

INCOME AND EXPENDITURE SURVEY 2010/11

HOUSEHOLD QUESTIONNAIRE

SURVEY PERIOD

SURVEY DATE

0 2 0 1

PARTICULARS OF SAMPLED UNIT

PSU Number

Dwelling Unit Number

District Name

Physical identification of the dwelling unit

HOUSEHOLDS AT THE DWELLING UNIT

Household number for this household

Total number of households at the dwelling unit

Telephone number (if any)

Total number of persons in the household

Name of main respondent

Questionnaire number

Total number of questionnaires

FIELD STAFF

Interviewer

Name

Number

Supervisor

Name

Number

UNIQUE IDENTIFIER

BARCODE FOR 1ST QUESTIONNAIRE

DETAILS ON COMPLETED ACTIVITIES

**Instrument/
Module**

Date
d d m m

**Result
code**

Result codes

HHQ Module 1

HHQ Module 2

HHQ Module 3

HHQ Module 4

Diary Week 1

Diary Week 2

FINAL RESULT

10 Completed

2- Non-contact

3- Refused

4- Partly completed

5- No usable information

6- Vacant dwelling

7- Listing error

8- Change of status

9- Other

Refer to page 69 for 2nd digit

COMMENTS (on all result codes except code 10) Please use BLOCK LETTERS

Type: V = Visit T = Telephone - Mark with x. Date: d = Day, m = Month. Time: h = hour, m = minute

CONTACT LOG

No.	Type		Date				With	Time in				Time out				Purpose of contact	Outcome of contact	Comment
	V	T	d	d	m	m		h	h	m	m	h	h	m	m			
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		

Date: m = Month, d = Day. Time: h = hour, m = minute. With = Give person number of the person the appointment was made with

APPOINTMENT LOG

No.	Appointment made on					Appointment made for								Purpose of appointment	Respondent initials	Interviewer signature
	d	d	m	m	With	d	d	m	m	h	h	m	m			
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																

MODULE 1		Date (ddmm)				Starting time (hhmm)				No. of household members present			No. of non-household members present		
1 HOUSEHOLD COMPOSITION AND PARTICULARS OF EACH PERSON IN THE HOUSEHOLD															
<i>Read out:</i> Please give the name and surname of every person who usually resides in this household at least four nights a week on average and has done so over the last four weeks. Do not forget to include babies, the bedridden and the elderly persons. By household I mean all persons who live together and provide themselves jointly with food or other essentials for living, or a single person living alone. Do not include persons in special dwellings, like boarding schools.															
		Person (respondent) number													
			01	02	03	04	05	06	07	08	09	10			
1.1a	First name and surname <i>Write down first name and surname of each member of the household, starting with the Head of the Household. If the Head of the Household is temporarily away, record the Acting Head of the Household as the Head.</i>	First name													
		Surname													
1.1b	1. In the 12 months prior to the survey period, is there any other person (or persons) who has/have resided in this household for at least 6 months? 1 = YES 2 = No 2. If YES, how many?														
1.2	Is male or female? 1 = MALE 2 = FEMALE														
1.3	What population group does belong to? 1 = AFRICAN/BLACK 2 = COLOURED 3 = INDIAN/ASIAN 4 = WHITE 5 = OTHER, <i>specify</i> <div></div>														
1.4	How old was at his/her last birthday? <i>Two digits. Less than 1 year = 00; 95 and more = 95</i>														

		01	02	03	04	05	06	07	08	09	10
1.5	What is 's relationship to the head of the household?										
	1 = THE PERSON IS THE HEAD/ACTING HEAD										
	2 = HUSBAND/WIFE/PARTNER										
	3 = SON/DAUGHTER/STEPCHILD/ADOPTED CHILD										
	4 = FATHER/MOTHER										
	5 = GRANDPARENT/GREAT-GRANDPARENT										
	6 = OTHER RELATIVE, E.G. SISTER, IN-LAW OR AUNT/UNCLE										
	7 = LIVE-IN DOMESTIC WORKER										
	8 = OTHER NON-RELATED PERSON										
	9 = TEMPORARY VISITOR										
1.6	Which sources of income does have?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	01 = Salaries and wages	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	02 = Net profit from business or professional practice/ activities or commercial farming	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	03 = Income from subsistence farming	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	04 = Income from letting of fixed property	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	05 = Royalties	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	06 = Interest received and/or accrued on deposits, loans, savings certificates, and dividends on building society shares	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	07 = Dividends on shares other than building society shares	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	08 = Regular receipts from pension from previous employment and pension from annuity funds	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	09 = Social welfare grants (including old age pension)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	10 = Alimony, maintenance and similar allowances from divorced spouse, family members, etc., living elsewhere	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	11 = Regular allowances received from non-household members	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	12 = Other income, <i>specify in the box at the bottom</i>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	13 = <i>If "No" to all of 01-12, mark here and → Go to Q1.10</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
	<i>Specify 12 = Other income</i>										

Ask for all "Yes" in Q1.6 option 09 (social welfare grants). For all marked options, ask the additional questions. Mark recipient child/children and how many months in the 12 months prior to the survey period the person/caregiver has received the grant. If more than one child for a caregiver, count all months for all children and record under the caregiver. The months should also be recorded even if the recipient child is not a household member.

		01	02	03	04	05	06	07	08	09	10
1.9	Does receive any of the following welfare grants? Ask for all grants	Y N <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/>
a.	Old Age Pension										
	<i>If YES: Number of months in the 12 months</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
b.	Disability Grant	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	<i>If YES: Number of months in the 12 months</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
c.	Child Support Grant (linked to caregiver)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	<i>If YES: Which child/children is/are the recipient/s?</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>If YES: Number of months in the 12 months</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
d.	Care Dependency Grant (linked to caregiver)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	<i>If YES: Which child/children is/are the recipient/s?</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>If YES: Number of months in the 12 months</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
e.	Foster Care Grant (linked to caregiver)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	<i>If YES: Which child/children is/are the recipient/s?</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>If YES: Number of months in the 12 months</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
f.	Grant-in-Aid	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	<i>If YES: Number of months in the 12 months</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
g.	War Veteran's Grant	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	<i>If YES: Number of months in the 12 months</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
h.	Other assistance from government, specify	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	<i>If YES: Number of months in the 12 months</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1.10

Does anyone in this household fully or partially support someone who is not a member of this household and who is not part of another private household, e.g. who is staying at a boarding school, an old age home, a frail care centre, etc.?

1 = YES

2 = No

1

2

→

Go to Section 2

1.11

How many persons are fully or partially supported by members of this household?

1.12

a. What kind of support does the person(s) receive from this household?

Is it

Y

N

1 = Financial support

2 = Food and non-alcoholic beverages

3 = Alcoholic beverages and tobacco

4 = Clothing and footwear

5 = Furniture and appliances

6 = Transport

7 = Boarding/Lodging/Accommodation

8 = Personal care products

9 = Other, specify

b. What is the total value of the support in respect of

in the previous month

in the 12 months prior to the survey period

COMMENTS

+

2 EDUCATION

Ask for everyone in the household. Read out: I am now going to ask you questions related to education for each member of the household.

[illegible]

		01	02	03	04	05	06	07	08	09	10
2.2	In the 12 months prior to the survey period, did attend school or any other educational institution? 1 = YES 2 = No → Go to Section 3	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>
2.3	Which educational institution did attend? <i>Include distance and correspondence education</i> 01 = Public pre-school (including day care, crèche, pre-primary) 02 = Private pre-school (including day care, crèche, pre-primary) 03 = Public primary school 04 = Private primary school 05 = Public secondary school 06 = Private secondary school 07 = University/University of Technology 08 = College/Technical college 09 = Adult basic education and training/literacy classes 10 = Other adult educational classes 11 = Other educational institution (than any of the above)										

2.4

EXPENDITURES FOR EDUCATION AND TRAINING FOR PUBLIC AND PRIVATE EDUCATIONAL INSTITUTIONS DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD

Expenditure on the following must not be included:

School bags:

See Section 12, item 12.6.2

Travelling expenses:

See Section 15, appropriate items

Clothing:

See Section 10, appropriate items

Item	Value for the 12 months						
	Public Institutions			Private Institutions			
	Number of household members attending	Paid by you or by means of loans	Paid by means of grants, non-refundable bursaries, etc.	Number of household members attending	Paid by you or by means of loans	Paid by means of grants, non-refundable bursaries, etc.	
2.4.1 Tuition (including correspondence courses and school fees) and attendance fees (towards participation in conferences, etc.)							
a. Day-care mothers, crèches and play-groups							
b. Pre-primary education							
c. Primary education (includes literacy programmes for students too old for primary school)							
d. Secondary education (includes out-of-school secondary education for adults and young people)							
e. Tertiary education							
f. Education not definable by level (excl. driving and music lessons, recreational, sport or tourist activities, etc.)							
1. Vocational training							
2. Computer certification schools							
3. Other (including language classes)							
g. Excursions, field trips (other lessons, see also Section 13, item 13.2.2)							
h. Other, specify							

3 HEALTH																																		
Read out: Now I am going to ask health-related questions for each household member.																																		
		01			02			03			04			05			06			07			08			09			10					
3.1	Is covered by medical aid or a medical benefit scheme?	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK			
Exclude private hospital plan (health insurance) If No or DON'T KNOW → Go to Q3.6																																		
3.2	Ask for all "YES" in Q3.1 Is a principal member of the medical aid or medical benefit scheme, i.e. is it registered in his/her name?	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK
3.3	Who pays for’s medical aid or medical benefit scheme, whether fully or partially?	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK
a. Does he/she pay himself/herself?																																		
b. Does another household member pay?																																		
c. Does someone else, who is not an employer, pay?																																		
If No or DON'T KNOW to all of a - c → Go to Q3.5																																		
3.4	a. What is the amount that the person responsible for the payment of the medical aid/benefit scheme pay per month? (Excluding employers contributions)																																	
1 = DON'T KNOW		1			1			1			1			1			1			1			1			1			1			1		
b. How many months in the 12 months prior to the survey period has the medical aid or medical benefit scheme for been paid for?																																		
1 = DON'T KNOW		1			1			1			1			1			1			1			1			1			1			1		
3.5	Ask for all "YES" in Q3.2 Does an employer pay for’s medical aid or medical benefit scheme, whether fully or partially?	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK	Y	N	DK
If No or DON'T KNOW → Go to Q3.7																																		

		01	02	03	04	05	06	07	08	09	10	
3.6	a. How much does the employer pay per month?	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	1 = DON'T KNOW	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1
	b. How many months in the 12 months prior to the survey period has the employer paid for the medical aid or medical benefit scheme?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	1 = DON'T KNOW	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	

Ask for all

3.7	Does pay for any private hospital plan (health insurance)?	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	1 = YES	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1
	2 = No	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2
	3 = DON'T KNOW } → Go to Q3.10	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3
3.8	a. How much does pay per month for the private hospital plan (health insurance)?	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	1 = Paid per month	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1
	2 = DON'T KNOW	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2
3.8	b. How many months in the 12 months prior to the survey period has been paying for the private hospital plan (health insurance)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	1 = DON'T KNOW	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1
		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
3.9	In the 12 months prior to the survey period, did consult a medical practitioner/spiritual/traditional healer not covered by medical aid?	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	1 = YES	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1
	2 = No	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2
	3 = DON'T KNOW	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3

3.10 HEALTH SERVICES AND MEDICAL REQUISITES FOR THE 12 MONTHS PRIOR TO THE SURVEY PERIOD

3.10.1	In the 12 months prior to the survey period, were there any medicines acquired by the household? 1 = YES 2 = No 3 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
} → Go to Q3.10.5		
3.10.2	How were the medicines acquired in the 12 months prior to the survey period paid for? If included in a flat rate, mark the method of payment for the flat rate.	Y N DK
	1 = Covered by medical aid	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	2 = Paid for cash	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	3 = Included in a flat rate	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	4 = Received from a friend, relative, etc	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	5 = Received from nature	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	6 = Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.10.3	Who prescribed the medicines?	Y N DK
	1 = Doctor/Nurse	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	2 = Traditional/Spiritual healer	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	3 = Self-prescription/Friend/Relative	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.10.4	In the 12 months prior to the survey period, were there any medicines prescribed by a medical practitioner, which the household did not buy because the household did not have money to pay for them? 1 = YES 2 = No 3 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

3.10.5 MEDICATION AND MEDICAL SERVICES NOT COVERED BY MEDICAL AID/INSURANCE SCHEMES, MEDICAL PROVIDENT SCHEME, ETC. OR FLAT RATE OBTAINED AT A HOSPITAL/CLINIC

	Item	Private sector	Public sector
3.10.5.1	Flat rate in respect of health services and medicine obtained at hospital/clinic	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.10.5.2	Actual cost paid by household member (not paid for by medical scheme and not covered in flat rate)		
	A. Medical service		
	1. Doctors and other medical professional's fees (excluding dental service and x-ray and laboratory service)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	a. Out of hospital (out-patient)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	b. In hospital (in-patient)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	c. Surgical and procedure based interventions during doctor's consultation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	2. Consultations of traditional healers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	B. Dental service (service of dentists and oral hygienists)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	C. Medical analysis laboratories and x-ray service	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	Item	Private sector	Public sector
3.10.5.2 Cont.	D. Service of medical auxiliaries (freelance services by nurses and midwives, optometrists, physiotherapists, speech therapists, etc.)		
	E. Hospital service fees (e.g. wards, beds and theatre fees). Exclude in-hospital doctors' fees		
	F. Therapeutic appliances and equipment (like spectacles and hearing aids)		
	G. Non-hospital services (ambulance, services other than those related to hospital)		
	H. Medicine and pharmacy fees		
	1. Medicine purchased with prescription		
	2. Dispensing and other service fees		
	3. Medicine purchased without a prescription		
	4. Traditional herbs/medicine		
	I. Other medical products (bandages, syringes, knee supports, etc.)		
TOTAL VALUE (3.10.5.1 - 3.10.5.2 I)			

COMMENTS

END OF MODULE 1

Date Ending time Main respondent No. of household members present No. of non-household members present

Main language spoken during interview 01 Afrikaans 02 English 03 isiNdebele 04 isiXhosa 05 isiZulu 06 Sepedi
07 seSotho 08 Setswana 09 Siswati 10 Tshivenda 11 Xitsonga 12 Other

INTERVIEW CIRCUMSTANCES**COMMENTS****Was the interview interrupted by.....**

Y N

telephone ringing

visitor(s) arriving

baby/-ies, child/-ren, pet/-s disturbing

other, *specify under comments***Were there other problems, e.g.**

disagreement within household

disagreement with interview/interviewer

other, *specify under comments***PREPARATIONS FOR THE NEXT INTERVIEW****Has**

..... the appointment been made?

..... it been noted in the Appointment Log?

..... the household been briefed on the next module?

..... the preparation form, "M2", been handed out?

DECLARATION BY INTERVIEWER TO BE DONE AFTER THE INTERVIEW

I declare that I have checked my work regarding the above module and that I am confident that it truly reflects the information given by representatives of this household and that the quality of my work is the best possible.

Date Interviewer Name Signature

[illegible]

I declare that I have checked the work of the Interviewer and that he/she has rectified the errors that I indicated with regards to the module above. I am confident that this information meets the quality standards as outlined in my responsibilities and that the quality of this work is the best possible.

HOUSEHOLD COMPOSITION CONTROL

To be asked in 2nd and 3^d week. Start from person no. 01 and ask for all recorded persons.

PERSONS RECORDED IN Q1.1a

			01	02	03	04	05	06	07	08	09	10
A	Did spend at least four nights in this household during the following period?		Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
1	1 = 1 st week of diary keeping	Ask in week 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2	2 = 2 nd week of diary keeping	Ask in week 3	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

NOT PREVIOUSLY RECORDED PERSONS

B	Did any other person spend at least four nights in this household during the following period?		Y N									
1	a. 1 st week of diary keeping		<input type="checkbox"/> <input type="checkbox"/>									
	b. If YES, how many persons?		<input type="checkbox"/> <input type="checkbox"/>									
	If no other person spent at least four nights, mark "No"											
2	a. 2 nd week of diary keeping		<input type="checkbox"/> <input type="checkbox"/>									
	b. If YES, how many persons?		<input type="checkbox"/> <input type="checkbox"/>									
	If no other person spent at least four nights, mark "No"											

COMMENTS

4

INFORMATION REGARDING DWELLINGS AND SERVICES

The following questions cover information on dwellings and the services provided

4.1

Indicate the type of main dwelling and other dwelling that the household occupies on this piece of land.

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

01 = DWELLING/HOUSE OR BRICK/CONCRETE BLOCK STRUCTURE ON A SEPARATE STAND OR YARD OR ON A FARM

02 = TRADITIONAL DWELLING/HUT/STRUCTURE MADE OF TRADITIONAL MATERIALS

03 = FLAT OR APARTMENT IN A BLOCK OF FLATS

04 = CLUSTER HOUSE IN SECURITY COMPLEX

05 = TOWN HOUSE/SEMI-DETACHED HOUSE

06 = DWELLING/HOUSE/FLAT/ROOM IN BACKYARD

07 = INFORMAL DWELLING/SHACK IN BACKYARD

08 = INFORMAL DWELLING/SHACK NOT IN BACKYARD, E.G. IN AN INFORMAL/SQUATTER SETTLEMENT OR ON FARM

09 = ROOM/FLATLET ON A PROPERTY OR A LARGER DWELLING, SERVANTS QUARTERS/GRANNY'S FLAT

10 = CARAVAN/TENT

11 = OTHER, specify in the box

Main dwelling

Other dwelling

Mark if no "Other dwelling" is occupied

4.2

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

Mark only one code in each column

01 = BRICKS

02 = CEMENT BLOCK/CONCRETE

03 = CORRUGATED IRON/ZINC

04 = WOOD

05 = PLASTIC

06 = CARDBOARD

07 = MIXTURE OF MUD AND CEMENT

08 = WATTLE AND DAUB

09 = TILE

10 = MUD

11 = THATCHING

12 = ASBESTOS

13 = OTHER, specify in the box

Walls

Roof

4.3

In what condition are the roof and the walls of the main dwelling?

Walls

Roof

1 = Weak, needs major repairs (e.g. not windproof, leaking)

2 = Needs minor repairs

3 = Good

1

2

3

1

2

3

4.4

a. Did any member of this household receive an RDP house from the government?

Do not include housing subsidies for government employees

Y

N

DK

1 = For this dwelling unit (that the household occupies)

2 = For a dwelling somewhere else

b. Is the dwelling you live in, a state subsidised house/flat?

Do not include RDP houses and housing subsidies for government employees

19

4.5	What is this household's main source of or access to water for drinking and for other use?		
	01 = PIPED (TAP) WATER IN DWELLING		
	02 = PIPED (TAP) WATER ON-SITE OR IN YARD		
	03 = BOREHOLE ON-SITE		
	04 = RAIN-WATER TANK ON-SITE		
	05 = NEIGHBOUR'S TAP		
	06 = PUBLIC TAP		
	07 = WATER-CARRIER/TANKER		
	08 = BOREHOLE OFF-SITE/COMMUNAL		
	09 = FLOWING WATER/STREAM/RIVER		
	10 = STAGNANT WATER/DAM/POOL		
	11 = WELL		
	12 = SPRING		
13 = OTHER, <i>specify in the box</i>			
<div style="display: flex; justify-content: space-around;"> <div> <p>Drinking</p> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <p>Other</p> <input type="checkbox"/> <input type="checkbox"/> </div> </div>			
4.6	Does this household have access to piped water from a local municipality or any other water scheme?		
1 = YES <input type="checkbox"/> 1 2 = No <input type="checkbox"/> 2			
→ Go to Q4.8			
4.7	Does this household pay for water?		
1 = YES <input type="checkbox"/> 1 2 = No <input type="checkbox"/> 2			

4.8	What type of toilet facility is available for this household?			
	<i>Mark only one code</i>			
		1 In dwelling	2 On-site	3 Off-site
	1 = FLUSH TOILET WITH OFF-SITE DISPOSAL	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13
	2 = FLUSH TOILET WITH ON-SITE DISPOSAL (SEPTIC TANK)	<input type="checkbox"/> 21	<input type="checkbox"/> 22	
	3 = CHEMICAL TOILET		<input type="checkbox"/> 32	<input type="checkbox"/> 33
	4 = PIT LATRINE WITH VENTILATION PIPE		<input type="checkbox"/> 42	<input type="checkbox"/> 43
	5 = PIT LATRINE WITHOUT VENTILATION PIPE		<input type="checkbox"/> 52	<input type="checkbox"/> 53
6 = BUCKET TOILET		<input type="checkbox"/> 62	<input type="checkbox"/> 63	
7 = NONE			<input type="checkbox"/> 73	
4.9	Does this household have a connection to the main electricity supply?			
1 = YES <input type="checkbox"/> 1 2 = No <input type="checkbox"/> 2				
→ Go to Section 5				
4.10	Does this household receive free electricity?			
1 = YES <input type="checkbox"/> 1 2 = No <input type="checkbox"/> 2				
COMMENTS				
<div></div>				
<div></div>				
<div></div>				
<div></div>				
<div></div>				
<div></div>				
<div></div>				
<div></div>				

5 HOUSING

Only expenditure in respect of the dwelling unit occupied by this household should be given, except in the case of holiday dwellings, which must be recorded in Q7.3.1.2
The value of fringe benefits, including rent and interest subsidies, should be recorded below.
Amounts recorded in 5.3.1 - 5.3.5 should relate to **one month** only, amounts relating to periods other than a month should be converted to show the estimated monthly value.

5.1 What is the total number of rooms that this household occupies?

Treat separate rondavels as rooms according to what they are used for as indicated by the household

- | | | |
|-------------------------------|----------------------|----------------------|
| a. Bedrooms | <input type="text"/> | <input type="text"/> |
| b. Living rooms | <input type="text"/> | <input type="text"/> |
| c. Dining rooms | <input type="text"/> | <input type="text"/> |
| d. "Multipurpose" rooms | <input type="text"/> | <input type="text"/> |
| e. Kitchens | <input type="text"/> | <input type="text"/> |
| f. Bathrooms | <input type="text"/> | <input type="text"/> |
| g. Other | <input type="text"/> | <input type="text"/> |

Total number of rooms in use (exclude "f. Bathrooms")

COMMENTS

5.2 Is the main dwelling

- | | | |
|---|---|----------------|
| 1 = Owned and fully paid off | → | Go to Q5.3.5.5 |
| 2 = Owned, but not yet fully paid off, financed by a mortgage bond | → | Go to Q5.3.5 |
| 3 = Owned, but not yet fully paid off, financed by another type of loan | → | Go to Q5.3.5 |
| 4 = Rented as part of employment contract of household member | } | → Go to Q5.3.1 |
| 5 = Rented not as part of employment contract of household member | | |
| 6 = Occupied rent-free as part of employment contract of household member | | |
| 7 = Occupied rent-free not as part of employment contract of household member | } | → Go to Q5.3.4 |
| 8 = Occupied as a boarder/lodger | | |
| 9 = Other, specify | | |

--

5.3 MONTHLY HOUSING DURING THE MONTH PRIOR TO THE SURVEY PERIOD

IF RENTED

	Item	Cost for the month
5.3.1	Rent paid for this dwelling unit	
	a. Amount paid by the household	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	b. If the dwelling is occupied free, what is the estimated value of rent the household would pay if it had to pay rent (imputed rent)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	c. Amount subsidised (e.g. by employer)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	d. Rent paid for garage and/or domestic worker's room, if rented separately	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	e. Total rent paid, or, if rented free, the total rent the household would pay, for this dwelling <i>Add (a or b) + c + d to confirm e</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	f. Does the total rent (or the free rental) include water, electricity, etc? 1 = YES 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
5.3.2	Levy paid in the case of dwelling units under sectional title or share-holding/ block scheme	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5.3.3	Insurance on contents of dwelling	
	a. Insurance on contents of dwelling (excluding package insurance)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	b. Package insurance	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5.3.4	Boarding/lodging paid <i>This item only covers permanent boarding/lodging. Include also amounts paid to family members if boarding with them.</i> Complete TOTAL VALUE below and → Go to Q5.7	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
TOTAL VALUE (5.3.1 - 5.3.4)		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

IF OWNED

	Item	Cost for the month
5.3.5	Payment on dwelling (including additional payments for immovable improvements) <i>Note: If the composition of the instalment is not known, please ask the household to obtain the information from the bank/financial institution or from the person or body who granted the loan.</i>	
5.3.5.1	Total monthly instalment for the month prior to the survey period (incl. voluntary additional monthly payment)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	a. Amount of the above instalment which is capital	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	b. Amount of the above instalment which is interest	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5.3.5.2	Does this household receive any subsidy towards repayments for this dwelling unit or reduction in instalments if loan is repaid at an instalment lower than the normal? 1 = YES 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 → Go to Q5.3.5.5
5.3.5.3	Does the amount (in Q5.3.5.1) include subsidy or value of reduction in instalment? 1 = YES 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 → Go to Q5.3.5.5
5.3.5.4	Subsidy and/or value of reduction in instalment Amount received from e.g. employer or someone else, and/or value of reduction in instalment if loan is repaid at an instalment lower than the normal.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5.3.5.5	Levy and other payments	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

	Item	Cost for the month
5.3.5.6	Insurance on property	
	a. Insurance on buildings	
	b. Life insurance covering mortgage debt	
5.3.5.7	Insurance on contents of dwelling	
	a. Insurance on contents of dwelling (excluding package insurance)	
	b. Package insurance	
TOTAL VALUE (5.3.5.1 - 5.3.5.7)		
5.4	SINGLE PAYMENTS FOR HOUSING IN THE 12 MONTHS PRIOR TO THE SURVEY PERIOD	
5.4.1	Additional single amount paid regarding	
	a. Capital payments (including deposit)	
	b. Other payments such as transfer duty and transfer costs and registration of mortgage bond	
TOTAL VALUE (5.4.1 a - b)		
5.5	HOUSE CHARACTERISTICS	
5.5.1	What is the total number of rooms in the dwelling unit in total? <i>Treat separate rondavels as rooms according to what they are used for as indicated by the household</i>	
	a. Bedrooms	
	b. Living rooms	
	c. Dining rooms	
	d. "Multipurpose" room	
	e. Kitchens	
	f. Bathrooms	
	g. Other	
Total number of rooms in use (exclude "f. Bathrooms")		

5.5.2	Is there any garage that belongs to the dwelling unit that the household occupies?	Y N
	If YES, for how many cars?	
5.5.3	Area of the dwelling unit (in square metres, m ²). If answer is given in a. → Go to Q5.5.4	
	a. Exact area (given by respondent)	
	b. Estimated area of the dwelling unit	
	1 = Very small, less than 30m ²	1
	2 = Small, between 30 and 59m ²	2
	3 = Medium, between 60 and 119m ²	3
	4 = Large, between 120 and 239m ²	4
	5 = Very large, 240m ² or more	5
		Y N
	c. Sketch has been made at the back	
5.5.4	What is the value of the dwelling unit?	
Ask Q5.5.5 if the respondent cannot give a value in Q5.5.4		
5.5.5	What would you estimate the value of the dwelling unit (this property) to be? <i>Show prompt chart</i>	
	1 = LESS THAN R50 000	
	2 = R50001 - R250 000	
	3 = R250 001 - R500 000	
	4 = R500 001 - R1 000 000	
	5 = R1 000 001 - R1 500 000	
	6 = R1 500 001 - R2 000 000	
	7 = R2 000 001 - R3 000 000	
	8 = MORE THAN R3 000 000	
	9 = DON'T KNOW	
5.6	IMPUTED RENT	
5.6.1	If you were to rent this dwelling, how much would you pay for it per month?	

[illegible]

5.8 HOUSING DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD											
Item								Value for the 12 months			
5.8.1	Contributions made towards communal provision of housing services, such as water facilities and electricity supply (e.g. communal tap)								<div></div> <div></div>		
5.8.2	Payment for right to access a piece of land for housing purposes (tribal/shacks)								<div></div> <div></div>		
TOTAL VALUE (5.8.1 - 5.8.2)								<div></div> <div></div>			
5.8.3	Did the household do any repairs and improvements, including for security, to this dwelling unit of which payments were not included in the dwelling unit mortgage bond above (item 5.3.5.1)? <div> <div>1 = YES</div> <div>2 = No</div> </div> <div> <div>1</div> <div>2</div> </div> <div>→ Go to Q5.9</div>										
A AREA OF PURCHASE			Area 1 = In a big city (e.g. metro) 2 = In another urban area (town/township) 3 = In a rural/traditional area 4 = NOT APPLICABLE 5 = DON'T KNOW			B TYPE OF RETAILER		Formal sector 1 = Chain store 2 = Internet 3 = Other retailer		Informal sector 4 = Street trading 5 = Other 6 = NOT APPLICABLE 7 = DON'T KNOW	
	Item	Value for the 12 months		Place A B		COMMENTS					
5.8.3.1	a. Material for maintenance and repair of dwelling (existing buildings, swimming pools, etc. incl paints wallpaper, etc.)										
	b. Services for maintenance and repair of dwelling (plumbers, electricians, carpenters, etc)										
	c. Labour and material for maintenance and repair of the dwelling										
	d. Material for improvements, additions and alterations (including built-in furniture, solar energy systems, swimming pools and garden layouts)										
	e. Services for improvements, additions and alterations (carpenters, electricians, etc)										
	f. Labour and material for improvements, additions and alterations										
	g. Security structures (including fences, electronic gates)										
	h. Security systems (including alarms, panic buttons)										
	i. Security services (including reaction services and neighbourhood watch)										
	j. Firearms and ammunition (for security purposes)										
5.8.4	Building materials not included in Q5.8.3 (a) or (d) (e.g. for building houses)										
TOTAL VALUE (5.8.3.1 - 5.8.4)											

5.9	COST OF OTHER DWELLINGS DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD																																																																																									
	<i>Do not include expenditure for holiday dwellings which must be recorded in Q7.3.1.2.</i>																																																																																									
	Item	Value for the 12 months																																																																																								
5.9.1	All costs of other dwellings the household owns (not for business purposes)																																																																																									
5.10	HOUSEHOLD ASSETS AND ACQUISITIONS DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD																																																																																									
5.10.1	<p>a. Does the household own any of the following items? If YES in a, then ask b</p> <p>b. Was the item (or service) acquired in the 12 months prior to the survey period?</p> <table border="1"> <thead> <tr> <th></th> <th colspan="2">a</th> <th colspan="2">b</th> </tr> <tr> <th></th> <th>Y</th> <th>N</th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>01. Radio</td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>02. Stereo/Hi-Fi</td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>03. Television set</td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>04. DVD player</td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>05. Refrigerator/freezer</td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>06. Stove (gas, electric or paraffin)</td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>07. Microwave oven</td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>08. Washing machine</td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>09. Motor vehicle</td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>10. Motor cycle/scooter</td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>11. Computer</td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>12. Generator</td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>13. Camera</td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>14. Cellphone</td> <td></td><td></td> <td></td><td></td> </tr> </tbody> </table>											a		b			Y	N	Y	N	01. Radio					02. Stereo/Hi-Fi					03. Television set					04. DVD player					05. Refrigerator/freezer					06. Stove (gas, electric or paraffin)					07. Microwave oven					08. Washing machine					09. Motor vehicle					10. Motor cycle/scooter					11. Computer					12. Generator					13. Camera					14. Cellphone				
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Ask this question if answer to Q7.1.1 is 'YES'

7.2	TRANSPORT WHEN AWAY FROM HOME									
7.2.1	During the 12 months prior to the survey period, did this household make use of any public and/or hired transport for the purposes of vacation or for attending a funeral, a wedding or any other event lasting at least one night away from home? Excluding for business purposes. 1 = YES <input type="checkbox"/> 1 2 = No <input type="checkbox"/> 2 → Go to Q7.3									
7.2.2	TRANSPORT WHEN AWAY FROM HOME FOR THE PURPOSE OF VACATION, FUNERALS, WEDDINGS OR ANY OTHER EVENT DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD <i>Amount spent on toll fees must be included in Q15.1.5.1</i>									
	Item	Value for the 12 months								
		Domestic					International			
7.2.2.1	Bus	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.2.2.2	Train	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.2.2.3	Aircraft	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.2.2.4	Boat/ship	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.2.2.5	Rented vehicle	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.2.2.6	Taxi									
	a. Metered cab	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	b. Minibus taxi/combi (incl. 30 seater, e.g. Iveco)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.2.2.7	Supporting services (e.g. parking services, port operators)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.2.2.8	Insurance paid for holiday purposes (life, luggage, medical)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.2.2.9	Other (e.g. cable car, horse, trailer)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL VALUE (7.2.2.1 - 7.2.2.9)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[illegible]

8

DOMESTIC WORKERS IN THE MONTH PRIOR TO THE SURVEY PERIOD

Read out: I am now going to ask you questions on domestic work services such as making use of a cook, clothes washer, child minder, garden worker and chauffeur.

8.1

In the month prior to the survey period did this household make use of domestic or household workers' services, excluding for business purposes?

1 = YES

2 = No

Go to Section 9

8.2

VALUE OF SERVICES OF DOMESTIC WORKERS IN THE MONTH PRIOR TO THE SURVEY PERIOD

Particulars of domestic workers				Total remuneration to domestic workers in the month prior to the survey period									
Main activity		Number of domestic workers	Total no. of hours usually worked per month	No. of months worked in the 12 months prior to the survey period	1	2	Estimated value of						
					Cash wage incl. transport allowance	Contributions to benefits (e.g. pension, medical aid, UIF)	3 Free food	4 Free accommodation	5 Free clothing, health care, etc.				
8.2.1	General domestic worker												
8.2.2	Child minder/nanny												
8.2.3	Babysitter												
8.2.4	Minder of the elderly/sick												
8.2.5	Cook												
8.2.6	Clothes washer or ironer												
8.2.7	Chauffeur												
8.2.8	Garden worker												
8.2.9	Herder												
8.2.10	Collector of firewood/water												
8.2.11	Other, specify												
TOTAL REMUNERATION TO DOMESTIC WORKERS (TOTAL OF EACH OF COLUMNS 1-5)													
TOTAL VALUE OF DOMESTIC WORKERS' SERVICES (TOTAL OF COLUMNS 1 - 5)													

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9	INPUT COSTS FOR HOME PRODUCTION DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD									
9.1	In the 12 months prior to the survey period has this household produced products and/or kept any livestock for own consumption or sale?									
	<div>1 = YES</div> <div>2 = No</div> <div>→ Go to Section 10</div> <div>1</div> <div>2</div>									
9.2	INPUT VALUE									
A AREA OF PURCHASE Area 1 = In a big city (e.g. metro) 2 = In another urban area (town/township) 3 = In a rural/traditional area 4 = NOT APPLICABLE 5 = DON'T KNOW					B TYPE OF RETAILER Formal sector 1 = Chain store 2 = Internet 3 = Other retailer Informal sector 4 = Street trading 5 = Other 6 = NOT APPLICABLE 7 = DON'T KNOW					
	Item	Value for the 12 months				Place A B		COMMENTS		
9.2.1	Seeds									
9.2.2	Fertiliser									
9.2.3	Feed									
9.2.4	Large livestock such as cattle									
9.2.5	Medium livestock such as goats, sheep, pigs, etc									
9.2.6	Small livestock such as chickens, ducks, etc									
9.2.7	Services (e.g. ploughing, veterinary - not for pets)									
9.2.8	Processing (e.g. grinding, milling and slaughtering)									
9.2.9	Other, specify									
TOTAL VALUE (9.2.1 - 9.2.9)										

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END OF MODULE 2

Date Ending time Main respondent No. of household members present No. of non-household members present

Main language spoken during interview 01 Afrikaans 02 English 03 isiNdebele 04 isiXhosa 05 isiZulu 06 Sepedi
07 seSotho 08 Setswana 09 Siswati 10 Tshivenda 11 Xitsonga 12 Other

INTERVIEW CIRCUMSTANCES**COMMENTS****Was the interview interrupted by.....**

Y N

telephone ringing

visitor(s) arriving

baby/-ies, child/-ren, pet/-s disturbing

other, *specify under comments***Were there other problems, e.g.**

disagreement within household

disagreement with interview/interviewer

other, *specify under comments***PREPARATIONS FOR THE NEXT INTERVIEW****Has**

..... the appointment been made?

..... it been noted in the Appointment Log?

..... the household been briefed on the next module?

..... the preparation form, "M3", been handed out?

DECLARATION BY INTERVIEWER TO BE DONE AFTER THE INTERVIEW

I declare that I have checked my work regarding the above module and that I am confident that it truly reflects the information given by representatives of this household and that the quality of my work is the best possible.

Date Interviewer Name Signature

[illegible]

I declare that I have checked the work of the Interviewer and that he/she has rectified the errors that I indicated with regards to the module above. I am confident that this information meets the quality standards as outlined in my responsibilities and that the quality of this work is the best possible.

MODULE 3	Date (ddmm) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Starting time (hhmm) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	No. of household members present <input style="width: 20px;" type="text"/>	No. of non-household members present <input style="width: 20px;" type="text"/>
Go through HOUSEHOLD COMPOSITION CONTROL on page 18 Mark here when it has been completed <input style="width: 20px;" type="text"/>				

10	CLOTHING AND FOOTWEAR DURING THE THREE MONTHS AND THE 12 MONTHS PRIOR TO THE SURVEY PERIOD <i>Include clothing and footwear received as gifts or in kind</i> <i>Include uniforms and clothing for domestic workers who are household members</i> <i>Exclude special sports clothes and shoes (e.g. golf shoes, soccer boots, diving outfit, etc.). Record these in Section 13.1 item 13.1.2 (c)</i> <i>Infant Less than 3 years old</i> <i>Boy/Girl 3-13 years old</i> <i>Man/Woman More than 13 years old</i>				
10.1	CLOTHING				
A AREA OF PURCHASE <div style="display: flex; justify-content: space-between; font-size: small;"> <div> Area 1 = In a big city (e.g. metro) 2 = In another urban area (town/township) </div> <div> 3 = In a rural/traditional area 4 = NOT APPLICABLE 5 = DON'T KNOW </div> </div>		B TYPE OF RETAILER <div style="display: flex; justify-content: space-between; font-size: small;"> <div> Formal sector 1 = Chain store 2 = Internet 3 = Other retailer </div> <div> Informal sector 4 = Street trading 5 = Other </div> <div> 6 = NOT APPLICABLE 7 = DON'T KNOW </div> </div>			
	Item	Value for the 3 months	Value for the 12 months	Place A B	COMMENTS <div style="border: 1px solid #ccc; height: 150px; margin-top: 5px;"></div>
10.1.1	Clothing accessories such as scarves, ties, belts, gloves, etc.	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	
10.1.2	Infants' clothing	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	
10.1.3	School uniforms	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	
10.1.4	Girls' clothing	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	
10.1.5	Boys' clothing	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	
10.1.6	Women's clothing	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	
10.1.7	Men's clothing	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	
10.1.8	Other clothing	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	
TOTAL VALUE (10.1.1 - 10.1.8)		<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	

A AREA OF PURCHASE		Area						B TYPE OF RETAILER		Formal sector		Informal sector				
		1 = In a big city (e.g. metro)		3 = In a rural/traditional area						1 = Chain store		4 = Street trading				
		2 = In another urban area (town/township)		4 = NOT APPLICABLE						2 = Internet		5 = Other				
				5 = DON'T KNOW						3 = Other retailer		6 = NOT APPLICABLE				
												7 = DON'T KNOW				
	Item	Value for the 3 months						Value for the 12 months						Place A B	COMMENTS	
10.2.1	Material for clothing															
10.2.2	Specially made-up clothes (e.g. clothes made by dressmakers and tailors)															
10.2.3	Knitting wool and yarns															
10.2.4	Patterns, trimming lace, sewing cotton, etc															
10.2.5	Scissors, needles, pins															
10.2.6	Labour cost for making or knitting of clothing and repairs/alterations to clothing outside the household															
10.2.7	Hire of clothing															
TOTAL VALUE (10.2.1 - 10.2.7)																

11

HOUSEHOLD TEXTILES

Include materials for, and making of household textiles
 Materials for making clothes must be recorded in Section 10.2, item 10.2.1
 Read out:
 Now I am going to ask you about household textiles such as blankets, pillows, sheets, etc.

11.1

In the 12 months prior to the survey period did this household acquire any household textiles such as blankets, pillows, sheets, etc.?

1 = YES

2 = No

1

2

→ Go to Section 12

11.2

VALUE OF HOUSEHOLD TEXTILES FOR THE 12 MONTHS PRIOR TO THE SURVEY PERIOD

A		B			
AREA OF PURCHASE	Area	TYPE OF RETAILER	Formal sector	Informal sector	
	1 = In a big city (e.g. metro) 2 = In another urban area (town/township)	3 = In a rural/traditional area 4 = NOT APPLICABLE 5 = DON'T KNOW	1 = Chain store 2 = Internet 3 = Other retailer	4 = Street trading 5 = Other	6 = NOT APPLICABLE 7 = DON'T KNOW
	Item	Value for the 12 months	Place A B	COMMENTS	
11.2.1	Blankets and travelling rugs				
11.2.2	Sheets and pillow cases				
11.2.3	Duvets, duvet covers and duvet packs (e.g. package including pillow cases and sheets)				
11.2.4	Pillows and cushions				
11.2.5	Table linen (e.g. tablecloths and napkins)				
11.2.6	Bathroom linen (e.g. towels and face-cloths, bathroom mats)				
11.2.7	Curtains (including making and hanging charges) and material for curtains				
11.2.8	Other household textiles, specify				
11.2.9	Repairs to household textiles				
TOTAL VALUE (11.2.1 - 11.2.9)					

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12.2 VALUE OF APPLIANCES FOR THE 12 MONTHS PRIOR TO THE SURVEY PERIOD

*Expenditure on musical instruments, sound and video equipment must be recorded in section 12.4.
Include delivery and installation charges where applicable.
Exclude built-in appliances (to be shown in Section 5.8.3.d).*

A AREA OF PURCHASE		Area 1 = In a big city (e.g. metro) 2 = In another urban area (town/township) 3 = In a rural/traditional area 4 = NOT APPLICABLE 5 = DON'T KNOW		B TYPE OF RETAILER		Formal sector 1 = Chain store 2 = Internet 3 = Other retailer		Informal sector 4 = Street trading 5 = Other 6 = NOT APPLICABLE 7 = DON'T KNOW	
	Item	Value for the 12 months				Place A B		COMMENTS	
12.2.1	Electrical appliances								
	a. Refrigerators, deep freezers and refrigerator/deep freezer combinations								
	b. Stoves and ovens, including microwave ovens								
	c. Hotplates								
	d. Kettles and percolators, coffee makers								
	e. Food mixers, processors and similar accessories								
	f. Frying pans and woks								
	g. Toasters, waffle pans and sandwich toasters								
	h. Sewing machines, overlockers and knitting machines								
	i. Irons								
	j. Washing machines, dishwashers and tumble dryers								
	k. Vacuum cleaners, polishers and carpet cleaning machines								
	l. Heaters and air conditioners								
	m. Power drills								
n. Other electrical appliances (e.g. electric blankets, water pumps and fans), <i>specify</i>									

A AREA OF PURCHASE		Area		B TYPE OF RETAILER		Formal sector	Informal sector	
		1 = In a big city (e.g. metro)	3 = In a rural/traditional area			1 = Chain store	4 = Street trading	6 = NOT APPLICABLE
		2 = In another urban area (town/township)	4 = NOT APPLICABLE			2 = Internet	5 = Other	7 = DON'T KNOW
		5 = DON'T KNOW				3 = Other retailer		
	Item	Value for the 12 months		Place A B		COMMENTS		
12.2.2	Non-electrical appliances							
	a. Refrigerators							
	b. Gas stoves and gas heaters							
	c. Coal, wood and anthracite stoves							
	d. Paraffin stoves and paraffin heaters							
	e. Sewing and knitting machines							
	f. Hand tools (such as screwdrivers)							
	g. Other (e.g. drying cabinets and safes), <i>specify</i>							
TOTAL VALUE (12.2.1 a - 12.2.2 g)								
12.3	REPAIRS TO APPLIANCES							
12.3.1	In the 12 months prior to the survey period did this household have any repairs done to appliances?							
	1 = YES		<input type="checkbox"/> 1					
	2 = No → Go to Q12.4		<input type="checkbox"/> 2					
	Item	Value for the 12 months		Place A B				
12.3.2	a. Electrical appliances							
	b. Non-electrical appliances							
TOTAL VALUE (12.3.2 a - b)								

12.4 VALUE OF MUSICAL INSTRUMENTS, AUDIO VISUAL EQUIPMENT AND ACCESSORIES FOR THE 12 MONTHS PRIOR TO THE SURVEY PERIOD										
Include delivery and installation charges where applicable.										
A AREA OF PURCHASE		Area 1 = In a big city (e.g. metro) 2 = In another urban area (town/township) 3 = In a rural/traditional area 4 = NOT APPLICABLE 5 = DON'T KNOW			B TYPE OF RETAILER		Formal sector 1 = Chain store 2 = Internet 3 = Other retailer		Informal sector 4 = Street trading 5 = Other 6 = NOT APPLICABLE 7 = DON'T KNOW	
	Item	Value for the 12 months					Place A B		COMMENTS	
12.4.1	Musical instruments: pianos, organs and other musical instruments									
12.4.2	Audio visual equipment									
	a. Television sets, decoders, video recorders/DVD/Blu-ray players									
	b. Aerials and satellite dishes									
	c. Television licences									
	d. Subscription to pay TV channels									
	e. Television rental									
	f. Rent for decoder, video equipment and tapes									
	g. Radios, tape recorders, compact disk players, sound systems and similar equipment (including for cars)									
	h. Compact disks - CDs (excl. software and video games; but including pre-recorded and unrecorded disks)									
	i. DVDs/Blu-rays (excluding software and video games; but including pre-recorded and unrecorded DVDs/Blu-rays)									
	j. VCDs (excluding software and video games; but including pre-recorded and unrecorded VCDs)									
	k. Other, specify									
	l. Repairs to musical instruments, sound equipment and accessories									
TOTAL VALUE (12.4.1 - 12.4.2 l)										

12.5 VALUE OF OTHER HOUSEHOLD EQUIPMENT FOR THE 12 MONTHS PRIOR TO THE SURVEY PERIOD											
A AREA OF PURCHASE		Area 1 = In a big city (e.g. metro) 2 = In another urban area (town/township) 3 = In a rural/traditional area 4 = NOT APPLICABLE 5 = DON'T KNOW				B TYPE OF RETAILER		Formal sector 1 = Chain store 2 = Internet 3 = Other retailer		Informal sector 4 = Street trading 5 = Other 6 = NOT APPLICABLE 7 = DON'T KNOW	
	Item	Value for the 12 months				Place A B		COMMENTS			
12.5.1	Glass and crystal ware, tableware (including household or toilet articles of porcelain, ceramic, stoneware, china, etc.)										
12.5.2	Cutlery, flatware and silverware										
12.5.3	Kitchen and domestic utensils (non-electrical utensils such as frying pans, saucepans, etc.)										
12.5.4	Other (such as towel rails, bottle racks, etc), <i>specify</i>										
12.5.5	Repairs to glassware, tableware and household utensils .										
TOTAL VALUE (12.5.1 - 12.5.5)											
12.6 VALUE OF MISCELLANEOUS GOODS FOR THE 12 MONTHS PRIOR TO THE SURVEY PERIOD											
12.6.1	Watches and personal jewellery							COMMENTS			
12.6.2	Handbags, travelling bags, schoolbags, etc.										
12.6.3	Goods for children and babies (e.g. prams, push-carts, car seats, carry-cots, toys, etc.)										
12.6.4	Other (umbrellas, pocket-knives, sunglasses, etc.), <i>specify</i> ...										
12.6.5	Repairs to miscellaneous items										
TOTAL VALUE (12.6.1 - 12.6.5)											

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13.2 VALUE OF OTHER RECREATION SERVICES IN THE 12 MONTHS PRIOR TO THE SURVEY PERIOD

A AREA OF PURCHASE		Area		B TYPE OF RETAILER		Formal sector		Informal sector	
		1 = In a big city (e.g. metro)	3 = In a rural/traditional area			1 = Chain store	4 = Street trading	6 = NOT APPLICABLE	
		2 = In another urban area (town/township)	4 = NOT APPLICABLE			2 = Internet	5 = Other	7 = DON'T KNOW	
			5 = DON'T KNOW			3 = Other retailer			
	Item	Value for the 12 months		Place A B		COMMENTS			
13.2.1	Admission charges								
	a. Cinemas, theatres, concerts, festivals								
	b. Sports								
	c. Museums and zoos, etc								
	d. Amusement parks, etc.								
13.2.2	Fees for lessons related to recreation, entertainment and sport. For lessons in educational subjects, see Q2.4.1, and for motor vehicle driving lessons, see Q15.1.8								
13.2.3	Hobbies								
13.2.4	Other, specify								
TOTAL VALUE (13.2.1 - 13.2.4)									

13.3		VALUE OF HOUSE PETS, DOGS AND REQUISITES IN THE 12 MONTHS PRIOR TO THE SURVEY PERIOD			
		Excluding for business purposes.			
13.3.1		In the 12 months prior to the survey period did this household keep and/or acquire any pets or watch dogs?			
		<div> <div>1 = YES</div> <div>2 = No</div> <div>→ Go to Section 14</div> <div>1</div> <div>2</div> </div>			
A		B			
AREA OF PURCHASE		TYPE OF RETAILER			
Area 1 = In a big city (e.g. metro) 2 = In another urban area (town/township) 3 = In a rural/traditional area 4 = NOT APPLICABLE 5 = DON'T KNOW		Formal sector 1 = Chain store 2 = Internet 3 = Other retailer Informal sector 4 = Street trading 5 = Other 6 = NOT APPLICABLE 7 = DON'T KNOW			
	Item	Value for the 12 months	Place A B	COMMENTS	
13.3.2	Purchase of watch dogs				
13.3.3	Purchase of hunting dogs				
13.3.4	Purchase of herding dogs/sheep dogs				
13.3.5	Purchase of pets				
13.3.6	Pet foods/feeds and other requisites				
13.3.7	Licences				
13.3.8	Care (e.g. doggy parlour, kennels and veterinary costs)				
TOTAL VALUE (13.3.2 - 13.3.8)					

14

READING MATERIAL AND STATIONERY DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD

14.1

READING MATERIAL AND STATIONERY

Include delivery charges where applicable.

A

AREA OF PURCHASE

Area

1 = In a big city (e.g. metro)

2 = In another urban area (town/township)

3 = In a rural/traditional area

4 = NOT APPLICABLE

5 = DON'T KNOW

B

TYPE OF RETAILER

Formal sector

1 = Chain store

2 = Internet

3 = Other retailer

Informal sector

4 = Street trading

5 = Other

6 = NOT APPLICABLE

7 = DON'T KNOW

	Item	Value for the 12 months	Place A B	COMMENTS
14.1.1	Reading material			
	a. Newspaper - daily and weekly			
	b. Magazines and periodicals			
	c. Books (excluding those included in Q2.4.3)			
	d. Library fees and fines			
14.1.2	Stationery			
14.1.3	Miscellaneous printed matter (e.g. road maps, greeting cards, posters, etc.)			
TOTAL VALUE (14.1.1 - 14.1.3)				

15	TRANSPORT DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD <i>Note that Q15.1.1 - Q15.1.4 deal only with private vehicles:- Vehicles for business purposes must not be included. Include delivery charges where applicable.</i>				
	PRIVATE TRANSPORT FOR HOUSEHOLD'S OWN USE				
15.1	During the 12 months prior to the survey period did anyone in this household acquire any new or used vehicle(s) for private use (excluding hired vehicles)?				
	1 = YES, NEW ONLY 2 = YES, USED ONLY 3 = YES, BOTH NEW AND USED 4 = No	→ Go to Q15.1.1 → Go to Q15.1.2 → Go to Q15.1.1 → Go to Q15.1.3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
15.1.1 VALUE OF NEW PRIVATE VEHICLES ACQUIRED IN THE 12 MONTHS PRIOR TO THE SURVEY PERIOD					
A AREA OF PURCHASE		Area 1 = In a big city (e.g. metro) 2 = In another urban area (town/township) 3 = In a rural/traditional area 4 = NOT APPLICABLE 5 = DON'T KNOW		B TYPE OF RETAILER	
				Formal sector 1 = Chain store 2 = Internet 3 = Other retailer	Informal sector 4 = Street trading 5 = Other 6 = NOT APPLICABLE 7 = DON'T KNOW
	Item	Value for the 12 months	Place A B	COMMENTS	
15.1.1.1	a. Motor cars	<input type="text"/>	<input type="text"/>		
	b. Station wagons	<input type="text"/>	<input type="text"/>		
	c. Mini buses	<input type="text"/>	<input type="text"/>		
	d. Bakkies (excluding four-wheel drive vehicles)	<input type="text"/>	<input type="text"/>		
	e. SUVs/MPVs (including four-wheel drive vehicles)	<input type="text"/>	<input type="text"/>		
	f. Motor cycles and scooters	<input type="text"/>	<input type="text"/>		
	g. Bicycles	<input type="text"/>	<input type="text"/>		
TOTAL VALUE (15.1.1.1 a - g)		<input type="text"/>			

Ask only if "YES" in 15.1 = 2 or 3

15.1.2 VALUE OF USED PRIVATE VEHICLES ACQUIRED IN THE 12 MONTHS PRIOR TO THE SURVEY PERIOD											
A AREA OF PURCHASE		Area 1 = In a big city (e.g. metro) 2 = In another urban area (town/township) 3 = In a rural/traditional area 4 = NOT APPLICABLE 5 = DON'T KNOW				B TYPE OF RETAILER		Formal sector 1 = Chain store 2 = Internet 3 = Other retailer		Informal sector 4 = Street trading 5 = Other 6 = NOT APPLICABLE 7 = DON'T KNOW	
	Item	Value for the 12 months				Place A B		COMMENTS			
15.1.2.1	a. Motor cars										
	b. Station wagons										
	c. Mini buses										
	d. Bakkies (excluding four-wheel drive vehicles)										
	e. SUVs/MPVs (including four-wheel drive vehicles)										
	f. Motor cycles and scooters										
	g. Bicycles										
TOTAL VALUE (15.1.2.1 a - g)											
15.1.3 VALUE OF INSURANCE FOR TRANSPORT IN THE 12 MONTHS PRIOR TO THE SURVEY PERIOD											
	Item	Value for the 12 months				Place A B					
15.1.3.1	Insurance of private transport (excluding package insurance)										

15.1.4 TRANSPORT RUNNING COSTS DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD

Expenditure in connection with the purchase and maintenance of aircraft, boats, etc. must be recorded in section 13.1.5.

Expenses incurred (except rent) in connection with vehicles not belonging to a household member (e.g. rented vehicles or company vehicles) should be included here, unless these expenses were recovered from your employer.

15.1.4.1 During the 12 months prior to the survey period did this household incur running costs for privately used vehicles?

1 = YES

2 = NO

→ Go to Q15.1.6

☐ 1☐ 2**A
AREA OF PURCHASE****Area**

1 = In a big city (e.g. metro)

2 = In another urban area
(town/township)

3 = In a rural/traditional area

4 = NOT APPLICABLE

5 = DON'T KNOW

**B
TYPE OF RETAILER****Formal sector**

1 = Chain store

2 = Internet

3 = Other retailer

Informal sector

4 = Street trading

5 = Other

6 = NOT APPLICABLE

7 = DON'T KNOW

	Item	Value for the 12 months	Place A B	COMMENTS
15.1.5.1	Running and related costs			
	a. Traffic fines			
	b. Toll fees			
	c. Oil and grease			
	d. Tyres and tubes			
	1. New			
	2. Retreaded/patched			
	e. Batteries (new and used)			
	f. Spare parts and accessories purchased for private repair and installation			
	g. Cleaning materials			
	h. Maintenance and lubrication services			
	i. Air conditioner for vehicles, including installation			
	j. Security systems for vehicles, including installation			
	k. Panel-beating repairs (including repairs to vehicles belonging to others)			
	1. Paid for by the household or a member of the household			
	2. Paid for by an insurance company or other party			

A AREA OF PURCHASE		Area		B TYPE OF RETAILER		Formal sector		Informal sector	
		1 = In a big city (e.g. metro) 2 = In another urban area (town/township)		3 = In a rural/traditional area 4 = NOT APPLICABLE 5 = DON'T KNOW		1 = Chain store 2 = Internet 3 = Other retailer		4 = Street trading 5 = Other 6 = NOT APPLICABLE 7 = DON'T KNOW	
	Item	Value for the 12 months		Place A B		COMMENTS			
15.1.5.1 Cont.	l. Other repair work (including repairs to vehicles belonging to others)								
	1. Paid for by the household or a member of the household								
	2. Paid for by an insurance company or other party								
	m. Licence and registration fees (including that of motor cycles)								
	n. Valet services								
	o. Other, <i>specify</i>								
TOTAL VALUE (15.1.5.1 a - o)									
VALUE OF DRIVING LESSONS, DRIVING TESTS AND DRIVING LICENCES DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD									
15.1.6	During the 12 months prior to the survey period did anyone in this household have driving lessons, driving tests or was issued a driving licence (including learners' licence)? 1 = YES <input type="checkbox"/> 1 2 = No <input type="checkbox"/> 2 → Go to Q15.2								
	Item	Value for the 12 months		Place A B		COMMENTS			
15.1.7	Driving lessons and driving tests								
15.1.8	Driving/Learner's licences (including renewal costs)								
TOTAL VALUE (15.1.7 - 15.1.8)									

15.2	VALUE OF PUBLIC AND HIRED TRANSPORT <i>Exclude transport for the purpose of vacation, funerals, weddings or any other event, which is covered in Q 7.2.2.</i>											
	Item	Value for the 12 months										COMMENTS
		Incurred in attending educational institutions					Other					
15.2.1	Bus											
15.2.2	Train											
15.2.3	Aircraft											
15.2.4	Boat/ship											
15.2.5	Rented vehicle											
15.2.6	Taxi											
	a. Metered taxi											
	b. Minibus taxi/combi (including 30 seaters, e.g. Iveco)											
15.2.7	Value of discounted fares											
15.2.8	Furniture removal and transport of goods (not for sale)											
15.2.9	Lift clubs											
15.2.10	Other (e.g. horse, trailer), specify											
TOTAL VALUE (15.2.1 - 15.2.10)												

END OF MODULE 3

Date ^d ^d ^m ^m Ending time ^h ^h ^m ^m Main respondent No. of household members present No. of non-household members present

Main language spoken during interview

01 Afrikaans	<input type="text"/>	02 English	<input type="text"/>	03 isiNdebele	<input type="text"/>	04 isiXhosa	<input type="text"/>	05 isiZulu	<input type="text"/>	06 Sepedi	<input type="text"/>
07 seSotho	<input type="text"/>	08 Setswana	<input type="text"/>	09 Siswati	<input type="text"/>	10 Tshivenda	<input type="text"/>	11 Xitsonga	<input type="text"/>	12 Other	<input type="text"/>

INTERVIEW CIRCUMSTANCES**COMMENTS****Was the interview interrupted by.....**

Y N

telephone ringing

visitor(s) arriving

baby/-ies, child/-ren, pet/-s disturbing

other, *specify under comments***Were there other problems, e.g.**

disagreement within household

disagreement with interview/interviewer

other, *specify under comments***PREPARATIONS FOR THE NEXT INTERVIEW****Has**

..... the appointment been made?

..... it been noted in the Appointment Log?

..... the household been briefed on Module 4?

..... the preparation form, "M4", been handed out?

DECLARATION BY INTERVIEWER TO BE DONE AFTER THE INTERVIEW

I declare that I have checked my work regarding the above module and that I am confident that it truly reflects the information given by representatives of this household and that the quality of my work is the best possible.

Date ^d ^d ^m ^m Interviewer Name Signature

[illegible]

I declare that I have checked the work of the Interviewer and that he/she has rectified the errors that I indicated with regards to the module above. I am confident that this information meets the quality standards as outlined in my responsibilities and that the quality of this work is the best possible.

MODULE 4 Date (ddmm) Starting time (hhmm) No. of household members present No. of non-household members present

Go through HOUSEHOLD COMPOSITION CONTROL on page 18 Mark here when it has been completed

16 COMPUTER AND TELECOMMUNICATION EQUIPMENT DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD

16.1 COMPUTER AND TELECOMMUNICATION EQUIPMENT

Excluding for business purposes.

A AREA OF PURCHASE		Area		B TYPE OF RETAILER		Formal sector		Informal sector	
		1 = In a big city (e.g. metro)	3 = In a rural/traditional area			1 = Chain store	4 = Street trading	6 = NOT APPLICABLE	
		2 = In another urban area (town/township)	4 = NOT APPLICABLE			2 = Internet	5 = Other	7 = DON'T KNOW	
		5 = DON'T KNOW				3 = Other retailer			
	Item	Value for the 12 months				Place		COMMENTS	
		New		Used		A	B		
16.1.1	Personal desktop computers (excluding laptops)								
16.1.2	Laptops/notebooks/tablets								
16.1.3	Palmtops								
16.1.4	Software (excluding games, playstations, etc)								
16.1.5	Calculators								
16.1.6	Computer parts, accessories and consumables								
	a. Computer parts (e.g. motherboard, CPU, memory/ RAM, graphics card, hard drives) ...								
	b. Flash disks and portable external hard drives								
	c. CDs/DVDs/Blu-ray discs								
	d. Other consumables (e.g. toners, ink cartridges)								
16.1.7	Printers/scanners/copiers								
16.1.8	Modems and routers								

	Item	Value for the 12 months						Place		COMMENTS
		New			Used			A	B	
16.1.9	Communication equipment									
	a. Cellphones (including pagers)									
	b. Telephones, cordless telephones ..									
	c. Fax and telephone answering machines									
16.1.10	Insurance on cellphones									
16.1.11	Two-way radios									
16.1.12	Repairs to computers and communication equipment									
TOTAL VALUE (16.1.1 - 16.1.12)										

16.2 COMMUNICATION FOR HOUSEHOLD PURPOSES

Excluding expenses incurred for business purposes.

	Item	Value for the 12 months
16.2.1	Landline telephone fees	
	a. Telephone installation and rental	
	1. Installation	
	2. Rental	
	b. Telephone calls from private phone	
	c. Value Added Tax (VAT) <i>Only if telephone account is available</i>	
	d. Connection to the network	
16.2.2	Cellphone fees	
	a. Rental	
	b. Calls (including phone cards)	
	c. Value Added Tax (VAT) <i>Only if cellphone account is available</i>	
	d. Connection to the network	
16.2.3	Internet	
	a. Subscription	
	b. Other	

	Item	Value for the 12 months
16.2.4	Postage	
	a. Stamps	
	b. Packages	
	c. Courier services	
	d. Other	
16.2.5	Post box rental	
16.2.6	Other (e.g. telegrams)	
TOTAL VALUE (16.2.1 - 16.2.6)		
COMMENTS		

17 FINANCE AND BANKING**17.1 FINANCE AND BANKING IN THE MONTH PRIOR TO THE SURVEY PERIOD**

	Item	Value for the month
17.1.1	Finance and bank charges	
	a. Bank charges (cheque books, service charges, etc.)	
	b. Interest/finance charges not shown elsewhere	
	c. Repayments on loans and overdraft (including repayments to money lenders, credit cards, but excluding instalments shown elsewhere e.g. housing, furniture, studies, vehicles and recreational equipment)	
TOTAL VALUE (17.1.1 a - c)		

17.2 PROFESSIONAL AND MEMBERSHIP FEES IN THE 12 MONTHS PRIOR TO THE SURVEY PERIOD

	Item	Value for the 12 months
17.2.1	Professional fees	
	a. Legal fees, architects' and other professional fees not shown elsewhere	
17.2.2	Membership fees, member's fees	
	a. Trade unions and staff associations, professional associations, scientific, art and cultural societies	
	b. Gymnasiums, health-, sports- and social clubs	
TOTAL VALUE (17.2.1 a - 17.2.2 b)		

17.3 PERSONAL INSURANCE IN THE 12 MONTHS PRIOR TO THE SURVEY PERIOD

	Item	Value for the 12 months
17.3.1	Insurance premiums paid by you or your employer	
	a. Funeral policies	
	b. Medical insurance	
	c. Unemployment Insurance Fund (UIF)	
TOTAL VALUE (17.3.1 a - c)		
17.3.2	Contributions to pension, provident and annuity funds	
	a. Paid by you	
	b. Paid by your employer	
TOTAL VALUE (17.3.2 a - b)		
COMMENTS		

17.4 REMITTANCES, GIFTS AND MAINTENANCE		
17.4.1 REMITTANCES, GIFTS AND MAINTENANCE IN CASH IN THE 12 MONTHS PRIOR TO THE SURVEY PERIOD		
Include amounts paid by means of stop or debit orders and employer deductions.		
	Item	Value for the 12 months
17.4.1	a. Maintenance of/remittance to family members and dependants living elsewhere (including alimony/ palimony paid to ex-wife/ex-husband, children)	
	b. Gifts for persons who are not members of this household	
TOTAL VALUE (17.4.1 a - b)		
17.4.2 REMITTANCES, GIFTS AND MAINTENANCE IN KIND IN THE 12 MONTHS PRIOR TO THE SURVEY PERIOD		
	Item	Value for the 12 months
17.4.2	a. Maintenance of family members and dependants living elsewhere (including alimony/ palimony paid to ex-wife/ex-husband, children)	
	b. Gifts for persons who are not members of this household (excluding cash)	
TOTAL VALUE (17.4.2 a - b)		

17.5 OTHER EXPENDITURE		
17.5.1 CEREMONIES AND OTHER EXPENDITURE IN THE 12 MONTHS PRIOR TO THE SURVEY PERIOD		
Include amounts paid by means of stop or debit orders and employer deductions.		
	Item	Value for the 12 months
17.5.1.1	Funeral expenses	
17.5.1.2	Gravestones and maintenance of graves (excluding unveiling)	
17.5.2 GAMBLING AND STOKVELS IN THE 12 MONTHS PRIOR TO THE SURVEY PERIOD		
17.5.2.1	Gambling	
	a. Casinos	
	b. Other, such as horse racing, sports, etc.	
17.5.2.2	Contributions to stokvels	
TOTAL VALUE (17.5.1.1 - 17.5.2.2)		

17.6 OTHER EXPENDITURE IN THE 12 MONTHS PRIOR TO THE SURVEY PERIOD

	Item	Value for the 12 months
17.6.1	All other expenditure, <i>specify</i>	
	a.	
	b.	
	c.	
	d.	
	e.	
	f.	
	g.	
TOTAL VALUE (17.6.1 a - g)		

COMMENTS

17.7 DEBTS

The following questions are on debts incurred on items acquired in the 12 months prior to the survey period as well as outstanding debts.

	Item	Debts incurred on items acquired in the 12 months	Outstanding debts
17.7.1	Bank		
	a. Bond (for the main dwelling unit)		
	b. Other bonds		
	c. Motor vehicle (<i>check running costs in Section 15</i>)		
	d. Bank overdraft/credit card(s)		
	e. Other bank loans		
17.7.2	Retail stores (furniture and appliances)		
17.7.3	Retail stores (clothing, footwear and food)		
17.7.4	Loans from friends and family (cash loans)		
17.7.5	Loans from money lenders (e.g. Mashonisa)		
17.7.6	Arrears on municipal bills		
17.7.7	Other loans, specify, ie. retail store loans, stokvel loans, etc.		
TOTAL VALUE (17.7.1 - 17.7.7)			

18 PARTICULARS OF INCOME

Ask for all individuals who have contributed to the household's income in the 12 months prior to the survey period.
Income should be shown before deductions (commonly referred to as gross income).

		01	02	03	04	05	06	07	08	09	10
18.1	<p>Ask for all persons listed in Q1.1.a</p> <p>In the 12 months prior to the survey period, did</p> <p>1 = work for someone else for pay (include household members who are paid domestic workers, gardeners or security guards)?</p> <p>2 = run an own business (self-employed/employer)?</p> <p>Excluding income from subsistence farming. Excluding income from letting of fixed property (only if the letting of property is not a bona fide business).</p> <p>If No to both → Go to Q18.8</p>	<p>Y N</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p>Y N</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p>Y N</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p>Y N</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p>Y N</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p>Y N</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p>Y N</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p>Y N</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p>Y N</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p>Y N</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>
18.2	<p>If YES in Q18.1.1 and/or Q18.1.2</p> <p>What is’s total salary/wages and/or income from business for the 12 months prior to the survey period? Including overtime, allowances and bonuses, before any tax or deductions.</p> <p>If the income before tax and other deductions is not known (gross income) ask for the income after such deductions (net income).</p> <p>If REFUSE or DON’T KNOW → Go to Q18.3</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>

COMMENTS

Ask If REFUSE or DON'T KNOW on Q18.2

			01	02	03	04	05	06	07	08	09	10
18.3	a. Within which interval does’s total salary/wages or income from business lie? <i>Show prompt chart</i>											
	WEEKLY	MONTHLY	ANNUALLY									
	01 NONE	NONE	NONE									
	02 R1 - 46	R1 - 200	R1 - 2 400									
	03 R47 - 115	R201 - 500	R2 401 - 6 000									
	04 R116 - 231	R501 - 1 000	R6 001 - 12 000									
	05 R232 - 346	R1 001 - 1 500	R12 001 - 18 000									
	06 R347 - 577	R1 501 - 2 500	R18 001 - 30 000	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	07 R578 - 808	R2 501 - 3 500	R30 001 - 42 000	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	08 R809 - 1 039	R3 501 - 4 500	R42 001 - 54 000									
	09 R1 040 - 1 386	R4 501 - 6 000	R54 001 - 72 000									
	10 R1 387 - 1 848	R6 001 - 8 000	R72 001 - 96 000									
	11 R1 849 - 2 540	R8 001 - 11 000	R96 001 - 132 000									
	12 R2 541 - 3 695	R11 001 - 16 000	R132 001 - 192 000									
	13 R3 696 - 6 928	R16 001 - 30 000	R192 001 - 360 000									
	14 More than R6 928	More than R30 000	More than R360 000									
	15 DON'T KNOW	DON'T KNOW	DON'T KNOW									
16 REFUSE	REFUSE	REFUSE										
<i>Ask if weekly or monthly interval in 02 - 14 is given</i>												
b. For how many months in the 12 months prior to the survey period has had this salary/wages or income from business?			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
1 = DON'T KNOW			<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
18.4	<i>Ask if amount or interval is given in Q18.2 or Q18.3, otherwise go to Q18.8</i>											
	Is the given amount for’s salary/wages or income from business before any deductions, i.e. the gross income?											
	1 = YES, GROSS INCOME		<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 = NO, NET INCOME		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 = DON'T KNOW		<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3

		01	02	03	04	05	06	07	08	09	10
18.5	Did receive any benefits from employer/own business such as medical aid, pension, housing, etc. in the 12 months prior to the survey period? 1 = YES 2 = No 3 = DON'T KNOW <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> } → Go to Q18.8 </div>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
18.6	Does the amount ofs total income include contributions from the employer/own business on medical aid, pension, housing, etc? 1 = YES 2 = No 3 = DON'T KNOW <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> → Go to Q18.8 </div>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
18.7	In the 12 months prior to the survey period, how much in total did receive in benefits such as medical aid, pension, housing, etc. from his/her employer/own business? 1 = DON'T KNOW 2 = REFUSE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2

Ask for all persons in the household

18.8	In the 12 months prior to the survey period, what wass total income from all other sources of income, such as remittances, royalties, investments, etc., but excluding social grants, salaries and wages? <i>See preparation form, "M4", for details</i> 1 = DON'T KNOW 2 = REFUSE <i>If amount is given</i> <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> → Go to Q18.10 </div>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2
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		01	02	03	04	05	06	07	08	09	10
18.9	<p>Within which interval doess total income from other sources of income such as remittances, royalties, investments (excluding social grants) lie?</p> <p><i>Show prompt chart</i> <i>See preparation form, "M4", for details</i></p> <p>Total income from other sources in the 12 months prior to the survey period</p> <p>01 = NONE 02 = R1 - 2 400 03 = R2 401 - 6 000 04 = R6 001 - 12 000 05 = R12 001 - 18 000 06 = R18 001 - 30 000 07 = R30 001 - 42 000 08 = R42 001 - 54 000 09 = R54 001 - 72 000 10 = R72 001 - 96 000 11 = R96 001 - 132 000 12 = R132 001 - 192 000 13 = R192 001 - 360 000 14 = More than R360 000 15 = DON'T KNOW 16 = REFUSE</p>										
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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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Ask if YES in Q1.1b

18.10	INCOME OF PERSONS CURRENTLY NOT HOUSEHOLD MEMBERS IN THE 12 MONTHS PRIOR TO THE SURVEY PERIOD	
		Value for the 12 months
	See preparation form, "M4", for details	
18.10.1	In the 12 months prior to the survey period, what is the income contributed by persons who for six months or more were members of this household, but who are currently not?	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
	Record only their contribution during their stay with the household	
	1 = DON'T KNOW	<div><div></div>1</div>
	2 = REFUSE	<div><div></div>2</div>

Ask all households

18.11	OTHER HOUSEHOLD INCOME IN THE 12 MONTHS PRIOR TO THE SURVEY PERIOD	
		Value for the 12 months
	See preparation form, "M4", for details	
18.11.1	In-kind income, such as gifts and maintenance	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
	1 = DON'T KNOW	<div><div></div>1</div>
	2 = REFUSE	<div><div></div>2</div>
18.11.2	Other household income not elsewhere specified	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
	1 = DON'T KNOW	<div><div></div>1</div>
	2 = REFUSE	<div><div></div>2</div>
TOTAL VALUE (18.11.1 - 18.11.2)		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>

END OF MODULE 4

Date Ending time Main respondent No. of household members present No. of non-household members present

Main language spoken during interview

01 Afrikaans	<input type="text"/>	02 English	<input type="text"/>	03 isiNdebele	<input type="text"/>	04 isiXhosa	<input type="text"/>	05 isiZulu	<input type="text"/>	06 Sepedi	<input type="text"/>
07 seSotho	<input type="text"/>	08 Setswana	<input type="text"/>	09 Siswati	<input type="text"/>	10 Tshivenda	<input type="text"/>	11 Xitsonga	<input type="text"/>	12 Other	<input type="text"/>

INTERVIEW CIRCUMSTANCES**Was the interview interrupted by.....**

Y N

telephone ringing

visitor(s) arriving

baby/-ies, child/-ren, pet/-s disturbing

other, *specify under comments***Were there other problems, e.g.**

disagreement within household

disagreement with interview/interviewer

other, *specify under comments***COMMENTS****DECLARATION BY INTERVIEWER TO BE DONE AFTER THE INTERVIEW**

I declare that I have checked my work regarding the above module and that I am confident that it truly reflects the information given by representatives of this household and that the quality of my work is the best possible.

Date Interviewer Name Signature

[illegible]

I declare that I have checked the work of the Interviewer and that he/she has rectified the errors that I indicated with regards to the module above. I am confident that this information meets the quality standards as outlined in my responsibilities and that the quality of this work is the best possible.

Date **Supervisor Name** **Signature**

SKETCH OF THE DWELLING(S) AT THE SELECTED DWELLING UNIT

Give measures in metres

A large, empty rectangular box with a thin black border, intended for a hand-drawn sketch of a dwelling. The box occupies the majority of the page area below the header.

RESULT CODES

10 Completed

20 Non-contact

- 21 Informed that household is away during data collection period
- 22 No one to be found, no information available

30 Refused (unspecified/reason unknown)

- 31 Do not have time
- 32 Political reason
- 33 Language issue
- 34 Race issue
- 35 Not interested
- 36 Do not believe in statistics/Do not participate in surveys
- 37 Do not trust the confidentiality
- 38 Do not regard the survey to be applicable to household
- 39 Unhappiness with survey staff

40 Partly completed

- 41 Interview partly completed
- 42 Whole interview or module missing
- 43 Diary not fully completed
- 44 Whole diary uncompleted

50 No usable information

- 51 Unreliable information provided unintentionally
- 52 Unreliable information provided intentionally
- 53 Respondent willing but unable to provide information
- 54 Incorrectly recorded information (reserved for management)

60 Vacant dwelling

- 61 Dwelling emptied from furniture
- 62 Furniture in dwelling, no one staying there

70 Listing error

- 71 Empty stand
- 72 Dwelling not a private dwelling
- 73 Dwelling does not exist

80 Change of status

- 81 Dwelling demolished
- 82 Transformed to a non-private dwelling

90 Other

- 91 Health related reason
- 92 Collected information lost (reserved for management)

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COMMENTS NOT ELSEWHERE MADE

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SURVEY AND REFERENCE PERIODS														
Data Collection Period	Survey Date	Team	Year	Publicity and Data Collection Periods								Reference Periods for Data Collection		
				Publicity and Preparations		Module 1		Diary Keeping		Wrap-up		1 Month	3 Months	12 Months
				Start	End	Start	End	Start	End	Start	End			
01	Aug '10	A	2010	9-Aug	22-Aug	23-Aug	29-Aug	30-Aug	12-Sep	13-Sep	19-Sep	Jul '10	May '10 - Jul '10	Aug '09 - Jul '10
02	Sept '10	B		23-Aug	5-Sep	6-Sep	12-Sep	13-Sep	26-Sep	27-Sep	3-Oct	Aug '10	Jun '10 to Aug '10	Sep '09 to Aug '10
03	Sept '10	C		6-Sep	19-Sep	20-Sep	26-Sep	27-Sep	10-Oct	11-Oct	17-Oct	Aug '10	Jun '10 to Aug '10	Sep '09 to Aug '10
04	Oct '10	A		20-Sep	3-Oct	4-Oct	10-Oct	11-Oct	24-Oct	25-Oct	31-Oct	Sep '10	Jul '10 to Sep '10	Oct '09 to Sep '10
05	Oct '10	B		4-Oct	17-Oct	18-Oct	24-Oct	25-Oct	7-Nov	8-Nov	14-Nov	Sep '10	Jul '10 to Sep '10	Oct '09 to Sep '10
06	Nov '10	C		18-Oct	31-Oct	1-Nov	7-Nov	8-Nov	21-Nov	22-Nov	28-Nov	Oct '10	Aug '10 to Oct '10	Nov '09 to Oct '10
07	Nov '10	A		1-Nov	14-Nov	15-Nov	21-Nov	22-Nov	5-Dec	6-Dec	12-Dec	Oct '10	Aug '10 to Oct '10	Nov '09 to Oct '10
08	Dec '10	B		15-Nov	28-Nov	29-Nov	5-Dec	6-Dec	19-Dec	20-Dec	26-Dec	Oct '10	Aug '10 to Oct '10	Nov '09 to Oct '10
09	Dec '10	C		29-Nov	12-Dec	13-Dec	19-Dec	20-Dec	2-Jan	3-Jan	9-Jan	Nov '10	Sep '10 to Nov '10	Dec '09 to Nov '10
10	Jan '11	A		13-Dec	26-Dec	27-Dec	2-Jan	3-Jan	16-Jan	17-Jan	23-Jan	Nov '10	Sep '10 to Nov '10	Dec '09 to Nov '10
11	Jan '11	B		27-Dec	9-Jan	10-Jan	16-Jan	17-Jan	30-Jan	31-Jan	6-Feb	Dec '10	Oct '10 to Dec '10	Jan '10 to Dec '10

SURVEY AND REFERENCE PERIODS														
Data Collection Period	Survey Date	Team	Year	Publicity and Data Collection Periods								Reference Periods for Data Collection		
				Publicity and Preparations		Module 1		Diary Keeping		Wrap-up		1 Month	3 Months	12 Months
				Start	End	Start	End	Start	End	Start	End			
12	Jan '11	C	2011	10-Jan	23-Jan	24-Jan	30-Jan	31-Jan	13-Feb	14-Feb	20-Feb	Dec '10	Oct '10 to Dec '10	Jan '10 to Dec '10
13	Feb '11	A		24-Jan	6-Feb	7-Feb	13-Feb	14-Feb	27-Feb	28-Feb	6-Mar	Jan '11	Nov '10 to Jan '11	Feb '10 to Jan '11
14	Feb '11	B		7-Feb	20-Feb	21-Feb	27-Feb	28-Feb	13-Mar	14-Mar	20-Mar	Jan '11	Nov '10 to Jan '11	Feb '10 to Jan '11
15	Mar '11	C		21-Feb	6-Mar	7-Mar	13-Mar	14-Mar	27-Mar	28-Mar	3-Apr	Feb '11	Dec '10 to Feb '11	Mar '10 to Feb '11
16	Mar '11	A		7-Mar	20-Mar	21-Mar	27-Mar	28-Mar	10-Apr	11-Apr	17-Apr	Feb '11	Dec '10 to Feb '11	Mar '10 to Feb '11
17	Apr '11	B		21-Mar	3-Apr	4-Apr	10-Apr	11-Apr	24-Apr	25-Apr	1-May	Mar '11	Jan '11 to Mar '11	Apr '10 to Mar '11
18	Apr '11	C		4-Apr	17-Apr	18-Apr	24-Apr	25-Apr	8-May	9-May	15-May	Mar '11	Jan '11 to Mar '11	Apr '10 to Mar '11
19	May '11	A		18-Apr	1-May	2-May	8-May	9-May	22-May	23-May	29-May	Apr '11	Feb '11 to Apr '11	May '10 to Apr '11
20	May '11	B		2-May	15-May	16-May	22-May	23-May	5-Jun	6-Jun	12-Jun	Apr '11	Feb '11 to Apr '11	May '10 to Apr '11
21	Jun '11	C		16-May	29-May	30-May	5-Jun	6-Jun	19-Jun	20-Jun	26-Jun	Apr '11	Feb '11 to Apr '11	May '10 to Apr '11
22	Jun '11	A		30-May	12-Jun	13-Jun	19-Jun	20-Jun	3-Jul	4-Jul	10-Jul	May '11	Mar '11 to May '11	Jun '10 to May '11
23	July '11	B		13-Jun	26-Jun	27-Jun	3-Jul	4-Jul	17-Jul	18-Jul	24-Jul	May '11	Mar '11 to May '11	Jun '10 to May '11
24	July '11	C		27-Jun	10-Jul	11-Jul	17-Jul	18-Jul	31-Jul	1-Aug	7-Aug	Jun '11	Apr '11 to Jun '11	Jul '10 to Jun '11
25	Aug '11	A		11-Jul	24-Jul	25-Jul	31-Jul	1-Aug	14-Aug	15-Aug	21-Aug	Jun '11	Apr '11 to Jun '11	Jul '10 to Jun '11
26	Aug '11	B		25-Jul	7-Aug	8-Aug	14-Aug	15-Aug	29-Aug	30-Aug	4-Sep	Jul '11	May '11 to Jul '11	Aug '10 to Jul '11

DECLARATION BY DSC

I declare that I have checked the work of the Interviewer and the Supervisor with regards to this questionnaire. I am confident that this information is complete, accurate and consistent and meets the quality standards as outlined in my responsibilities.

Date

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d

m

m

DSC Name

Signature

FIELDWORK

	Name	Number	Date Completed/Checked			
			Module 1	Module 2	Module 3	Module 4
Interviewer						
Supervisor						
DSC						