

Meter No: Logger I.D. Channel No. **NATIONAL LOAD RESEARCH TRACKING STUDY - 2005**Area: Name of head /household Name of respondent: Contact No: Work Home Neighbour Cell

How long have you been staying here in this house? YEARS
(If less than 1 year specify number of months)

Address: Stand no: Interviewer: **1. DEMOGRAPHIC INFORMATION**1.1 Language preferred:

1.2 Household size (indicate number of males and females for each category).

Age	Male	Female	Total:
<16	<input type="text"/>	<input type="text"/>	
16 - 24	<input type="text"/>	<input type="text"/>	
25 - 34	<input type="text"/>	<input type="text"/>	
35 - 49	<input type="text"/>	<input type="text"/>	
50+	<input type="text"/>	<input type="text"/>	<input type="text"/>

1.3 Working status (indicate for each individual in the household).

	Head	Spouse	>16 yrs	< 16 yrs	Total:
Full time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Part time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Unemployed/student	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Pension	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Self employed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

1.4 Education (indicate highest level achieved by each individual).

	Head	Spouse	>16 yrs	< 16 yrs	Total:
None	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Grade 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Grade 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Std 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Std 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Std 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Std 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Std 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Std 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Std 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Std 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Std 9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Matric	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Tertiary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

1.5 Monthly Income:

- a (i) Do you or does anyone else get or receive any other money from family or friends outside this household?

Yes	No
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- (ii) If "yes", how much money do they earn? (Show income card and record number from card if respondent does not know).

R	
No.	
Midpoint	

- b (i) Does this household make any other money from the sale of agricultural produce (e.g. sugar cane, meat, poultry, maize, vegetables, etc.) ?

Yes	No
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- (ii) If, "yes", ask how much is made from the sale of these products.

R	
No.	
Midpoint	

- c (i) Does this household get any other money from any other sources like child maintenance, small business etc. ?

Yes	No
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- (ii) If, "yes", ask how much money is made?

R	
No.	
Midpoint	

- d(i) Of all the adults in the household, how many earn money (salaries, wages, pensions etc.)?

Number	
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- d(ii) How much do these adults earn per month in total, before ANY deductions?

R	
No.	
Midpoint	

- 1.6 What sex is the head of the household?

Male	Female
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- 1.7 Do you own or rent the dwelling in which you live?

Own	Rent
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- 1.8 Is a business, which uses electricity, run from this home?
Type: _____

Yes	No
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2. CONSTRUCTION OF HOUSE

- 2.1 What are the walls and roof of the main building mostly made of?

Materials	Walls	Roof
IBR/Corr. Iron/Zinc		
Thatch/Grass	xxxxxxx	
Wood/Masonite board		xxxxxxx
Brick		xxxxxxx
Blocks		xxxxxxx
Plaster		xxxxxxx
Concrete		
Tiles	xxxxxxx	
Plastic		
Asbestos		
Daub/Mud/Clay		xxxxxxx

Brick	Block
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2.2 What is the floor area of the main house?
(If the garage is attached to the house, include in measurements, if not, indicate as an outside building(4.2)). IF IT IS A DOUBLE STORY, INCL. BOTH FLOORS.

2.3 Does this house have any of the following?

Ceiling	Yes	No
Insulation	Yes	No

(e.g. "Think Pink" etc.)

2.4 How many rooms are there in the main dwelling?
(Kitchen, bathroom, lounge, dining room, bedrooms etc.)

2.5 Where do you mostly get water from?

Nearby river/ dam/ borehole	
Block/Street taps	
Tap in yard	
Tap inside house	

3. APPLIANCES AND COOKING HABITS

Your electricity supplier would like to understand electricity consumption patterns of households like yours, and needs to gather information about the number of appliances you use as well as which people are at home.

3.1 I have here a list of appliances - please tell me which, if any, are in your home.

Appliance Type	Number	Broken? (Yes/No)	Usage			
			Never	Monthly	Weekly	Daily
Stove with oven (3 plate)						
Stove with oven (4 plate)						
Hotplate						
Heater						
Kettle						
Iron						
Geyser						
Washing machine						
TV		XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX
Hi-Fi/Radio		XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX
Lights (incl. Bedside & Gar)		XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX
Fridge/ Fridge-Freezer		XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX
Freestanding deep freeze		XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX
Microwave oven						
Tumble drier						
Other (Specify)						

If "no" to geyser, where does your hot water come from then?

3.2 Cooking times:

Please indicate how many people you cook meals for at these times?

<i>Weekdays</i>	<i>Adults > 16 yrs</i>	<i>Children < 16 yrs</i>
Breakfast		
Lunch		
Dinner		

<i>Saturdays</i>	<i>Adults > 16 yrs</i>	<i>Children < 16 yrs</i>
Breakfast		
Lunch		
Dinner		

<i>Sundays</i>	<i>Adults > 16 yrs</i>	<i>Children < 16 yrs</i>
Breakfast		
Lunch		
Dinner		

3.3 Do you use any of the following during winter for cooking or heating?

<i>Fuel Type</i>	<i>Cook</i>	<i>Heat</i>
Coal		
Paraffin		
Gas		
Wood		
Charcoal		

4. ELECTRICITY SUPPLY DETAILS:

4.1 What is the size of the main switch? (Amps)

4.2 Do you supply any outbuildings (including loose standing garage) with electricity?

Yes	No
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4.3 How long have you had electricity here in this house? Years

4.4 Do you have any of these problems with your electricity?

Please ask the respondent to explain in his/her own words what problems are experienced. Use the table below as a guideline but do not probe the respondent.

- a)

Lights get dim at night/ power does not trip completely			
Never	Monthly	Weekly	Daily
- b)

Electricity goes off often/ general power failure in entire township			
Never	Monthly	Weekly	Daily
- c)

Main switch trips/ circuit breaker trips inside house			
Never	Monthly	Weekly	Daily

I hereby declare that the above information is true and correct as conveyed to me by the respondent.

Signed: