger, fruit bought at the street market for lunch, etc.
- "Small" acquisitions by individual household members, such as cigarettes, newspapers, sweets, soft drinks.

To be recorded when purchased/acquired.

Form 3 (page 17-22)

- All payments made by household members on services such as car insurance, telephone bills, DSTV, tv licences, bus and taxi fares, etc. whether paid when receiving the service or monthly.

Households to record the amount paid for the service.

SEE ALSO THE EXAMPLES ON THE NEXT TWO PAGES

NOT TO BE RECORDED IN THE DIARY:

- Items purchased for business purposes.

HOW TO GO ABOUT COMPLETING THE DIARY

Instruction to the main respondent:

- The household member who knows the most about the household's acquisitions should take responsibility for completing the Household Diary.
- A notebook should be issued to individual household members to be carried when away from home, in order to record acquisitions which take place during the day. After completion of a week, put the Personal Diary in the envelope provided, seal the envelope and give it to the interviewer at his/her next visit.
- Ask each member of the household about any transactions for the day which have not been recorded in the Household Diary.
- Please use the checklist as a reminder regarding items which are easily forgotten.
- *In order to ensure a complete recording, please keep receipts from all purchases.*

FORM 1

ITEMS **PURCHASED** BY THE HOUSEHOLD, OR **RECEIVED** AS GIFTS OR MAINTENANCE, OR **CONSUMED**

Note: Items purchased from restaurants, fast food outlets, etc. should be recorded in Form 2

PAYMENTS FOR **SERVICES** (e.g. taxi fares, air time, medical aid, telephone bills, internet and DSTv subscriptions,

FOR OFFICE USE												Value									
I	C	D	CHK			Day		Description		Quantity		Rand				Cent					
						0	1	Bread rolls			1	2					1	2	0	0	101
						0	1	Litre of fresh low fat milk			0	1					1	1	9	5	102
						0	1	Magazine			0	1					2	5	9	5	103
						0	1	Simba chips			0	1					1	2	9	5	104
						0	2	5 kg bag of mealie meal			0	1					3	5	9	5	105
						0	5	Men's pair of jeans			0	1				4	6	0	0	0	106
						0	5	Jumbo eggs			0	1					2	5	0	0	107
						0	6	Bananas plucked from nature			1	0					2	0	0	0	108

FORM 2

FOOD, BEVERAGES AND SMALL ITEMS **ACQUIRED** (PURCHASED, RECEIVED AS GIFT, ETC.) FROM

Note: PAYMENTS FOR **SERVICES** (e.g. taxi fares, airtime, medical aid, telephone bills, internet and DSTv subscriptions,

FOR OFFICE USE									Value										
I	C	D	CHK						Day	Description	Quantity	Rand						Cent	
						0 3	Burger and chips	0 1					2 5	9 5		201			
						0 4	A packet of potato chips	0 1					1 2	8 0		202			
						0 5	Loose oranges	0 3					1 0	0 0		203			
						0 5	A plate of samp and tripe	0 1					3 5	0 0		204			
						0 5	Bottle of beer	0 1					1 1	9 5		205			
						0 6	Cup of Cappuccino coffee	0 1					1 0	9 5		206			

FORM 3

PAYMENTS FOR **SERVICES** (e.g. taxi fares, airtime, telephone bills, internet and DSTv subscriptions,

FOR OFFICE USE									Value											
I	C	D	CHK			Day		Description			Rand						Cent			
						0	1	Return bus fare to shopping mall							2	0	0	0		
						0	1	High school fees					3	0	1	0	0	0		
						0	1	Car insurance					1	2	0	0	0	0		
						0	7	TV licence						2	8	0	0	0		

insurance premiums, taxi fares, etc.) should be recorded in Form 3

Source 1 = Shop 2 = Own business 3 = Own produce (from own garden, livestock, etc.) 4 = Gift or maintenance received or from nature (hunted, gathered, fished, etc.) 5 = Other		Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No, maintenance given away		Area of purchase 1 = Metro 2 = In a big city 3 = In another urban area (town/city/township) 4 = In a rural area 5 = NOT APPLICABLE 6 = Do NOT KNOW		Type of retailer Formal sector 1 = Chain store 2 = Internet 3 = Other retailer 6 = NOT APPLICABLE 7 = Do NOT KNOW Informal sector 4 = Street trading 5 = Other	
101	1		1		1		1
102	1		1		1		1
103	1		1		1		3
104	4		1		2		3
105	1		1		1		1
106	1		2		1		3
107	5		1		2		5
108	4		1		4		5

RESTAURANTS, FAST FOOD OUTLETS, KIOSKS, ETC.

insurance premiums, etc.) should be recorded in Form 3

Source 1 = Restaurant/Hotel/Canteen/Fast food outlet 2 = Shebeen/Tavern 3 = Convenience store, eg. at a Petrol station 4 = Shop 5 = Informal and/or Street trading 6 = Gift or maintenance received 7 = Other, e.g. Vending Machine		Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No, maintenance given away		Area of purchase 1 = Metro 2 = In a big city 3 = In another urban area (town/city/township) 4 = In a rural area 5 = NOT APPLICABLE 6 = Do NOT KNOW		Type of retailer Formal sector 1 = Chain store 2 = Internet 3 = Other retailer 6 = NOT APPLICABLE 7 = Do NOT KNOW Informal sector 4 = Street trading 5 = Other	
201	1		1		1		1
202	4		1		1		1
203	5		1		2		4
204	4		1		1		3
205	2		2		2		3
206	6		1		1		1

insurance premiums, etc.)

Method of payment 1 = Debit order 2 = Deducted from salary 3 = Internet payments 4 = Cash 5 = Other		Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No, maintenance given away	
301	4		1
302	3		1
303	1		1
304	1		1

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PAYMENTS FOR **SERVICES** (e.g. taxi fares, air time, medical aid, telephone bills, internet and DSTv subscriptions,

FOR OFFICE USE				Day	Description	Quantity	Value					
I	C	D	CHK				Rand			Cent		
												101
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												135

PLEASE COMPLETE FORM 2 AND FORM 3 WHERE APPLICABLE

insurance premiums, taxi fares, etc.) should be recorded in Form 3

Source 1 = Shop 2 = Own business 3 = Own produce (from own garden, livestock, etc). 4 = Gift or maintenance received or from nature (hunted, gathered, fished, etc.) 5 = Other		Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No, maintenance given away		Area of purchase 1 = Metro 2 = In a big city 3 = In another urban area (town/city/township) 4 = In a rural area 5 = NOT APPLICABLE 6 = Do NOT KNOW		Type of retailer Formal sector 1 = Chain store 2 = Internet 3 = Other retailer 6 = NOT APPLICABLE 7 = Do NOT KNOW Informal sector 4 = Street trading 5 = Other	
101	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
119	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
122	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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124	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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134	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
135	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FORM 1

ITEMS **PURCHASED** BY THE HOUSEHOLD, OR **RECEIVED** AS GIFTS OR MAINTENANCE, OR **CONSUMED**

Note: Items purchased from restaurants, fast food outlets, etc. should be recorded in Form 2
PAYMENTS FOR **SERVICES** (e.g. taxi fares, air time, medical aid, telephone bills, internet and DSTv subscriptions,

FOR OFFICE USE				Day	Description	Quantity	Value					
I	C	D	CHK				Rand			Cent		
												136
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												170

PLEASE COMPLETE FORM 2 AND FORM 3 WHERE APPLICABLE

insurance premiums, taxi fares, etc.) should be recorded in Form 3

Source 1 = Shop 2 = Own business 3 = Own produce (from own garden, livestock, etc). 4 = Gift or maintenance received or from nature (hunted, gathered, fished, etc.) 5 = Other		Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No, maintenance given away		Area of purchase 1 = Metro 2 = In a big city 3 = In another urban area (town/city/township) 4 = In a rural area 5 = NOT APPLICABLE 6 = Do NOT KNOW		Type of retailer Formal sector 1 = Chain store 2 = Internet 3 = Other retailer 6 = NOT APPLICABLE 7 = Do NOT KNOW Informal sector 4 = Street trading 5 = Other	
136	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
137	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
138	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
139	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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168	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
169	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FORM 1

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FOR OFFICE USE				Day	Description	Quantity	Value					
I	C	D	CHK				Rand			Cent		
												171
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PLEASE COMPLETE FORM 2 AND FORM 3 WHERE APPLICABLE

insurance premiums, taxi fares, etc.) should be recorded in Form 3

Source 1 = Shop 2 = Own business 3 = Own produce (from own garden, livestock, etc). 4 = Gift or maintenance received or from nature (hunted, gathered, fished, etc.) 5 = Other		Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No, maintenance given away		Area of purchase 1 = Metro 2 = In a big city 3 = In another urban area (town/city/township) 4 = In a rural area 5 = NOT APPLICABLE 6 = Do NOT KNOW		Type of retailer Formal sector 1 = Chain store 2 = Internet 3 = Other retailer 6 = NOT APPLICABLE 7 = Do NOT KNOW Informal sector 4 = Street trading 5 = Other	
171	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
172	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
173	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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176	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
177	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
178	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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181	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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183	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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186	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
187	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
188	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
189	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
190	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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199	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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011	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
012	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
013	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
014	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
015	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PAYMENTS FOR **SERVICES** (e.g. taxi fares, air time, medical aid, telephone bills, internet and DSTv subscriptions,

PLEASE COMPLETE FORM 3 WHERE APPLICABLE

RESTAURANTS, FAST FOOD OUTLETS, KIOSKS, ETC

insurance premiums, taxi fares, etc.) should be recorded in Form 3

Source		Was this for this household's own consumption?		Area of purchase		Type of retailer	
1 = Restaurant/Hotel/Canteen/Fast food outlet 2 = Shebeen/Tavern 3 = Convenience store, eg. at a Petrol station 4 = Shop 5 = Informal and/or Street trading 6 = Gift or maintenance received 7 = Other, e.g. Vending Machine		1 = Yes 2 = No, gift given away 3 = No, maintenance given away		1 = Metro 2 = In a big city 3 = In another urban area (town/city/township) 4 = In a rural area 5 = NOT APPLICABLE 6 = Do NOT KNOW		Formal sector 1 = Chain store 2 = Internet 3 = Other retailer 6 = NOT APPLICABLE 7 = Do NOT KNOW	
Informal sector						4 = Street trading 5 = Other	
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FORM 2

FOOD, BEVERAGES AND SMALL ITEMS **ACQUIRED** (PURCHASED, RECEIVED AS GIFT, ETC.) FROM
PAYMENTS FOR **SERVICES** (e.g. taxi fares, air time, medical aid, telephone bills, internet and DSTv subscriptions,

FOR OFFICE USE				Day	Description	Quantity	Value					
I	C	D	CHK				Rand			Cent		
												236
												237
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PLEASE COMPLETE FORM 3 WHERE APPLICABLE

RESTAURANTS, FAST FOOD OUTLETS, KIOSKS, ETC

insurance premiums, taxi fares, etc.) should be recorded in Form 3

Source		Was this for this household's own consumption?		Area of purchase		Type of retailer	
1 = Restaurant/Hotel/Canteen/Fast food outlet 2 = Shebeen/Tavern 3 = Convenience store, eg. at a Petrol station 4 = Shop 5 = Informal and/or Street trading 6 = Gift or maintenance received 7 = Other, e.g. Vending Machine		1 = Yes 2 = No, gift given away 3 = No, maintenance given away		1 = Metro 2 = In a big city 3 = In another urban area (town/city/township) 4 = In a rural area 5 = NOT APPLICABLE 6 = Do NOT KNOW		Formal sector Informal sector 1 = Chain store 4 = Street trading 2 = Internet 5 = Other 3 = Other retailer 6 = NOT APPLICABLE 7 = Do NOT KNOW	
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FORM 2

FOOD, BEVERAGES AND SMALL ITEMS **ACQUIRED** (PURCHASED, RECEIVED AS GIFT, ETC.) FROM
PAYMENTS FOR **SERVICES** (e.g. taxi fares, air time, medical aid, telephone bills, internet and DSTv subscriptions,

FOR OFFICE USE				Day	Description	Quantity	Value					
I	C	D	CHK				Rand			Cent		
												271
												272
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PLEASE COMPLETE FORM 3 WHERE APPLICABLE

RESTAURANTS, FAST FOOD OUTLETS, KIOSKS, ETC

(insurance premiums, taxi fares, etc.) should be recorded in Form 3

Source 1 = Restaurant/Hotel/Canteen/Fast food outlet 2 = Shebeen/Tavern 3 = Convenience store, eg. at a Petrol station 4 = Shop 5 = Informal and/or Street trading 6 = Gift or maintenance received 7 = Other, e.g. Vending Machine		Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No, maintenance given away		Area of purchase 1 = Metro 2 = In a big city 3 = In another urban area (town/city/township) 4 = In a rural area 5 = NOT APPLICABLE 6 = Do NOT KNOW		Type of retailer Formal sector 1 = Chain store 2 = Internet 3 = Other retailer 6 = NOT APPLICABLE 7 = Do NOT KNOW Informal sector 4 = Street trading 5 = Other	
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FORM 3

PAYMENTS FOR **SERVICES** (e.g. taxi fares, air time, medical aid, telephone bills, internet and DSTv subscriptions,

FOR OFFICE USE				Day	Description	Quantity	Value					
I	C	D	CHK				Rand				Cent	
												301
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												303
												304
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insurance premiums, etc.)

Method of payment			Was this for this household's own consumption?		
1 = Debit order			1 = Yes		
2 = Deducted from salary			2 = No, gift given away		
3 = Internet payments			3 = No, maintenance given away		
4 = Cash					
5 = Other					
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FORM 3

PAYMENTS FOR **SERVICES** (e.g. taxi fares, air time, medical aid, telephone bills, internet and DSTv subscriptions,

FOR OFFICE USE				Day	Description	Quantity	Value					
I	C	D	CHK				Rand			Cent		
												336
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insurance premiums, etc.)

Method of payment			Was this for this household's own consumption?		
1 = Debit order			1 = Yes		
2 = Deducted from salary			2 = No, gift given away		
3 = Internet payments			3 = No, maintenance given away		
4 = Cash					
5 = Other					
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FORM 3

PAYMENTS FOR **SERVICES** (e.g. taxi fares, air time, medical aid, telephone bills, internet and DSTv subscriptions,

FOR OFFICE USE				Day	Description	Quantity	Value					
I	C	D	CHK				Rand				Cent	
												371
												372
												373
												374
												375
												376
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												035

$+$ $+$

TO BE COMPLETED BY THE INTERVIEWER

1. CONFIRMATION OF ACQUISITIONS DURING THE DIARY WEEK, ETC.										
1.1 During the week that this diary refers to, did the household acquire any of the following? <i>Read each item and mark YES or No under Q1.1</i> <i>If YES in Q.1.1 ask Q1.2</i>										
1.2 Was it fully recorded (Y), was some of it recorded (S) or was it not recorded at all (N)? Mark under 1.2 <i>If in Q1.2 only some was recorded (S) or it was not recorded at all (N), as Q1.3</i>										
1.3 Can it be recorded now? (Y = YES, S = SOME OF IT, N = No)										
		1.1		1.2			1.3			
		Y	N	Y	S	N	Y	S	N	
01	Bread									
02	Milk									
03	Flour, mealie meal									
04	Sugar									
05	Meat									
06	Fish									
07	Food items from own production									
08	Other food and beverage items									
09	Alcoholic beverages									
10	Tobacco									
11	Meals away from home for any household member									
12	Soft drinks									
13	Snacks									
14	Newspapers, magazines									
15	Clothing									
16	Footwear									
17	Payments for any licenses, TV, DStv									
18	Transport costs for any household members									
19	Fuel (petrol, diesel) for private use									
20	Parking expenses									
21	Payments for any maintenance, etc. for the dwelling									
22	Admittance charges, like cinema, sports events									
23	Lotto or other expenditures for gambling									
24	Airtime for cellphone/Phone cards for landline telephone									
2 UNREPORTED ITEMS										
2.1 Were there other items that the household acquired during the past week, which have not been recorded? 1 = YES 2 = No 3 = DON'T KNOW <i>If YES, ask for the items, list them below and record them in the diary. Then answer the next question yourself.</i>										

Q2.2 to be answered by the interviewer

2.2	Have all items now been recorded? 1 = YES 2 = No 3 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
3	NOTEBOOKS	
3.1	Did the household members use the notebooks to record their acquisitions during the past week? 1 = YES, ALL 2 = YES, SOME HOUSEHOLD MEMBERS 3 = NO, NO ONE USED THE NOTEBOOK	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<i>If the answer to Q3.1 is 1 = YES, ALL or 2 = YES, SOME HOUSEHOLD MEMBERS, ask Q3.2</i>		
3.2	have their recordings been transferred to the diary? 1 = YES, ALL 2 = YES, SOME 3 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
4	THE DIARY WEEK	
4.1	Was this a “normal” spending and/or consuming week? 1 = YES 2 = NO, MORE THAN NORMALLY WAS SPENT AND/OR CONSUMED 3 = NO, LESS THAN NORMALLY WAS SPENT AND/OR CONSUMED	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<i>If the answer to Q4.1 is No (ie. option 2 or 3), ask Q4.2</i>		
4.2	Why was this week different to a “normal” spending and/or consuming week? Please, describe. 	
5	OTHER COMMENTS 	

CHECKING

	Name	Assignment Number	Date Completed/Checked
Survey Officer Checker DSC PQM			

METRO'S

- City of Johannesburg
- City of Tshwane (includes Pretoria)
- City of Cape Town
- Ekurhuleni (to the East of Johannesburg)
- eThekwin (Durban/Pinetown)
- Nelson Mandela bay (includes Port Elizabeth)
- Buffalo city (includes East London)
- Mangaung (includes Bloemfontein)

BIG CITIES

- Sol Plaatjie (includes Kimberly)
- Matjhabeng (includes Pietermaritzburg)
- Msunduzi
- City Council of Klerksdorp (includes Rustenburg)
- Emalahleni (includes Witbank)
- Mbombela (includes Nelspruit)
- Polokwane
- Welkom