



**Statistics
South Africa**

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Labour Force Survey 2000:2

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PSU no

DU no

Hh. no

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Particulars of the household

PSU number

Physical identification of the household

Dwelling unit number

Telephone number of enumerated household (if any)

Total number of persons in the household

Questionnaire no for this household (for persons 01 – 10 = 1, for persons 11-20 = 2, etc.)

Households at the selected dwelling

Household number for this household

Total number of households at the selected dwelling

Field staff

Interviewer Number Date checked

Supervisor Number Date checked

RSM Number Date checked

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FLAP This section covers particulars of each person in the household

The following information must be obtained in respect of every person who normally resides in this household at least four nights a week.

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

Please make sure that you ask who the Head or the Acting head of the household is	Person (respondent) number										
	01 Head/Acting head	02	03	04	05	06	07	08	09	10	
A. First name and surname Write down first name and surname of each member of the household, starting with the Head or Acting head. If more than one Head or Acting head, take the oldest Write sideways if necessary	First name:										
	Surname:										
B. Has stayed here for at least four nights on average per week during the last four weeks? 1 = YES 2 = NO → End of questions for this person	<input type="checkbox"/> 1 <input type="checkbox"/> 2										
C. Is a male or a female? 1 = MALE 2 = FEMALE	<input type="checkbox"/> 1 <input type="checkbox"/> 2										
D. How old is? (In completed years - In figures only) Less than 1 year = 0											
E. What population group does belong to? 1 = AFRICAN/BLACK 2 = COLOURED 3 = INDIAN/ASIAN 4 = WHITE 5 = OTHER, specify.....	<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	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

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F. Is there any other person residing in this household who is not presently here?	<input type="checkbox"/> YES <input type="checkbox"/> NO	→ <i>If Yes, Go back to A</i>
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SECTION 1 - This section covers particulars of each person in the household

Start from the left (person No.1) and complete Section 1 for each person in the household separately.

	01	02	03	04	05	06	07	08	09	10
1.1.a What is’s present marital status?										
1 = MARRIED OR LIVING TOGETHER AS HUSBAND AND WIFE	<input type="checkbox"/> 1									
2 = WIDOW/WIDOWER	<input type="checkbox"/> 2									
3 = DIVORCED OR SEPARATED	<input type="checkbox"/> 3									
4 = NEVER MARRIED	<input type="checkbox"/> 4									
} → Go to Q 1.2										
1.1.b Does’s spouse/partner live in this household?										
1 = YES	<input type="checkbox"/> 1									
2 = NO	<input type="checkbox"/> 2									
→ Go to Q 1.2										
<i>If 1.1.b = 1</i>										
1.1.c Which person is the spouse/partner of?										
<i>Give person number</i>										
1.2 Which language does speak most often at home?										
01 = AFRIKAANS	<input type="checkbox"/> 01									
02 = ENGLISH	<input type="checkbox"/> 02									
03 = ISINDEBELE/SOUTH NDEBELE/NORTH NDEBELE	<input type="checkbox"/> 03									
04 = ISIXHOSA/XHOSA	<input type="checkbox"/> 04									
05 = ISIZULU/ZULU	<input type="checkbox"/> 05									
06 = SEPEDI/NORTHERN SOTHO	<input type="checkbox"/> 06									
07 = SESOTHO/SOUTHERN SOTHO/SOTHO	<input type="checkbox"/> 07									
08 = SETSWANA/TSWANA	<input type="checkbox"/> 08									
09 = SISWATI/SWAZI	<input type="checkbox"/> 09									
10 = TSHIVENDA/VENDA	<input type="checkbox"/> 10									
11 = XITSONGA/TSONGA	<input type="checkbox"/> 11									
12 = OTHER, <i>specify</i>	<input type="checkbox"/> 12									

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1.3.a What is the highest level of education that has completed?										
00 = NO SCHOOLING	<input type="checkbox"/> 00									
01 = GRADE 0	<input type="checkbox"/> 01									
02 = SUB A/GRADE 1	<input type="checkbox"/> 02									
03 = SUB B/GRADE 2	<input type="checkbox"/> 03									
04 = GRADE 3/STANDARD 1	<input type="checkbox"/> 04									
05 = GRADE 4/STANDARD 2	<input type="checkbox"/> 05									
06 = GRADE 5/STANDARD 3	<input type="checkbox"/> 06									
07 = GRADE 6/STANDARD 4	<input type="checkbox"/> 07									
08 = GRADE 7/STANDARD 5	<input type="checkbox"/> 08									
09 = GRADE 8/STANDARD 6/FORM 1	<input type="checkbox"/> 09									
10 = GRADE 9/STANDARD 7/FORM 2	<input type="checkbox"/> 10									
11 = GRADE 10/STANDARD 8/FORM 3	<input type="checkbox"/> 11									
12 = GRADE 11/STANDARD 9/FORM 4	<input type="checkbox"/> 12									
13 = GRADE 12/STANDARD 10/FORM 5/MATRIC	<input type="checkbox"/> 13									
14 = NTC I	<input type="checkbox"/> 14									
15 = NTC II	<input type="checkbox"/> 15									
16 = NTC III	<input type="checkbox"/> 16									
17 = DIPLOMA/CERTIFICATE WITH LESS THAN GRADE 12/STD 10*	<input type="checkbox"/> 17									
18 = DIPLOMA/CERTIFICATE WITH GRADE 12/STD 10*	<input type="checkbox"/> 18									
19 = DEGREE*	<input type="checkbox"/> 19									
20 = POSTGRADUATE DEGREE OR DIPLOMA*	<input type="checkbox"/> 20									
21 = OTHER, <i>specify</i>	<input type="checkbox"/> 21									
22 = DON'T KNOW	<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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<i>If diploma, certificate or degree (code 17-20 in Q 1.3.a):</i>										
1.3.b In what area of study was the highest diploma, certificate or degree?										
<i>Show prompt card 1 - read out categories if necessary</i>										
01 = Communication studies and language	<input type="checkbox"/> 01									
02 = Education, training and development	<input type="checkbox"/> 02									
03 = Manufacturing, engineering and technology	<input type="checkbox"/> 03									
04 = Human and social studies	<input type="checkbox"/> 04									
05 = Law, military science and security	<input type="checkbox"/> 05									
06 = Health sciences and social services	<input type="checkbox"/> 06									
07 = Agriculture and nature conservation	<input type="checkbox"/> 07									
08 = Culture and arts	<input type="checkbox"/> 08									
09 = Business, commerce and management studies	<input type="checkbox"/> 09									
10 = Physical, mathematical, computer and life sciences	<input type="checkbox"/> 10									
11 = Services	<input type="checkbox"/> 11									
12 = Physical planning and construction	<input type="checkbox"/> 12									
13 = DON'T KNOW	<input type="checkbox"/> 13									

Ask for all

1.4 Has been trained in skills that can be used for work, e.g. book-keeping, security guard training, welding, child minding?										
1 = YES	<input type="checkbox"/> 1									
2 = No	<input type="checkbox"/> 2									
3 = DON'T KNOW } → Go to Q 1.7.a	<input type="checkbox"/> 3									

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1.5 The last time received this type of training, how long did it last?										
1 = LESS THAN A WEEK	<input type="checkbox"/> 1									
2 = 1 WEEK	<input type="checkbox"/> 2									
3 = MORE THAN 1 WEEK - LESS THAN 2 WEEKS	<input type="checkbox"/> 3									
4 = 2 WEEKS - LESS THAN A MONTH	<input type="checkbox"/> 4									
5 = 1 MONTH - LESS THAN 2 MONTHS	<input type="checkbox"/> 5									
6 = 2 MONTHS - LESS THAN 6 MONTHS	<input type="checkbox"/> 6									
7 = 6 MONTHS OR MORE	<input type="checkbox"/> 7									
8 = DON'T KNOW	<input type="checkbox"/> 8									
1.6 In what field was the training the last time received this type of training? <i>Show prompt card 1 - read out categories if necessary</i>										
01 = Communication studies and language	<input type="checkbox"/> 01									
02 = Education, training and development	<input type="checkbox"/> 02									
03 = Manufacturing, engineering and technology	<input type="checkbox"/> 03									
04 = Human and social studies	<input type="checkbox"/> 04									
05 = Law, military science and security	<input type="checkbox"/> 05									
06 = Health sciences and social services	<input type="checkbox"/> 06									
07 = Agriculture and nature conservation	<input type="checkbox"/> 07									
08 = Culture and arts	<input type="checkbox"/> 08									
09 = Business, commerce and management studies	<input type="checkbox"/> 09									
10 = Physical, mathematical, computer and life sciences	<input type="checkbox"/> 10									
11 = Services	<input type="checkbox"/> 11									
12 = Physical planning and construction	<input type="checkbox"/> 12									
13 = DON'T KNOW	<input type="checkbox"/> 13									
1.7.a Can read in at least one language?										
1 = YES	<input type="checkbox"/> 1									
2 = No	<input type="checkbox"/> 2									

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1.7.b Can write in at least one language? 1 = YES 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2										
1.8 Which of the following educational institutions, if any, does currently attend? <i>Include distance and correspondence education</i> 1 = School 2 = University 3 = Technikon 4 = College 5 = Adult basic education and training/literacy classes 6 = Other adult education classes 7 = Other than any of the above 8 = None → Go to Q 1.11	<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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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
1.9 Is this full-time or part-time? 1 = FULL-TIME 2 = PART-TIME	<input type="checkbox"/> 1 <input type="checkbox"/> 2										
1.10 Is mainly studying through attending classes or through distance learning? 1 = ATTENDING CLASSES 2 = DISTANCE LEARNING	<input type="checkbox"/> 1 <input type="checkbox"/> 2										
1.11 In the last seven days, did spend at least one hour fetching water for home use (not for sale)? 1 = YES 2 = No → Go to Q 1.13	<input type="checkbox"/> 1 <input type="checkbox"/> 2										
1.12 How many hours did spend on fetching water in the last seven days?											

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1.13 In the last seven days, did spend at least one hour fetching wood/dung for home use (not for sale)? 1 = YES 2 = No → Go to Q 1.15	<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
1.14 How many hours did spend on fetching wood/dung in the last seven days?										
1.15 Who is the person who usually brings in the most money into the household? Give person number 1 = If two persons or more bring in the same highest amount, give person number of the oldest of them above and mark box 1 2 = If the respondent does not know, give person number of the oldest person who brings in money and mark box 2 3 = If no-one brings in money, give person number of the oldest person in the household and mark box 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3									

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SECTION 2

This section covers activities in the last seven days

If "YES" for a person to any part of question 2.1 → Go to Section 4 for that person.

Ask for all household members aged 15 and above. It is very important that you try to ask these questions of each person themselves if at all possible.

Read out: Now I am going to ask some questions about your activities (.....'s activities) in the last seven days.

	01	02	03	04	05	06	07	08	09	10
<i>Interviewer to answer</i>	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2									
2.0 Is the person him/herself responding to questions?	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
2.1 In the last seven days, did do any of the following activities, even for only one hour? Show prompt card 2.	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2									
a) Run or do any kind of business, big or small for himself/herself? <i>Examples: Selling things, making things for sale, repairing things, guarding cars, brewing beer, hairdressing, crèche businesses, taxi or other transport business, having a legal or medical practice, etc.</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
b) Do any work for a wage, salary, commission or any payment in kind (excl. domestic work)? <i>Examples: a regular job, contract, casual or piece work for pay, work in exchange for food or housing.</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
c) Do any work as a domestic worker for a wage, salary, or any payment in kind?	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
d) Help unpaid in a family business of any kind? <i>Examples: Help to sell things, make things for sale or exchange, doing the accounts, cleaning up for the business, etc. Don't count normal housework.</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
e) Do any work on his/her own or the family's plot, farm, food garden, cattle post or kraal or help in growing farm produce or in looking after animals for the household? <i>Examples: ploughing, harvesting, looking after livestock.</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
f) Do any construction or major repair work on his/her own home, plot, cattle post or business or those of the family?	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
g) Catch any fish, prawns, shells, wild animals or other food for sale or family food?	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
h) Beg for money or food in public?	<input type="checkbox"/> 1 <input type="checkbox"/> 2									

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	01	02	03	04	05	06	07	08	09	10
<p>2.2 Even though did not do any of these activities in the last seven days, does he/she have a job, business, or other economic or farming activity that he/she will definitely return to?</p> <p><i>(For agricultural activities, the off season in agriculture is not a temporary absence.)</i></p> <p>1 = YES</p> <p>2 = No → End of section for this person, Go to Section 3</p>	<input type="checkbox"/> 1									
	<input type="checkbox"/> 2									
<p>2.3 What was the main reason was absent from this activity in the last seven days? Mark only one reason.</p> <p>01 = OWN ILLNESS OR INJURY</p> <p>02 = CARING FOR FAMILY OR OTHERS (EXCEPT MATERNITY/PATERNITY LEAVE)</p> <p>03 = MATERNITY OR PATERNITY LEAVE</p> <p>04 = OTHER FAMILY/COMMUNITY OBLIGATIONS (FUNERALS, MEETINGS)</p> <p>05 = STRIKE/STAY-AWAY/LOCKOUT</p> <p>06 = PROBLEMS WITH TRANSPORT</p> <p>07 = BAD WEATHER</p> <p>08 = VACATION, LEAVE</p> <p>09 = STUDY OR TRAINING LEAVE</p> <p>10 = UNREST (VIOLENCE)</p> <p>11 = TEMPORARILY LAID OFF/REDUCTION IN ECONOMIC ACTIVITY</p> <p>12 = OTHER REASON, <i>specify</i></p>	<input type="checkbox"/> 01									
	<input type="checkbox"/> 02									
	<input type="checkbox"/> 03									
	<input type="checkbox"/> 04									
	<input type="checkbox"/> 05									
	<input type="checkbox"/> 06									
	<input type="checkbox"/> 07									
	<input type="checkbox"/> 08									
	<input type="checkbox"/> 09									
	<input type="checkbox"/> 10									
	<input type="checkbox"/> 11									
	<input type="checkbox"/> 12									
<p>2.4 When does intend to start working?</p> <p>1 = WITHIN A WEEK</p> <p>2 = WITHIN TWO WEEKS</p> <p>3 = WITHIN FOUR WEEKS</p> <p>4 = LATER THAN FOUR WEEKS FROM NOW</p> <p>5 = DON'T KNOW</p>	<input type="checkbox"/> 1									
	<input type="checkbox"/> 2									
	<input type="checkbox"/> 3									
	<input type="checkbox"/> 4									
	<input type="checkbox"/> 5									

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SECTION 3 This section covers unemployment and non-economic activities

Ask for all household members aged 15 and above who did not work and were not absent from work (i.e. for those whose answer on Q 2.2 = 2)

Read out: **Now I am going to ask some questions about whether you (.....) wanted and were (was) available for any of the types of work mentioned earlier**

	01	02	03	04	05	06	07	08	09	10
3.1 Why did not work during the past seven days?										
01 = HAS FOUND A JOB, BUT IS ONLY STARTING AT A DEFINITE DATE IN THE FUTURE → Go to Q 3.8	<input type="checkbox"/> 01									
02 = LACK OF SKILLS OR QUALIFICATIONS FOR AVAILABLE JOBS	<input type="checkbox"/> 02									
03 = SCHOLAR OR STUDENT, PREFERS NOT TO WORK	<input type="checkbox"/> 03									
04 = HOUSEWIFE/HOMEMAKER, PREFERS NOT TO WORK	<input type="checkbox"/> 04									
05 = RETIRED AND PREFERS NOT TO SEEK FORMAL WORK	<input type="checkbox"/> 05									
06 = ILLNESS, INVALID, DISABLED OR UNABLE TO WORK (HANDICAPPED)	<input type="checkbox"/> 06									
07 = TOO YOUNG OR TOO OLD TO WORK	<input type="checkbox"/> 07									
08 = SEASONAL WORKER, E.G. FRUIT PICKER, WOOL-SHEARER	<input type="checkbox"/> 08									
09 = CANNOT FIND SUITABLE WORK (SALARY, LOCATION OF WORK OR CONDITIONS NOT SATISFACTORY)	<input type="checkbox"/> 09									
10 = CONTRACT WORKER, E.G. MINE WORKER RESTING ACCORDING TO CONTRACT	<input type="checkbox"/> 10									
11 = RECENTLY RETRENCHED	<input type="checkbox"/> 11									
12 = OTHER REASON	<input type="checkbox"/> 12									
3.2 If a suitable job is offered, will accept it?										
1 = YES	<input type="checkbox"/> 1									
2 = No	<input type="checkbox"/> 2									
3 = DON'T KNOW } → Go to Q 3.8	<input type="checkbox"/> 3									
3.3 How soon can start work?										
1 = WITHIN A WEEK	<input type="checkbox"/> 1									
2 = WITHIN TWO WEEKS	<input type="checkbox"/> 2									
3 = WITHIN FOUR WEEKS	<input type="checkbox"/> 3									
4 = LATER THAN FOUR WEEKS FROM NOW	<input type="checkbox"/> 4									
5 = DON'T KNOW	<input type="checkbox"/> 5									

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	01		02		03		04		05		06		07		08		09		10	
3.4 During the past four weeks, has taken any action	YES	NO																		
a) to look for any kind of work	<input type="checkbox"/> 1	<input type="checkbox"/> 2																		
b) to start any kind of business	<input type="checkbox"/> 1	<input type="checkbox"/> 2																		
If "No" to <u>both a) and b)</u> → Go to Q 3.7																				
3.5 In the past four weeks, what has done to look for work or to start a business?																				
<i>Give only one answer, the main one</i>																				
1 = WAITED/REGISTERED AT EMPLOYMENT AGENCY/TRADE UNION	<input type="checkbox"/> 1																			
2 = ENQUIRED AT WORKPLACES, FARMS, FACTORIES OR CALLED ON OTHER POSSIBLE EMPLOYERS	<input type="checkbox"/> 2																			
3 = PLACED/ANSWERED ADVERTISEMENT(S)	<input type="checkbox"/> 3																			
4 = SOUGHT ASSISTANCE FROM RELATIVES OR FRIENDS	<input type="checkbox"/> 4																			
5 = LOOKED FOR LAND, BUILDING, EQUIPMENT OR APPLIED FOR PERMIT TO START OWN BUSINESS OR FARMING	<input type="checkbox"/> 5																			
6 = SOUGHT/UNDERWENT TRAINING	<input type="checkbox"/> 6																			
7 = WAITED AT THE STREET SIDE WHERE CASUAL WORKERS ARE FOUND	<input type="checkbox"/> 7																			
8 = OTHER	<input type="checkbox"/> 8																			
9 = DON'T KNOW	<input type="checkbox"/> 9																			
3.6 How long has been trying to find work or start a business?																				
1 = LESS THAN A MONTH	<input type="checkbox"/> 1																			
2 = 1 MONTH TO LESS THAN 6 MONTHS	<input type="checkbox"/> 2																			
3 = 6 MONTHS TO LESS THAN 1 YEAR	<input type="checkbox"/> 3																			
4 = 1 YEAR TO LESS THAN 3 YEARS	<input type="checkbox"/> 4																			
5 = 3 YEARS OR MORE	<input type="checkbox"/> 5																			
6 = DON'T KNOW	<input type="checkbox"/> 6																			

→ **Go to Q 3.8**

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	01	02	03	04	05	06	07	08	09	10
<i>If "No" to both Q 3.4.a and b (has not been looking for work or trying to start a business in the past four weeks)</i>										
3.7 What was the main reason why did not try to find work or start a business in the past four weeks?										
01 = HAS BEEN TEMPORARILY LAID OFF WORK	<input type="checkbox"/> 01									
02 = ILL HEALTH/INJURY/PHYSICAL DISABILITY	<input type="checkbox"/> 02									
03 = PREGNANCY	<input type="checkbox"/> 03									
04 = FAMILY CONSIDERATIONS/CHILD CARE	<input type="checkbox"/> 04									
05 = UNDERGOING TRAINING TO HELP FIND WORK	<input type="checkbox"/> 05									
06 = NO JOBS AVAILABLE IN THE AREA	<input type="checkbox"/> 06									
07 = LACK OF MONEY TO PAY FOR TRANSPORT TO LOOK FOR WORK	<input type="checkbox"/> 07									
08 = UNABLE TO FIND WORK REQUIRING HIS/HER SKILLS	<input type="checkbox"/> 08									
09 = LOST HOPE OF FINDING ANY KIND OF WORK	<input type="checkbox"/> 09									
10 = NO TRANSPORT AVAILABLE	<input type="checkbox"/> 10									
11 = OTHER REASON	<input type="checkbox"/> 11									

Ask for everyone who has come to Section 3

3.8 Has ever worked before?										
1 = YES	<input type="checkbox"/> 1									
2 = No → Go to Q3.12	<input type="checkbox"/> 2									
3.9 How long ago was it since last worked?										
1 = 1 WEEK - LESS THAN 1 MONTH	<input type="checkbox"/> 1									
2 = 1 MONTH - LESS THAN 6 MONTHS	<input type="checkbox"/> 2									
3 = 6 MONTHS - LESS THAN 1 YEAR	<input type="checkbox"/> 3									
4 = 1 YEAR - LESS THAN 2 YEARS	<input type="checkbox"/> 4									
5 = 2 YEARS - LESS THAN 3 YEARS	<input type="checkbox"/> 5									
6 = 3 YEARS OR MORE	<input type="checkbox"/> 6									
7 = DON'T KNOW	<input type="checkbox"/> 7									

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<p>3.10.a What kind of work did do in his/her last job? Give occupation or job title.</p> <p><i>Work includes all the activities mentioned earlier</i></p> <p><i>Record at least two words: Car sales person, Office cleaner, Vegetable farmer, Primary School teacher, etc.</i></p> <p><i>For agricultural work on own/family farm/plot, state whether for <u>own</u> use or for <u>sale</u> mostly.</i></p>										
<p>3.10.b What were 's <u>main</u> tasks or duties in this job?</p> <p><i>Examples: Selling fruit, repairing watches, keeping accounts, feeding and watering cattle, teaching children.</i></p>										
CODE BOX FOR OFFICE USE										
<p>3.11.a What was the name of 's place of work?</p> <ul style="list-style-type: none"> <i>For government or large organisations, give the name of the establishment and branch or division: e.g. Education Dept – Rapele Primary School; ABC Gold Mining, Maintenance Div.</i> <i>Write 'Own house' or 'no fixed location', if relevant.</i> 										
<p>3.11.b What were the main goods and services produced at 's place of work? What were its main functions?</p> <p><i>(Examples: Repairing cars, Selling commercial real estate, Sell food wholesale to restaurants, Retail clothing shop, Manufacture electrical appliances, Bar/ restaurant, Primary Education, Delivering newspapers to homes, Transporting goods by rail.)</i></p>										
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3.12 How does support him/herself?	YES	NO																		
1 = Did odd jobs during the past seven days	<input type="checkbox"/> 1	<input type="checkbox"/> 2																		
If Yes → Go back to Q 2.1																				
2 = Supported by persons in the household	<input type="checkbox"/> 1	<input type="checkbox"/> 2																		
3 = Supported by persons not in the household	<input type="checkbox"/> 1	<input type="checkbox"/> 2																		
4 = Supported by charity, church, welfare, etc.	<input type="checkbox"/> 1	<input type="checkbox"/> 2																		
5 = Unemployment Insurance Fund (UIF)	<input type="checkbox"/> 1	<input type="checkbox"/> 2																		
6 = Savings or money previously earned	<input type="checkbox"/> 1	<input type="checkbox"/> 2																		
7 = Old age or disability pension	<input type="checkbox"/> 1	<input type="checkbox"/> 2																		
8 = Other sources, e.g. bursary, study loan	<input type="checkbox"/> 1	<input type="checkbox"/> 2																		

SECTION 4 This section covers main work activity in the last seven days

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

Read out: The next several questions refer to your (.....'s) main job or activity. That is the one where you (he/she) usually work (-s) the most hours per week, even if you (he/she) were (was) absent the last seven days.

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Read out:										
4.1.a You said was doing these activities during the last seven days (or was temporary absent) : Refer to Q 2.1 or Q 2.2										
What kind of work did do in his/her main job during the last seven days (or usually does, even if he/she was absent in the last seven days)? Give occupation or job title.										
Work includes all the activities mentioned earlier										
<ul style="list-style-type: none"> Record at least two words: Car sales person, Office cleaner, Vegetable farmer, Primary school teacher, etc. For agricultural work on own/family farm/plot, state whether for <u>own</u> use or for <u>sale</u> mostly. 										

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4.1.b What were 's main tasks or duties in this job? <i>Examples: Selling fruit, repairing watches, keeping accounts, feeding and watering cattle.</i>			
	CODE BOX FOR OFFICE USE		

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4.2.a What is the name of 's place of work? <ul style="list-style-type: none"> For government or large organisations, give the name of the establishment and branch or division: e.g. Education Dept – Rapele Primary School; ABC Gold Mining, Maintenance Div. Write 'Own house' or 'no fixed location', if relevant. 										
4.2.b What are the main goods and services produced at 's place of work? What are its main functions? <i>Examples: Repairing cars, Selling commercial real estate, Sell food wholesale to restaurants, Retail clothing shop, Manufacture electrical appliances, Bar/ restaurant, Primary Education, Delivering newspapers to homes.</i>										
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4.3 In 's main work was he/she										
1 = Working for someone else for pay? (Payment in cash, kind or accommodation.) → Go to Q 4.4 <i>Category 1 includes all employees: Full-time, part-time, casual work, piecework, <u>except</u> private household work.</i>	<input type="checkbox"/> 1									
2 = Working for one or more private households as a domestic employee, gardener or security guard? (Payment in cash, kind or accommodation.) → Go to Q 4.4	<input type="checkbox"/> 2									
3 = Working on his/her own or on a small family farm/plot or collecting natural products from the forest or sea? → Go to Q 4.15.a	<input type="checkbox"/> 3									
4 = Working on his/her own or with a partner, in any type of business (including commercial farms)? → Go to Q 4.15.a	<input type="checkbox"/> 4									
5 = Helping without pay in a family business? → Go to Q 4.15.a	<input type="checkbox"/> 5									
4.4 Does work for										
1 = One employer	<input type="checkbox"/> 1									
2 = More than one employer	<input type="checkbox"/> 2									
4.5 When did start working with the (main) employer mentioned above (firm, institution or private individual)?										
<i>State year and month, year in four figures</i> <i>Year</i>										
<i>Give month in two figures, e.g. 08 for August</i> <i>Month</i>										

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4.6 Is 's work										
1 = Permanent	<input type="checkbox"/> 1									
2 = A fixed period contract	<input type="checkbox"/> 2									
3 = Temporary	<input type="checkbox"/> 3									
4 = Casual	<input type="checkbox"/> 4									
5 = Seasonal	<input type="checkbox"/> 5									
6 = DON'T KNOW	<input type="checkbox"/> 6									
4.7 Who owns the tools and/or equipment that uses at work?										
1 = The employer	<input type="checkbox"/> 1									
2 = The person him/herself	<input type="checkbox"/> 2									
3 = Both the employer and the person him/herself	<input type="checkbox"/> 3									
4 = Tools and/or equipment are rented/hired or owned by an outside person or organisation	<input type="checkbox"/> 4									
5 = Not applicable - equipment not used	<input type="checkbox"/> 5									
6 = DON'T KNOW	<input type="checkbox"/> 6									
4.8 Does have a written contract with the employer?										
1 = YES	<input type="checkbox"/> 1									
2 = No	<input type="checkbox"/> 2									
3 = DON'T KNOW	<input type="checkbox"/> 3									
4.9 Does anyone directly supervise the work does or does he/she work independently?										
1 = WORK SUPERVISED	<input type="checkbox"/> 1									
2 = WORK INDEPENDENTLY	<input type="checkbox"/> 2									
3 = DON'T KNOW	<input type="checkbox"/> 3									

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4.10 Who pays ?										
1 = The establishment/enterprise/individual for which he/she works	<input type="checkbox"/> 1									
2 = A labour broker	<input type="checkbox"/> 2									
3 = A contractor or agency	<input type="checkbox"/> 3									
4 = Other	<input type="checkbox"/> 4									
5 = DON'T KNOW	<input type="checkbox"/> 5									
4.11 Does 's employer contribute to any pension/retirement fund?										
1 = YES	<input type="checkbox"/> 1									
2 = No	<input type="checkbox"/> 2									
3 = DON'T KNOW	<input type="checkbox"/> 3									
4.12 Does get any paid leave?										
1 = YES	<input type="checkbox"/> 1									
2 = No	<input type="checkbox"/> 2									
3 = DON'T KNOW	<input type="checkbox"/> 3									
4.13 Is a member of a trade union?										
1 = YES	<input type="checkbox"/> 1									
2 = No	<input type="checkbox"/> 2									
3 = DON'T KNOW	<input type="checkbox"/> 3									
4.14 Is the business or enterprise/branch where works										
1 = Central government	<input type="checkbox"/> 1									
2 = Provincial government	<input type="checkbox"/> 2									
3 = Local government	<input type="checkbox"/> 3									
4 = A government enterprise (<i>Transnet, Telkom, etc</i>)	<input type="checkbox"/> 4									
5 = A non-profit organisation (<i>NGO, CBO, charity, embassy</i>)	<input type="checkbox"/> 5									
6 = A private business or self-employment	<input type="checkbox"/> 6									
7 = DON'T KNOW	<input type="checkbox"/> 7									

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4.15.a What is’s total salary/pay at his/her <u>main</u> job? <i>Including overtime, allowances and bonus, before any tax or deductions.</i> <i>Give amount in whole figures, without any text or decimals</i> <i>If refusal or don’t know → Go to Q 4.15.c</i>												
<i>Only if amount given in 4.15.a</i> 4.15.b Is this 1 = Per week 2 = Per month 3 = Annually			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3									
<i>Only if refusal or don’t know in 4.15.a</i> 4.15.c Show the categories. Make sure the respondent points at the <u>correct income column</u> (weekly, monthly, annually) on <u>Show card 3</u> and mark the applicable code.												
Weekly	Monthly	Annually										
01 = NONE	01 = NONE	01 = NONE	<input type="checkbox"/> 01									
02 = R1 - R46	02 = R1 - R200	02 = R1 - R2 400	<input type="checkbox"/> 02									
03 = R47 - R115	03 = R201 – R500	03 = R2 401 - R6 000	<input type="checkbox"/> 03									
04 = R116 - R231	04 = R501 – R1 000	04 = R6 001 - R12 000	<input type="checkbox"/> 04									
05 = R232 - R346	05 = R1 001 - R1 500	05 = R12 001 - R18 000	<input type="checkbox"/> 05									
06 = R347 = R577	06 = R1 501 = R2 500	06 = R18 001 - R30 000	<input type="checkbox"/> 06									
07 = R578 - R808	07 = R2 501 - R3 500	07 = R30 001 - R42 000	<input type="checkbox"/> 07									
08 = R809 - R1 039	08 = R3 501 - R4 500	08 = R42 001 - R54 000	<input type="checkbox"/> 08									
09 = R1 040 - R1 386	09 = R4 501 - R6 000	09 = R54 001 - R72 000	<input type="checkbox"/> 09									
10 = R1 387 - R1 848	10 = R6 001 - R8 000	10 = R72 001 - R96 000	<input type="checkbox"/> 10									
11 = R1 849 - R2 540	11 = R8 001 - R11 000	11 = R96 001 - R132 000	<input type="checkbox"/> 11									
12 = R2 541 - R3 695	12 = R11 001 - R16 000	12 = R132 001 - R192 000	<input type="checkbox"/> 12									
13 = R3 696 - R6 928	13 = R16 001 - R30 000	13 = R192 001 - R360 000	<input type="checkbox"/> 13									
14 = R6 929 OR MORE	14 = R30 001 OR MORE	14 = R360 001 OR MORE	<input type="checkbox"/> 14									
15 = DON'T KNOW	15 = DON'T KNOW	15 = DON'T KNOW	<input type="checkbox"/> 15									
16 = REFUSE	16 = REFUSE	16 = REFUSE	<input type="checkbox"/> 16									

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4.16 How many regular workers has the organisation/ business/ enterprise/ branch where works, including him/herself?										
1 = 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
2 = 2 - 4	<input type="checkbox"/> 2									
3 = 5 - 9	<input type="checkbox"/> 3									
4 = 10 - 19	<input type="checkbox"/> 4									
5 = 20 - 49	<input type="checkbox"/> 5									
6 = 50 OR MORE	<input type="checkbox"/> 6									
7 = DON'T KNOW	<input type="checkbox"/> 7									
4.17 Is the organisation/ business/enterprise/branch whereworks										
a) A registered company or close corporation?										
1 = YES	<input type="checkbox"/> 1									
2 = No	<input type="checkbox"/> 2									
3 = DON'T KNOW	<input type="checkbox"/> 3									
b) Deducting UIF contributions for him/her?										
1 = YES	<input type="checkbox"/> 1									
2 = No - because his/her income is above UIF limit	<input type="checkbox"/> 2									
3 = No - Other reasons	<input type="checkbox"/> 3									
4 = DON'T KNOW	<input type="checkbox"/> 4									
c) Providing for membership of, or contributions, towards membership of a medical aid fund or health insurance?										
1 = Yes, for him/herself only	<input type="checkbox"/> 1									
2 = Yes, for him/herself and his/her dependants	<input type="checkbox"/> 2									
3 = No medical aid benefits provided	<input type="checkbox"/> 3									
4 = DON'T KNOW	<input type="checkbox"/> 4									

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4.18 Is this business/enterprise/branch located										
1 = In the owner's home / On the owner's farm	<input type="checkbox"/> 1									
2 = In someone else's home	<input type="checkbox"/> 2									
3 = Inside a formal business premises such as factory or office	<input type="checkbox"/> 3									
4 = At a service outlet such as a shop, school, post office, etc	<input type="checkbox"/> 4									
5 = At a market	<input type="checkbox"/> 5									
6 = On a footpath, street, street corner, open space or field	<input type="checkbox"/> 6									
7 = No fixed location	<input type="checkbox"/> 7									
8 = Other	<input type="checkbox"/> 8									
4.19 Is the business where works										
1 = In the formal sector	<input type="checkbox"/> 1									
2 = In the informal sector (including domestic work)	<input type="checkbox"/> 2									
3 = DON'T KNOW	<input type="checkbox"/> 3									
<i>Formal sector employment is where the employer (institution, business or private individual) is registered to perform the activity. Informal sector employment is where the employer is not registered.</i>										

Working hours

4.20 How many hours, including overtime, did work during the last seven days										
a. In his/her main job/activity										
b. In all other work activities (See Q 2.1)										
c. In total										
<i>Add a + b and confirm that this is correct.</i>										

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4.21 How many hours per week, including overtime, does usually work										
a. In his/her main job/activity										
b. In all other work activities (See Q 2.1)										
c. In total										
<i>Add a + b and confirm that this is correct.</i>										
4.22 Can decide on the number of hours per week during which he/she works, or are these fixed by the employer?										
1 = He/she can decide fully for him/herself	<input type="checkbox"/> 1									
2 = He/she can decide, but within a limited range (e.g. flexitime)	<input type="checkbox"/> 2									
3 = Number of hours are fixed by the employer	<input type="checkbox"/> 3									
4 = DON'T KNOW	<input type="checkbox"/> 4									
4.23 Does want to work longer hours?										
1 = YES	<input type="checkbox"/> 1									
2 = No → <i>End of section for this person</i>	<input type="checkbox"/> 2									
3 = DON'T KNOW	<input type="checkbox"/> 3									
4.24 If extra work was available, would be able to start such work in the next four weeks?										
1 = YES	<input type="checkbox"/> 1									
2 = No → <i>End of section for this person</i>	<input type="checkbox"/> 2									
3 = DON'T KNOW	<input type="checkbox"/> 3									

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4.25 During the past four weeks, has taken any action to look for or prepare for any extra work? 1 = YES 2 = No 3 = DON'T KNOW	<input type="checkbox"/> 1									
} → End of section for this person	<input type="checkbox"/> 2									
	<input type="checkbox"/> 3									
4.26 What activities did do to look or prepare for extra work? <i>Give only one answer, the main one</i> 1 = ENQUIRED AT WORKPLACES, FARMS, FACTORIES OR CALLED ON OTHER POSSIBLE EMPLOYERS 2 = WAITED/REGISTERED AT EMPLOYMENT AGENCY, LABOUR BROKER, DEPARTMENT OF LABOUR OR TRADE UNION 3 = PLACED OR ANSWERED ADVERTISEMENTS 4 = SOUGHT ASSISTANCE FROM FRIENDS OR RELATIVES 5 = LOOKED FOR LAND, BUILDINGS OR EQUIPMENT OR APPLIED FOR PERMIT TO START OWN BUSINESS OR FARMING 6 = WAITING AT THE STREET-SIDE 7 = OTHER 8 = DON'T KNOW	<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									
4.27 Was mostly looking for 1 = The same work with more hours 2 = Different work with more hours 3 = DON'T KNOW	<input type="checkbox"/> 1									
	<input type="checkbox"/> 2									
	<input type="checkbox"/> 3									

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SECTION 5

This section covers information regarding farming activities

Ask for all persons 15 years and over.

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5.1 Did grow any produce, e.g. maize or other crops, vegetables or fruit, or keep any stock, such as cattle, sheep, goats, horses, even chickens, for sale or for household use during the last 12 months?										
1 = YES	<input type="checkbox"/> 1									
2 = No → <i>End of Section 5 for this person.</i>	<input type="checkbox"/> 2									
5.2 During which months was engaged in growing produce or keeping stock in the last 12 months? <i>Mark a "Yes" or a "No" for all months</i>										
	YES NO									
October 1999	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
November 1999	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
December 1999	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
January 2000	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
February 2000	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
March 2000	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
April 2000	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
May 2000	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
June 2000	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
July 2000	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
August 2000	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
September 2000	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
5.3 Why does grow farm produce or keep stock for the household?										
1 = As a main source of food for the household	<input type="checkbox"/> 1									
2 = As the main source of income/earning a living	<input type="checkbox"/> 2									
3 = As an extra source of income	<input type="checkbox"/> 3									
4 = As an extra source of food for the household	<input type="checkbox"/> 4									
5 = As a leisure activity or hobby, e.g. gardening	<input type="checkbox"/> 5									

SECTION 6

This section covers information on individual income

Ask for each member of the household

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	01	02	03	04	05	06	07	08	09	10
6.1 Is covered by a medical aid benefit scheme or other private health insurance ? 1 = YES 2 = No 3 = DON'T KNOW	<input type="checkbox"/> 1									
	<input type="checkbox"/> 2									
	<input type="checkbox"/> 3									
During the past year (12 months) did get income from any of the following sources? 6.2 Old age pension from the government <i>But not for working as a government employee</i> 1 = YES 2 = No 3 = DON'T KNOW	<input type="checkbox"/> 1									
	<input type="checkbox"/> 2									
	<input type="checkbox"/> 3									
6.3 Pension from work/retirement benefits 1 = YES 2 = No 3 = DON'T KNOW	<input type="checkbox"/> 1									
	<input type="checkbox"/> 2									
	<input type="checkbox"/> 3									
6.4 Disability grant from government 1 = YES 2 = No 3 = DON'T KNOW	<input type="checkbox"/> 1									
	<input type="checkbox"/> 2									
	<input type="checkbox"/> 3									
6.5 Compensation Fund (For injury or illness at work) 1 = YES 2 = No 3 = DON'T KNOW	<input type="checkbox"/> 1									
	<input type="checkbox"/> 2									
	<input type="checkbox"/> 3									

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6.6 State maintenance grant or child support grant										
1 = YES	<input type="checkbox"/> 1									
2 = No	<input type="checkbox"/> 2									
3 = DON'T KNOW	<input type="checkbox"/> 3									
6.7 Private maintenance from parent or former spouse (Not in the household)										
1 = YES	<input type="checkbox"/> 1									
2 = No	<input type="checkbox"/> 2									
3 = DON'T KNOW	<input type="checkbox"/> 3									
6.8 Care dependency (single care) grant										
1 = YES	<input type="checkbox"/> 1									
2 = No	<input type="checkbox"/> 2									
3 = DON'T KNOW	<input type="checkbox"/> 3									
6.9 Foster care grant										
1 = YES	<input type="checkbox"/> 1									
2 = No	<input type="checkbox"/> 2									
3 = DON'T KNOW	<input type="checkbox"/> 3									
6.10 Unemployment Insurance Fund										
1 = YES	<input type="checkbox"/> 1									
2 = No	<input type="checkbox"/> 2									
3 = DON'T KNOW	<input type="checkbox"/> 3									
6.11 Remittance/financial support from persons not in the household										
1 = YES	<input type="checkbox"/> 1									
2 = No	<input type="checkbox"/> 2									
3 = DON'T KNOW	<input type="checkbox"/> 3									

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6.12 Gratuities/other lump sum										
1 = YES	<input type="checkbox"/> 1									
2 = No	<input type="checkbox"/> 2									
3 = DON'T KNOW	<input type="checkbox"/> 3									
6.13.a Other sources										
1 = YES, SPECIFY BELOW	<input type="checkbox"/> 1									
2 = No	<input type="checkbox"/> 2									
3 = DON'T KNOW } → Go to Q 7.1	<input type="checkbox"/> 3									
6.13.b Specify the sources in column <i>These could include accident insurance, life insurance and endowments, annuity funds, inheritance, lobola/dowry, sale of property, royalties, interest, gambling.</i>										

SECTION 7 This section covers information regarding the dwellings, services and perceived quality of life of the household

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Ask a responsible adult in the household

7.1 Indicate the type of main dwelling and any other dwelling that the household occupies?

Mark only two dwellings, even if the household occupies more than two dwellings.

Main dwelling	Other dwelling	Type of dwelling
<input type="checkbox"/> 01	<input type="checkbox"/> 01	DWELLING/HOUSE OR BRICK STRUCTURE ON A SEPARATE STAND OR YARD OR ON FARM
<input type="checkbox"/> 02	<input type="checkbox"/> 02	TRADITIONAL DWELLING/HUT/STRUCTURE MADE OF TRADITIONAL MATERIALS
<input type="checkbox"/> 03	<input type="checkbox"/> 03	FLAT OR APARTMENT IN A BLOCK OF FLATS
<input type="checkbox"/> 04	<input type="checkbox"/> 04	TOWN/CLUSTER/SEMI-DETACHED HOUSE (<i>Simplex, Duplex or Triplex</i>)
<input type="checkbox"/> 05	<input type="checkbox"/> 05	UNIT IN RETIREMENT VILLAGE
<input type="checkbox"/> 06	<input type="checkbox"/> 06	DWELLING/HOUSE/FLAT/ROOM IN BACKYARD
<input type="checkbox"/> 07	<input type="checkbox"/> 07	INFORMAL DWELLING/SHACK IN BACKYARD
<input type="checkbox"/> 08	<input type="checkbox"/> 08	INFORMAL DWELLING/SHACK NOT IN BACKYARD, E.G. IN AN INFORMAL/SQUATTER SETTLEMENT OR ON FARM
<input type="checkbox"/> 09	<input type="checkbox"/> 09	ROOM/FLATLET
<input type="checkbox"/> 10	<input type="checkbox"/> 10	CARAVAN/TENT*
<input type="checkbox"/> 11	<input type="checkbox"/> 11	OTHER, <i>specify</i>

7.2 What is the main material used for the roof and the walls of the main dwelling?

Mark one code in each column.

Roof	Walls	Type of dwelling
<input type="checkbox"/> 01	<input type="checkbox"/> 01	BRICKS
<input type="checkbox"/> 02	<input type="checkbox"/> 02	CEMENT BLOCK/CONCRETE
<input type="checkbox"/> 03	<input type="checkbox"/> 03	CORRUGATED IRON/ZINC
<input type="checkbox"/> 04	<input type="checkbox"/> 04	WOOD
<input type="checkbox"/> 05	<input type="checkbox"/> 05	PLASTIC
<input type="checkbox"/> 06	<input type="checkbox"/> 06	CARDBOARD
<input type="checkbox"/> 07	<input type="checkbox"/> 07	MIXTURE OF MUD AND CEMENT
<input type="checkbox"/> 08	<input type="checkbox"/> 08	WATTLE AND DAUB
<input type="checkbox"/> 09	<input type="checkbox"/> 09	TILE
<input type="checkbox"/> 10	<input type="checkbox"/> 10	MUD
<input type="checkbox"/> 11	<input type="checkbox"/> 11	THATCHING
<input type="checkbox"/> 12	<input type="checkbox"/> 12	ASBESTOS

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PSU no

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DU no

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Hh. no

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7.3 dwelling

<input type="checkbox"/> 1	Owned and fully paid off
<input type="checkbox"/> 2	Owned, but not yet fully paid off (e.g. with a mortgage)
<input type="checkbox"/> 3	Rented
<input type="checkbox"/> 4	Occupied rent-free as part of employment contract of family member
<input type="checkbox"/> 5	Occupied rent-free not as part of employment contract of family member
<input type="checkbox"/> 6	Other, <i>specify</i>

7.4 What is the total number of rooms in the dwelling(s) that the household occupies?

	<i>Total number of rooms, including living rooms, bedrooms and kitchens (excluding bathrooms and toilets)</i>
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7.5 Did this household receive a government housing subsidy to obtain this dwelling or any other dwelling?

Do not include employee subsidies for government employees

<input type="checkbox"/> 1	YES
<input type="checkbox"/> 2	No
<input type="checkbox"/> 3	DON'T KNOW

7.6 Did this household receive a government land grant to obtain a plot of land for residence or for farming?

<input type="checkbox"/> 1	YES
<input type="checkbox"/> 2	No
<input type="checkbox"/> 3	DON'T KNOW

Is the

7.7 What is this household's main source of water?

Mark one code only

<input type="checkbox"/> 01	PIPED (TAP) WATER IN DWELLING	→ Go to Q 7.9
<input type="checkbox"/> 02	PIPED (TAP) WATER ON SITE OR IN YARD	
<input type="checkbox"/> 03	PUBLIC TAP	
<input type="checkbox"/> 04	WATER-CARRIER/TANKER	
<input type="checkbox"/> 05	BOREHOLE ON SITE	
<input type="checkbox"/> 06	BOREHOLE OFF SITE/COMMUNAL	
<input type="checkbox"/> 07	RAIN-WATER TANK ON SITE	
<input type="checkbox"/> 08	FLOWING WATER/STREAM	
<input type="checkbox"/> 09	DAM/POOL/STAGNANT WATER	
<input type="checkbox"/> 10	WELL	
<input type="checkbox"/> 11	SPRING	
<input type="checkbox"/> 12	OTHER, <i>specify</i>	

7.8 How far is the water source from the dwelling?

<input type="checkbox"/> 1	LESS THAN 100 M
<input type="checkbox"/> 2	100 M - LESS THAN 200 M
<input type="checkbox"/> 3	200 M - LESS THAN 500 M
<input type="checkbox"/> 4	500 M - LESS THAN 1 KM
<input type="checkbox"/> 5	1 KM OR MORE
<input type="checkbox"/> 6	NOT APPLICABLE (WATER ON SITE)

7.9 Does the household pay for water?

<input type="checkbox"/> 1	YES
<input type="checkbox"/> 2	No

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DU no

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Hh. no

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7.10 What is the main source of energy/fuel for this household?

Mark one code for each source

Cooking	Heating	Lighting	Energy/fuel source
<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	ELECTRICITY FROM MAINS
<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	ELECTRICITY FROM GENERATOR
<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	GAS
<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	PARAFFIN
<input type="checkbox"/> 05	<input type="checkbox"/> 05		WOOD
<input type="checkbox"/> 06	<input type="checkbox"/> 06		COAL
		<input type="checkbox"/> 07	CANDLES
<input type="checkbox"/> 08	<input type="checkbox"/> 08		ANIMAL DUNG
<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	SOLAR ENERGY
<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	OTHER, <i>specify</i>
<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	NONE

If **any** answer to Q7.10 is 5 ("WOOD") or 8 ("ANIMAL DUNG") → **Go to Q 7.11**

Otherwise

→ **Go to Q 7.12****7.11 How far is the wood or dung if it has to be fetched?**

<input type="checkbox"/> 1	Less than 100 m
<input type="checkbox"/> 2	100 m - less than 200 m
<input type="checkbox"/> 3	200 m - less than 500 m
<input type="checkbox"/> 4	500 m - less than 1 km
<input type="checkbox"/> 5	1 km or more

7.12 What type of toilet facility is available for this household?

Mark only one code

In dwelling	On site	Off site	Toilet facility
<input type="checkbox"/> 11	<input type="checkbox"/> 21	<input type="checkbox"/> 31	FLUSH TOILET
	<input type="checkbox"/> 22	<input type="checkbox"/> 32	CHEMICAL TOILET
	<input type="checkbox"/> 23	<input type="checkbox"/> 33	PIT LATRINE WITH VENTILATION PIPE
	<input type="checkbox"/> 24	<input type="checkbox"/> 34	PIT LATRINE WITHOUT VENTILATION PIPE
	<input type="checkbox"/> 25	<input type="checkbox"/> 35	BUCKET TOILET
		<input type="checkbox"/> 36	NONE → Go to Q 7.16
		<input type="checkbox"/> 37	OTHER, <i>specify</i>

7.13 Is the toilet facility shared with other households?

<input type="checkbox"/> 1	Yes
<input type="checkbox"/> 2	No

If the toilet is "ON SITE" or "OFF SITE"

7.14 How far is the nearest toilet facility to which the household has access?

<input type="checkbox"/> 1	LESS THAN 25 M
<input type="checkbox"/> 2	25 M - LESS THAN 50 M
<input type="checkbox"/> 3	50 M - LESS THAN 100 M
<input type="checkbox"/> 4	100 M OR MORE

If the answer to Q 7.12 is "BUCKET TOILET"

7.15 How frequently is it removed?

<input type="checkbox"/> 1	ONCE A WEEK OR MORE OFTEN
<input type="checkbox"/> 2	ABOUT ONCE A FORTNIGHT
<input type="checkbox"/> 3	ABOUT ONCE A MONTH
<input type="checkbox"/> 4	LESS OFTEN THAN ONCE A MONTH

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PSU no

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Hh. no

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7.16 How is the refuse or rubbish of this household taken care of?*Mark only one code*

<input type="checkbox"/> 1	REMOVED BY LOCAL AUTHORITY AT LEAST ONCE A WEEK
<input type="checkbox"/> 2	REMOVED BY LOCAL AUTHORITY LESS OFTEN THAN ONCE A WEEK
<input type="checkbox"/> 3	REMOVED BY COMMUNITY MEMBERS AT LEAST ONCE A WEEK
<input type="checkbox"/> 4	REMOVED BY COMMUNITY MEMBERS LESS OFTEN THAN ONCE A WEEK
<input type="checkbox"/> 5	COMMUNAL REFUSE DUMP/COMMUNAL CONTAINER
<input type="checkbox"/> 6	OWN REFUSE DUMP
<input type="checkbox"/> 7	NO RUBBISH REMOVAL
<input type="checkbox"/> 8	OTHER, <i>specify</i>

7.17 Do you have any street lighting where you live?

<input type="checkbox"/> 1	YES
<input type="checkbox"/> 2	No

7.18.a Does this household have a telephone in the dwelling (excluding cellular telephone)?

<input type="checkbox"/> 1	YES → Go to Q 7.20
<input type="checkbox"/> 2	No

7.18.b Does any member of this household have a cellular telephone?

<input type="checkbox"/> 1	YES → Go to Q 7.20
<input type="checkbox"/> 2	No

7.19 How many minutes do you have to travel to the nearest telephone you can use (by your usual means of transport)?

<input type="checkbox"/> 1	0 - 5 MINUTES
<input type="checkbox"/> 2	6 - 15 MINUTES
<input type="checkbox"/> 3	16 - 30 MINUTES
<input type="checkbox"/> 4	31 - 60 MINUTES
<input type="checkbox"/> 5	1 - 2 HOURS
<input type="checkbox"/> 6	OVER 2 HOURS

7.20 How does this household receive most of its mail/post?*Mark only one code*

<input type="checkbox"/> 1	DELIVERED TO THE DWELLING
<input type="checkbox"/> 2	DELIVERED TO A POST BOX
<input type="checkbox"/> 3	THROUGH FRIEND OR NEIGHBOUR
<input type="checkbox"/> 4	THROUGH SHOP
<input type="checkbox"/> 5	THROUGH SCHOOL
<input type="checkbox"/> 6	THROUGH WORKPLACE
<input type="checkbox"/> 7	THROUGH AUTHORITY
<input type="checkbox"/> 8	DO NOT RECEIVE MAIL
<input type="checkbox"/> 9	OTHER, <i>specify</i>

7.21 Is there a post office or post office agent within a 30 minute (2 km) walk of this dwelling?

<input type="checkbox"/> 1	YES
<input type="checkbox"/> 2	No

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Hh. no

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7.22 Does this household have a radio?

<input type="checkbox"/> 1	YES
<input type="checkbox"/> 2	NO

7.23 Does this household have a television?

<input type="checkbox"/> 1	YES
<input type="checkbox"/> 2	NO

7.24 Does anyone in this household own a motor vehicle (car, bakkie, van, station wagon, minibus) which is in running order?

<input type="checkbox"/> 1	YES
<input type="checkbox"/> 2	NO

7.25.a Are any of the following public transport services within a 15 minute (1 km) walk of this dwelling?

Yes	No	Don't know	Public transport service
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Train
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Bus
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Minibus taxi

If "YES" to all → Go to Q 7.26

*Only if "No" to any of Q 7.25.a:**Ask only for the transport services that are not within a 15 minute/1 km walk***7.25.b If they are not, are any of them within a 30 minute (2 km) walk of this dwelling?**

Yes	No	Don't know	Public transport service
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Train
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Bus
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Minibus taxi

7.26 Are any of the following facilities within a 30 minute (2 km) walk of this dwelling?

Yes	No	Don't know	Facility
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Primary school
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Secondary school
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Clinic/hospital
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Shop where basic foodstuffs can be bought

*If the household includes persons under 7 years of age***7.27 In the past year, was there ever a time when children under 7 years of age went hungry because there was not enough money to buy food?**

<input type="checkbox"/> 1	YES
<input type="checkbox"/> 2	NO

*For all households***7.28 In the past year, was there ever a time when (other) members of the household went hungry because there was not enough money to buy food?**

<input type="checkbox"/> 1	YES
<input type="checkbox"/> 2	NO

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PSU no

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Hh. no

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7.29 Does this household, or a household member, own any of the following financial assets?

Yes	No	Financial asset
<input type="checkbox"/> 1 <input type="checkbox"/> 2		Money in a savings account at a bank
<input type="checkbox"/> 1 <input type="checkbox"/> 2		Savings in a stokvel
<input type="checkbox"/> 1 <input type="checkbox"/> 2		Savings in pension plan or retirement annuity
<input type="checkbox"/> 1 <input type="checkbox"/> 2		Unit trust, stocks or shares
<input type="checkbox"/> 1 <input type="checkbox"/> 2		Cash loans which are expected to be repaid
<input type="checkbox"/> 1 <input type="checkbox"/> 2		Life insurance
<input type="checkbox"/> 1 <input type="checkbox"/> 2		Other savings, specify

7.30 Did the household, or a household member, receive cash loans or buy on credit from any of the following in the past 12 months?

Yes	No	Cash loan received from
<input type="checkbox"/> 1 <input type="checkbox"/> 2		Family member
<input type="checkbox"/> 1 <input type="checkbox"/> 2		Neighbour
<input type="checkbox"/> 1 <input type="checkbox"/> 2		Local dealer/shop
<input type="checkbox"/> 1 <input type="checkbox"/> 2		Co-operative
<input type="checkbox"/> 1 <input type="checkbox"/> 2		Commercial bank or building society (including credit card)
<input type="checkbox"/> 1 <input type="checkbox"/> 2		Land Bank
<input type="checkbox"/> 1 <input type="checkbox"/> 2		Other government agency
<input type="checkbox"/> 1 <input type="checkbox"/> 2		Stokvel
<input type="checkbox"/> 1 <input type="checkbox"/> 2		Non-governmental organisation (NGO)
<input type="checkbox"/> 1 <input type="checkbox"/> 2		Money lender/mashonisa
<input type="checkbox"/> 1 <input type="checkbox"/> 2		Commercial farmer
<input type="checkbox"/> 1 <input type="checkbox"/> 2		Other, specify

End of the interview. Thank the respondent for his/her co-operation

Interviewer to answer

7.31 Please, indicate the respondent number of the person who answered the questions in this section

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7.32 In what language was the main part of the interview conducted?

01 = AFRIKAANS

02 = ENGLISH

03 = ISINDEBELE/SOUTH NDEBELE/NORTH NDEBELE

04 = ISIXHOSA/XHOSA

05 = ISIZULU/ZULU

06 = SEPEDI/NORTHERN SOTHO

07 = SESOTHO/SOUTHERN SOTHO/SOTHO

08 = SETSWANA/TSWANA

09 = SISWATI/SWAZI

10 = TSHIVENDA/VENDA

11 = XITSONGA/TSONGA

12 = OTHER, specify

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PSU no

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DU no

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Hh. no

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FOR PROCESSING

	NAME	NUMBER	DATE
HQ CHECK			
CODING 1			
VERIFICATION CODING 1			
CODING 2			
VERIFICATION CODING 2			
DATA ENTRY			
CHECK DATA ENTRY			

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PSU no

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For office use

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Response details

Visit no	Date (actual)	Result code	Next visit (planned)
1			
2			
3			
4			
FINAL RESULT			

Comments and full details of all non-response

RESULT CODES (for response details)

1	Completed	<div style="font-size: 3em;">}</div> <p>Comment and give full details above of all non-response</p>
2	Non-contact	
3	Refused	
4	Partly complete	
5	No usable information	
6	Vacant dwelling	
7	Listing error	
8	Other	

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