

KINGDOM OF SWAZILAND

CENTRAL STATISTICAL OFFICE

2009/10 SWAZILAND HOUSEHOLD INCOME AND EXPENDITURE SURVEY QUESTIONNAIRE

IDENTIFICATION

NAME OF HEAD OF HOUSEHOLD

ENUMERATION AREA NUMBER.....

REGION (HHOHHO = 1, MANZINI = 2, SHISELWENI = 3, LUBOMBO = 4)

INKHUNDLA.....

MAJOR AREA

SUB-AREA

URBAN/RURAL (URBAN = 1, RURAL = 2)

HOMESTEAD NUMBER

HOUSEHOLD NUMBER

		D	D	M	M	Y	Y	RESULT			D	D	M	M	Y	Y	RESULT			D	D	M	M	Y	Y	RESULT
DATE OF INTERVIEW	1ST VISIT								6TH VISIT								11TH VISIT									
	2ND VISIT								7TH VISIT								12TH VISIT									
	3RD VISIT								8TH VISIT								13TH VISIT									
	4TH VISIT								9TH VISIT								14TH VISIT									
	5TH VISIT								10TH VISIT								15TH VISIT									

*RESULT CODES:

1 DWELLING NOT FOUND

2 COMPLETED

3 PARTLY COMPLETED

4 REFUSED

5 OTHER _____ (SPECIFY)

SUPERVISOR

NAME _____

--	--

DATE _____

SECTION A: HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 3 YEARS AND ABOVE			
				Does (NAME) usually live here?	Did (NAME) stay here last night?		LITERACY	SCHOOL ATTENDANCE AND HIGHEST LEVEL COMPLETED		
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING NAMES, RELATIONSHIPS, AND SEX, THEN ASK APPROPRIATE QUESTIONS IN COLUMNS FOR EACH MEMBER OF THE HOUSEHOLD.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female? MALE = 1 FEMALE = 2	YES = 1 NO = 2	YES = 1 NO = 2	How old is (NAME)? IN YEARS	Can ...read and write? YES = 1 NO = 2	Has ... ever attended preschool, school or literacy program? YES = 1 NO = 2	What is the highest level of school ...attended? (A10)	What is the highest (grade/ form/ number of ...) years completed at that level? (A11)
(A01)	(A02)	(A03)	(A04)	(A05)	(A06)	(A07)	(A08)	(A09)	(A10)	(A11)
01		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Y N DK 1 2 8 ↓ GO TO ED04		
02		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 8 ↓ GO TO ED04		
03		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 8 ↓ GO TO ED04		
04		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 8 ↓ GO TO ED04		
05		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 8 ↓ GO TO ED04		
06		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 8 ↓ GO TO ED04		
07		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 8 ↓ GO TO ED04		
08		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 8 ↓ GO TO ED04		
09		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 8 ↓ GO TO ED04		
10		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 8 ↓ GO TO ED04		

CODES FOR Q. A3

RELATIONSHIP TO HEAD OF HOUSEHOLD:

- 01 = HEAD
- 02 = WIFE OR HUSBAND/
PARTNER
- 03 = SON OR DAUGHTER
- 04 = BROTHER OR SISTER
- 05 = NIECE/NEPHEW BY BLOOD
- 06 = GRANDCHILD
- 07 = PARENT
- 08 = OTHER RELATIVE
- 09 = NON-RELATIVE
- 98 = DON'T KNOW

CODES FOR Q. A10

HIGHEST LEVEL ATTENDED

- 0 = PRE-SCHOOL
- 1 = LITERACY PROGRAM
- 2 = LOWER PRIMARY (GRD 1 TO STD 2)
- 3 = HIGHER PRIMARY (STD 3-5)
- 4 = SECONDARY
- 5 = HIGH SCHOOL
- 6 = COLLEGE
- 7 = UNIVERSITY

CODES FOR: Q. A11

PRE-SCHOOL = 00

LITERACY PROGRAM:

- LP. 1.....01
- LP. 2+.....02
- PRIMARY
- GRD 1.....03
- GRD 2.....04
- STD. 1.....05
- STD. 2.....06
- STD. 3.....07
- STD. 4.....08
- STD. 5.....09

SEC/HIGH SCH.

- FORM. 1.....10
- FORM. 2.....11
- FORM. 3.....12
- FORM. 4.....13
- FORM. 5.....14
- FORM. 6.....15
- UNIVERSITY
- UNIV. 1.....16
- UNIV. 2.....17
- UNIV. 3.....18
- UNIV. 4.....19

UNIV. 5+.....19

- GOVT. COLL.
- CG.1.....20
- CG.2.....21
- CG.3+.....22
- PRIVATE COLL.
- CG.1.....23
- CG.2.....24
- CG.3+.....25
- VOCATIONAL
- VOC.1.....26
- VOC.2+.....27

IF AGE 3 YEARS AND ABOVE						
LINE NO.	Did NAME attend school/academic institution in the last school year?	What grade was NAME attending last school year?	Is NAME currently attending school? IF SCHOOL IS NOT IN SESSION NOW, ASK: Did NAME attend school in the session just completed or plans to attend the next session?	Why did NAME stop or never attend school? LIST THE TWO MOST IMPORTANT REASONS CODE 13 SELECTED SKIP TO NEXT LINE	What grade is NAME currently doing?	Who owns the school NAME is currently attending?
A01)	(ED 01)	(ED 02)	(ED 03)	(ED 04)	(ED 05)	(ED 06)
	Y N DK 1 2 8 ↓ GO TO ED 03	<input type="checkbox"/>	Y N 1 2 ↓ GO TO ED 05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 2 8 ↓ GO TO ED 03	<input type="checkbox"/>	Y N 1 2 ↓ GO TO ED 05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 2 8 ↓ GO TO ED 03	<input type="checkbox"/>	Y N 1 2 ↓ GO TO ED 05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 2 8 ↓ GO TO ED 03	<input type="checkbox"/>	Y N 1 2 ↓ GO TO ED 05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 2 8 ↓ GO TO ED 03	<input type="checkbox"/>	Y N 1 2 ↓ GO TO ED 05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 2 8 ↓ GO TO ED 03	<input type="checkbox"/>	Y N 1 2 ↓ GO TO ED 05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 2 8 ↓ GO TO ED 03	<input type="checkbox"/>	Y N 1 2 ↓ GO TO ED 05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 2 8 ↓ GO TO ED 03	<input type="checkbox"/>	Y N 1 2 ↓ GO TO ED 05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 2 8 ↓ GO TO ED 03	<input type="checkbox"/>	Y N 1 2 ↓ GO TO ED 05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 2 8 ↓ GO TO ED 03	<input type="checkbox"/>	Y N 1 2 ↓ GO TO ED 05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 2 8 ↓ GO TO ED 03	<input type="checkbox"/>	Y N 1 2 ↓ GO TO ED 05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CODES FOR ED 04

STILL TOO YOUNG TO

ATTEND SCHOOL. 01

NO MONEY FOR

SCHOOL COSTS. 02

SCHOOLS ARE OF POOR QUALITY. 03

OWN ILLNESS/DISABILITY. 04

FAMILY ILLNESS/DISABILITY. 05

NOT INTERESTED, LAZY 06

DISALLOWED BY PARENTS 07

HAD TO WORK TO HELP AT HOME. 08

SCHOOL TOO FAR FROM HOME. 09

PREGNANT. 10

COULD NOT FIND A PLACE. 11

OTHER (SPECIFY). 12

COMPLETED SCHOOL. 13

CODES FOR: Q. ED02 & ED 05

PRE-SCHOOL = 00

LITERACY PROGRAM:

LP. 1. 01

LP. 2+. 02

PRIMARY

GRD 1. 03

GRD 1. 04

STD. 1. 05

STD. 2. 06

STD. 3. 07

STD. 4. 08

STD. 5. 09

SEC/HIGH SCH.

FORM. 1. 10

FORM. 2. 11

FORM. 3. 12

FORM. 4. 13

FORM. 5. 14

FORM. 6. 15

UNIVERSITY

UNIV. 1 16

UNIV. 2 17

UNIV. 3 18

UNIV. 4 19

UNIV. 5+. 19

GOVT. COLL.

CG.1. 20

CG.2. 21

CG.3+. 22

PRIVATE COLL.

CG.1. 23

CG.2. 24

CG.3+. 25

VOCATIONAL

VOC.1. 26

VOC.2+. 27

SECTION A (Cont.) : HOUSEHOLD SCHEDULE

LINE NO.	IF AGE 18-59 YEARS	IF AGE 0-17 YEARS						
	SICK PERSON	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS						
		Has (NAME) been very sick for at least three months during the past 12 months? By very sick I mean that (NAME) was too sick to work or do normal activities around the house for at least three of the past 12 months. YES = 1 NO = 2 DK = 8 NR = 9	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NO. BELOW.	IF MOTHER DOES NOT LIVE IN HOUSEHOLD Has (NAME)'s mother been very sick for at least 3 months during the past 12 months? By very sick I mean too sick to work or do normal activities around the house for at least three of the past 12 months? YES = 1 NO = 2 DK = 8 NR = 9	Is (NAME)'s mother still sick?	Is (NAME)'s natural father alive?	Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NO. BELOW.
(A01)	(A12)	(A13)	(A14)	(A15)	(A16)	(A17)	(A18)	(A19)
01	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO A17	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO A 17	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO A21	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO A 21
02	<input type="checkbox"/>	1 2 8 ↓ GO TO A17	<input type="checkbox"/>	1 2 8 ↓ GO TO A 17	<input type="checkbox"/>	1 2 8 ↓ GO TO A21	<input type="checkbox"/>	1 2 8 ↓ GO TO A 21
03	<input type="checkbox"/>	1 2 8 ↓ GO TO A17	<input type="checkbox"/>	1 2 8 ↓ GO TO A 17	<input type="checkbox"/>	1 2 8 ↓ GO TO A21	<input type="checkbox"/>	1 2 8 ↓ GO TO A 21
04	<input type="checkbox"/>	1 2 8 ↓ GO TO A17	<input type="checkbox"/>	1 2 8 ↓ GO TO A 17	<input type="checkbox"/>	1 2 8 ↓ GO TO A21	<input type="checkbox"/>	1 2 8 ↓ GO TO A 21
05	<input type="checkbox"/>	1 2 8 ↓ GO TO A17	<input type="checkbox"/>	1 2 8 ↓ GO TO A 17	<input type="checkbox"/>	1 2 8 ↓ GO TO A21	<input type="checkbox"/>	1 2 8 ↓ GO TO A 21
06	<input type="checkbox"/>	1 2 8 ↓ GO TO A17	<input type="checkbox"/>	1 2 8 ↓ GO TO A 17	<input type="checkbox"/>	1 2 8 ↓ GO TO A21	<input type="checkbox"/>	1 2 8 ↓ GO TO A 21
07	<input type="checkbox"/>	1 2 8 ↓ GO TO A17	<input type="checkbox"/>	1 2 8 ↓ GO TO A 17	<input type="checkbox"/>	1 2 8 ↓ GO TO A21	<input type="checkbox"/>	1 2 8 ↓ GO TO A 21
08	<input type="checkbox"/>	1 2 8 ↓ GO TO A17	<input type="checkbox"/>	1 2 8 ↓ GO TO A 17	<input type="checkbox"/>	1 2 8 ↓ GO TO A21	<input type="checkbox"/>	1 2 8 ↓ GO TO A 21
09	<input type="checkbox"/>	1 2 8 ↓ GO TO A17	<input type="checkbox"/>	1 2 8 ↓ GO TO A 17	<input type="checkbox"/>	1 2 8 ↓ GO TO A21	<input type="checkbox"/>	1 2 8 ↓ GO TO A 21
10	<input type="checkbox"/>	1 2 8 ↓ GO TO A17	<input type="checkbox"/>	1 2 8 ↓ GO TO A 17	<input type="checkbox"/>	1 2 8 ↓ GO TO A21	<input type="checkbox"/>	1 2 8 ↓ GO TO A 21

Qs. A14 AND A17
RECORD '00' IF PARENT IS NOT LISTED
IN THE HOUSEHOLD SCHEDULE.

SECTION A (CONT.) HOUSEHOLD SCHEDULE

LINE NO.	IF AGE 0-17 YEARS						
	Is (NAME)'s father still sick?	CHECK Q.S.A15 AND A18: CIRCLE LINE NUMBER FOR THE CHILD WHOSE MOTHER OR FATHER HAS DIED OR WHOSE BOTH PARENTS ARE DEAD (Q.A13 AND A16 OR IS STILL SICK (Q.A16 AND QA20).	CHECK Q.A13 AND Q.A17: IF YES TO Q.A13 AND Q.A17 (BOTH PARENTS ALIVE), CIRCLE '1', OTHER-WISE CIRCLE '2'.	BROTHERS Does (NAME) have any natural brothers under the age of 18? By natural brothers I mean born to the same mother and same father. Do all of (NAME)'s natural brothers under the age of 18 live in this household?		SISTERS Does (NAME) have natural sisters under the age of 18 ? By natural sisters, I mean born to the same mother and father Do all of (NAME)'s natural sisters under the age of 18 live in this household?	
	YES = 1 NO = 2 DK = 8 NR = 9			YES = 1 NO = 2 DK = 8 NR = 9		YES = 1 NO = 2 DK = 8 NR = 9	
(A01)	(A20)	(A21)	(A22)	(A23)	(A24)	(A25)	(A26)
	<input type="checkbox"/>	01	Y N 1 2 ↓ GO TO NEXT LINE	Y N DK 1 2 8 ↓ GO TO A25	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO NEXT LINE	<input type="checkbox"/>
	<input type="checkbox"/>	02	1 2 ↓ GO TO NEXT LINE	1 2 8 ↓ GO TO A25	<input type="checkbox"/>	1 2 8 ↓ GO TO NEXT LINE	<input type="checkbox"/>
	<input type="checkbox"/>	03	1 2 ↓ GO TO NEXT LINE	1 2 8 ↓ GO TO A25	<input type="checkbox"/>	1 2 8 ↓ GO TO NEXT LINE	<input type="checkbox"/>
	<input type="checkbox"/>	04	1 2 ↓ GO TO NEXT LINE	1 2 8 ↓ GO TO A25	<input type="checkbox"/>	1 2 8 ↓ GO TO NEXT LINE	<input type="checkbox"/>
	<input type="checkbox"/>	05	1 2 ↓ GO TO NEXT LINE	1 2 8 ↓ GO TO A25	<input type="checkbox"/>	1 2 8 ↓ GO TO NEXT LINE	<input type="checkbox"/>
	<input type="checkbox"/>	06	1 2 ↓ GO TO NEXT LINE	1 2 ▲ 8 GO TO A25	<input type="checkbox"/>	1 2 8 ↓ GO TO NEXT LINE	<input type="checkbox"/>
	<input type="checkbox"/>	07	1 2 ↓ GO TO NEXT LINE	1 2 8 ↓ GO TO A25	<input type="checkbox"/>	1 2 8 ↓ GO TO NEXT LINE	<input type="checkbox"/>
	<input type="checkbox"/>	08	1 2 ↓ GO TO NEXT LINE	1 2 8 ↓ GO TO A25	<input type="checkbox"/>	1 2 8 ↓ GO TO NEXT LINE	<input type="checkbox"/>
	<input type="checkbox"/>	09	1 2 ↓ GO TO NEXT LINE	1 2 8 ↓ GO TO A25	<input type="checkbox"/>	1 2 8 ↓ GO TO NEXT LINE	<input type="checkbox"/>
	<input type="checkbox"/>	10	1 2 ↓ GO TO NEXT LINE	1 2 8 ↓ GO TO A25	<input type="checkbox"/>	1 2 8 ↓ GO TO NEXT LINE	<input type="checkbox"/>

SECTION A (Cont.): HOUSEHOLD SCHEDULE

LINE NO.	IF AGE 12 YEARS AND ABOVE								
	MARITAL STATUS	ECONOMIC ACTIVITY STATUS					CURRENTLY WORKING OR EVER WORKED		
	What is ...'s current marital status?	Aside from his/her housework did ...work at least 1 hour during the last 30 days?	Why did ... not work during the last 30 days? (SEE CODES BELOW)	Did ... do one of the activities listed below? (SEE CODES BELOW)	Is ... available to work? YES = 1 NO = 2 DK = 8 NR =9	Has... been seeking work during the last 30 days? YES = 1 NO = 2 DK = 8 NR =9	What type of work did ... do in the last 30 days?	What is ...'s status in the occupation?	What is the main product, service or activity of ...'s place of work?
(A01)	(A27)	(A28)	(A29)	(A30)	(A31)	(A32)	(A33)	(A34)	(A35)
01	<input type="checkbox"/>	Y N DK 1 2 8 ↓ GO TO A33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
02	<input type="checkbox"/>	1 2 8 ↓ GO TO A33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
03	<input type="checkbox"/>	1 2 8 ↓ GO TO A33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
04	<input type="checkbox"/>	1 2 8 ↓ GO TO A33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
05	<input type="checkbox"/>	1 2 8 ↓ GO TO A33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
06	<input type="checkbox"/>	1 2 8 ↓ GO TO A33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
07	<input type="checkbox"/>	1 2 8 ↓ GO TO A33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
08	<input type="checkbox"/>	1 2 8 ↓ GO TO A33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
09	<input type="checkbox"/>	1 2 8 ↓ GO TO A33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10	<input type="checkbox"/>	1 2 8 ↓ GO TO A33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

CODES FOR A27

1. NEVER MARRIED
2. MARRIED
3. CONSENSUALLY M.
4. DIVORCED/SEPER.
5. WIDOWED

CODES FOR A29

0. HOMEWORKER
1. NON-WORKER (NEVER WORKED)
2. ON LEAVE, BUT HAS JOB → GO TO A33
3. RETIRED → GO TO A31
4. STUDENT
5. OTHER

Note for A32

GO BACK TO NEXT LINE;
OR, IF NO MORE PERSONS AGE
12 YEARS AND ABOVE, GO
TO A101.

CODES FOR Q. 30

1. FARMING/REARING ANIMALS/FISHING
2. PRODUCTION/SERVICES/SELLING
3. HOUSEWORKER AT SOMEONE'S HOUSE
4. HOMEWORKER AT OWN HOUSE
5. NONE

GO
TO
A34

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
A101	How was this plot acquired?	Chief 01 Inheritance 02 Purchased. 03 Allocated by authority 04 Rented. 05 squatter. 06	
A102	What is the tenure status of this plot?	Owner 01 Rented. 02 Allocated by authority. 03 Other. 96	
A102A	What is the tenure status of the household's main housing unit?	OWNER OCCUPIED. 01 EMPLOYER PROVIDED (SUBSIDIZED) 02 RENTED 03 EMPLOYER PROVIDED (FREE) 04 FREE 05	<div>→ A102F</div> <div>→ A102D</div> <div>→ A102F</div>
A102B	Do you pay any loan towards the construction of this house	YES. 01 NO 02	→ A102F
A102C	How much per month is household spending to service the housing loan?	SZL <input type="text"/>	→ A102F
A102D	From whom do you rent this dwelling?	SWAZILAND NATIONAL HOUSING BOARD ... 01 TIBIYO TAKANGWANE 02 PRIVATE COMPANY 03 PRIVATE INDIVIDUAL 04 OTHER (SPECIFY). 96	
A102E	How much does household pay per month to rent this dwelling?	SZL <input type="text"/>	→ A103
A102F	Estimate the rent the household could pay/receive if rented this dwelling or one exactly like it to another person?	SZL <input type="text"/>	
A103	What is the main material of the roof?	Grass. 01 Corrugated Iron. 02 Asbestos. 03 Tiles/Slate/Concrete. 04 Traditional hut. 05 Other. 96	
A104	What is the main material of the wall?	Mud and Poles. 01 Stone. 02 Grass. 03 Wood. 04 Cement bricks/blocks. 05 Corrugated iron 06 Mud blocks. 07 Traditional hut. 08	
A105	What is the main material of the floor?	Earth. 01 Dung. 02 Wood. 03 Tiles. 04 Cement. 05	

A106	How many rooms do the housing units have, excluding bathrooms, toilets, storerooms and garage?		
A107	How many of these rooms are used for sleeping?		
A108	How many persons usually sleep in the housing units?		
A109	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO HOUSING 01 PIPED TO YARD/PLOT 02 PUBLIC TAP/STANDPIPE 03 BOREHOLE 04 DUG WELL PROTECTED WELL 05 UNPROTECTED WELL 06 WATER FROM SPRING PROTECTED SPRING 07 UNPROTECTED SPRING 08 RAINWATER 09 TANKER TRUCK 10 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 11 BOTTLED WATER 12 OTHER _____ 96 (SPECIFY)	<div style="position: relative; height: 100px;"> → A112 → A112 → A112 </div>
A110	How long does it take to go there, get water, and come back?	In yard 01 less than 30 mins. 02 30 mins to 1 hr. 03 1 hr to 1.5 hrs. 04 1.5 hrs to 2 hrs. 05 2 hrs or more. 06	
A111	Who usually goes to this source to fetch the water for your household?	ADULT WOMAN 1 ADULT MAN 2 FEMALE CHILD UNDER 18 YEARS OLD 3 MALE CHILD UNDER 18 YEARS OLD 4 OTHER _____ 96 (SPECIFY)	
A112	What kind of toilet facility do members of your household usually use?	FLUSH TOILET 01 VENTILATED IMPROVED PRIVY 02 ORDINARY PIT TOILET 03 BUSH/FIELD 04 OTHER _____ 96 (SPECIFY)	
A113	What is the main source of energy that is usually used by the household for lighting?	ELECTRICITY..... 01 PARAFFIN..... 02 GAS..... 03 CANDLE... .. 04 WOOD..... 05 SOLAR. 06 OTHER. 96	

A114	What type of fuel does your household mainly use for cooking?	ELECTRICITY.	01
		PARAFFIN.	02
		GAS.	03
		COAL	04
		WOOD.	05
		OTHER	96
A115	Does the household have the following assets in functioning condition?		
		YES	NO
	A Radio?	RADIO	1 2
	A television?	TELEVISION.	1 2
	A refrigerator/freezer?	REFRIGERATOR/FREEZER	1 2
	A stove/hot plate?	STOVE/HOT PLATE.	1 2
	A Bicycle?	BICYCLE	1 2
	A motorcycle?	MOTORCYCLE	1 2
	A car?	CAR.	1 2
	A van/bakkie/truck?	VAN/BAKKIE/TRUCK.	1 2
	A tractor?	TRACTOR	1 2
	A computer?	COMPUTER	1 2
	A telephone	TELEPHONE	1 2
	A cellular phone?	CELLULAR PHONE	1 2
	Access to the internet?	ACCESS TO THE INTERNET.	1 2
	Grinding machine	GRINDING MACHINE.	1 2

ACCESS TO CREDIT

C01 Over the past 12 months did you or anyone else in the household borrow from someone outside the household or from an institution receiving either cash, goods or services? YES... .1
NO... .2

IF NO, GO TO C10

C02	C03	C04	C05	C06	C07	C08	C09	C10	C11	C12
1										
2										
3										
4										
5										
6										
7										
8										

CODES FOR C04

COMMERCIAL BANKS 01
SWAZILAND BUILDING SOCIETY. 02
MICRO-FINANCE INSTITUTION
(E.G. SELECT MNGT SERVICES,
FINCORP BLUE MONEY ECT.) 03
CO-OPERATIVE (E.G. SNAT
BUNYE BETFU, ASIKHUTULISANE
IMBITA ETC.) 04
INSURANCE COMPANY 05
OTHER FINANCIAL INST. 06
NEIGHBOUR/FRIEND 07
MONEY LENDER (SHYLOCK) 08
EMPLOYER 09
RELIGIOUS INST. 10
RELATIVE. 11
NGO. 12
OTHER (SPECIFY). 13

CODES FOR C06

SUBSISTENCE NEEDS 01
SCHOOL FEES 02
MEDICAL COST 03
FUNERAL 04
WEDDING 05
PURCHASE PROPERTY
(E.G. LAND, HOUSE). 06
PURCHASE FARM INPUTS. 07
PURCHASE CAR. 08
TO START A BUSINESS 09
OTHER (SPECIFY) 10

NO NEED. 01
BELIEVED WOULD BE REFUSED. 02
INADEQUATE COLLATERAL 03
DO NOT LIKE TO BE IN DEBT. 04
DO NOT KNOW ANY LENDER. 05
OTHER (SPECIFY). 06

RECENT SHOCKS TO HOUSEHOLD WELFARE (EVENTS OCCURRING SINCE 2004)

<p>Since 2004 (last 5 yrs) was your household severely affected by any of the following events?</p> <p>GO THROUGH ENTIRE LIST BEFORE PROCEEDING TO RC 03</p> <p>IF ALL NO, PROCEED TO NEXT SECTION</p>		<p>Rank the 3 most significant SHOCKS you experienced</p> <p>MOST SEVERE1</p> <p>2ND MOST SEVERE..... 2</p> <p>3RD MOST SEVERE.3</p>		<p>How many times did this shock occur in the last 5 years?</p>	<p>What was the estimated value lost due to this SHOCK?</p> <p>IF SHOCK OCCURRED MORE THAN ONCE GIVE ESTIMATE FOR MOST RECENT SHOCK</p>	<p>Did this SHOCK cause a reduction in household income or assets?</p> <p>INCOME LOSS 1</p> <p>ASSET LOSS..... 2</p> <p>LOSS OF BOTH 3</p>	<p>This SHOCK affected: (READ)</p> <p>OWN HH ONLY 1</p> <p>SOME OTHER HH TOO.....2</p> <p>MOST HH IN COMMUNITY.....3</p> <p>ALL HH IN COMMUNITY.....4</p>	<p>How long ago did this SHOCK occur?</p>	<p>What did you do in response to this SHOCK to try to cope regain your former welfare level?</p> <p>LIST UP TO 3 BY ORDER OF IMPORTANCE</p> <p>SEE NEXT PAGE FOR THE CODES</p>			
RC 01	RC 02		RC 03	RC03A	RC 04	RC 05	RC 06	RC 07		RC 08		
		Y N			SZL			YRS	MNTHS	1ST	2ND	3RD
	Drought or floods	1 2										
	Crop disease or or crop pests	1 2										
	Livestock died or were stolen	1 2										
	Household business failure (non-agric.)	1 2										
	Loss of salaried employment or non payment of salary	1 2										
	End of regular assistance, aid or remittances from outside household	1 2										
	Large fall in sale prices for crops	1 2										
	Large rise in price for food	1 2										
	Large rise in agric. input prices	1 2										
	Chronic/severe illness or accident of household member	1 2										
	Birth in the household	1 2										
	Death of household head	1 2										
	Death of working member of household	1 2										

	Since 2004 (last 5 yrs) was your household severely affected by any of the following events? GO THROUGH ENTIRE LIST BEFORE PROCEEDING TO RC 03 IF ALL NO, PROCEED TO NEXT SECTION		Rank the 3 most significant SHOCKS you experienced MOST SEVERE1 2ND MOST SEVERE.....2 3RD MOST SEVERE.3	How many times did this shock occur in the last 5 years?	What was the estimated value lost due to this SHOCK ?	Did this SHOCK cause a redu- ction in house- hold income or assets? INCOME LOSS 1 ASSET LOSS..... 2 LOSS OF BOTH 3	This SHOCK affected: (READ) OWN HH ONLY . . SOME OTHER HH TOO..... MOST HH IN COMMUNITY..... ALL HH IN COMMUNITY.....	How long ago did this SHOCK occur?		What did you do in response to this SHOCK to try to cope regain your former welfare level? LIST UP TO 3 BY ORDER OF IMPORTANCE SEE CODES BELOW				
RC 01	RC 02			RC 03	RC03A	RC 04	RC 05	RC 06		RC 07		RC 08		
		Y N				SZL				YRS	MNTHS	1ST	2ND	3RD
	Death of other family member	1 2												
	Break-up of the household	1 2												
	jailed	1 2												
	fire/storm	1 2												
	Other 1	1 2												

CODES FOR RC 08

STARTED TO SAVE CASH.....	01
SENT CHILDREN TO LIVE WITH RELATIVES.....	02
SOLD ASSETS (TOOLS FURNITURE, CAR ETC.).....	03
SOLD FARM LAND.....	04
RENTED OUT FARMLAND.....	05
SOLD LIVESTOCK OR POULTRY.....	06
SOLD HARVESTED CROPS E.G MAIZE.....	07
WORKED MORE, WORKED LONGER HOURS.....	08
OTHER HOUSEHOLD MEMBERS WHO WERE NOT WORKING WENT TO WORK.....	09
STARTED A NEW BUSINESS.....	10
REMOVED CHILDREN FROM SCHOOL TO WORK.....	11
WENT ELSEWHERE FOR MORE THAN A MONTH TO FIND WORK.....	12
BORROWED MONEY FROM RELATIVES.....	13
BORROWED MONEY FROM MONEY LENDER.....	14
BORROWED MONEY FROM INSTITUTIONS E.G BANK OR CO-OPERATIVE.....	15

CODES FOR RC 08 (CONT.)

RECEIVED HELP FROM RELIGIOUS INSTITUTIONS.....	:01
RECEIVED HELP FROM NGO.....	:02
RECEIVED HELP FROM GOVERNMENT.....	:03
RECEIVED HELP FROM FAMILY/FRIENDS.....	:04
REDUCED FOOD CONSUMPTION.....	:05
CONSUMED LOWER COST BUT LESS PREFERRED FOODS.....	:06
REDUCED NON FOOD EXPENDITURES.....	:07
OTHERS SPECIFY.....	:97

NOTE FOR RC 04 TO RC 07:

THESE QUESTIONS SHOULD ONLY BE ASKED
 OF THE 3 MOST SEVERE SHOCKS AS NOTED IN
 RC 03. LEAVE ALL OTHER ROWS BLANK.

SECTION C MAJOR HOUSEHOLD EXPENDITURE

CO1: AGRICULTURAL INCOME AND EXPENDITURE

During the past 12 months has your household grown any of the following?	Please give me a list of all the crops that members of the household farmed in the past 12 months	How much (...) did the household harvest in the last 12 months? (IN KG)	INDICATE UNIT OF MEASURE	How much of the harvested (...) was consumed? (IN KG)	INDICATE UNIT OF MEASURE	What was the approximate value of consumed?	How much of the harvested.... was sold? (IN KG)	INDICATE UNIT OF MEASURE	What was the approximate value of sold?	How much of the harvested.... was given out? (IN KG)	INDICATE UNIT OF MEASURE	What was the approximate value of ... given out?
<div style="text-align: right; padding-right: 10px;"> YES NO crops..... 1 2 vegetables. . 1 2 fruits..... 1 2 </div>	SEE CODES BELOW	IF NONE, WRITE 0 AND SKIP TO NEXT CROP		IF NONE, WRITE 0 AND SKIP TO C06			IF NONE, WRITE 0 AND SKIP TO C08			IF NONE, WRITE 0 AND SKIP TO C10		
IF ALL NO, GO TO C10												
C01	C02	C03	C03A	C04	C04A	C05 (SZL)	C06	C05A	C07 (SZL)	C08	C06A	C09(SZL)

RE-WRITE BELOW ALL THE CODES LISTED IN C02 IN THE SAME ORDER	How much (...) did the household have before the harvest season? i.e. from previous harvest	INDICATE UNIT OF MEASURE	What was the approximate value of (...) from previous harvest?	How much of the harvested (...) was lost or damaged?	INDICATE UNIT OF MEASURE	What was the approximate value of the lost or damaged (...)?
	IF NONE, WRITE AND SKIP TO NEXT CROP			IF NONE, WRITE 0 AND SKIP TO C10		
C09A	C09B		C09C (SZL)	C09D	C09E	C09F (SZL)

- Cash crops**

 - Maize 201
 - Cotton 202
 - Other (specify) 203

Vegetables

 - Beans 204
 - Potatoes 205
 - Pumpkin 206
 - Groundnuts 207
 - Jugo beans (tindlubu) 208
 - Cabbage 209
 - Spinach 210
 - Onion 211
 - Beetroot 212
 - Carrots 213
 - Cassava 214
 - Sweet potatoes 215
 - Other (specify) 216

Fruits

 - Avocado 217
 - Mango 218
 - Peaches 219
 - Grapes 220
 - Guavas 221
 - Oranges 222
 - Litjies 223
 - Plum 224
 - Nartjies 225
 - Other (specify) 226

During the past 12 months have you or any other member of your household owned any livestock and/or poultry either here or elsewhere in Swaziland? YES. 1 NO 2 IF NO, GO TO C17	Please give me the types of animals and/or poultry that you or any member of your household raised or owned in the last 12 months SEE CODES BELOW	How many does the household own at present?	How many (...) did the household sell during the last 12 months IF NONE WRITE 0 AND SKIP TO C13	How much did the household receive for the sale of all these during the last 12 months	How many (...) did the household consume during the last 12 months	What was the approximate value of ... sold?
C10	C11	C12	C13	C14	C16 (SZL)	C17

CODES FOR C11

CATTLE.....	220
GOATS.....	223
SHEEP.....	224
PIGS.....	225
CHICKEN.....	226
DOVES.....	227
OTHER.....	096

(SPECIFY)

Did you or any member of your household buy any farm inputs and/or tools in the last 12 months? YES. 1 1 NO 2 2 IF NO, GO TO NEXT SECTION	What farm inputs and/or implements did you or other member of the household buy in the last 12 months? SEE CODES ALONGSIDE	What quantity of (...) did you or any other member buy?	INDICATE THE UNIT OF MEASURE	How much did (...) cost
C17	C18	C19	C19A	C20 (SZL)

CODES FOR C18

SEEDS	01
MANURE	02
HIRED A TRACTOR	03
SMALL FARM IMPLEMENTS (E.G. HOE FORK ETC.)	04
FARM REPAIR (E.G. FENCING)	05
HIRED OXEN/DONKEYS	06
FERTILIZER:	
2:3:2.22	07
2:3:2.37	08
2:3:2.38	09
2:3:4.40	10
515 46	11
DAP	12
LAN 27	13
LAN 30	14
LAN 37	15
UREA 46	16
MAP	17
SUPER PHOSPHATE	18
OTHER (SPECIFY)	19

C014: MEDICAL EXPENDITURE (NON-REFUNDABLE)[illegible]

CODES FOR C23

DIARRHOEA	01
VOMITING	02
STOMACH ACHES	03
FLU	04
ASTHMA	05
HEADACHE	06
SKIN PROBLEM	07
DENTAL PROBLEM	08
EYE PROBLEM	09
EAR, NOSE THROAT	10
BACKACHE	11
HEART PROBLEM	12
BLOOD PRESSURE	13
DIABETIS	14
PAIN DURING	
URINATION	15
BURN	16
SEXUALLY TRANSMITTED	
INFECTION	17
FRACTURE	18
WOUND	19
POISONING	20
PREGNANCY	
RELATED	21
HIV/AIDS	22
UNSPECIFIED	
LONG ILLNESS	23
OTHER (SPECIFY)	24

CODES FOR C24

MEDICAL WORKER	
(DOCTOR, NURSE).	01
TRADITIONAL HEALER.	02
HERBALIST.	03
FAITH HEALER.	04
OTHER (SPECIFY).	05

CODES FOR C25

GOVT HOSPITAL	01
GOVT HEALTH CENTRE....	02
GOVT CLINIC	03
PRIVATE HOSPITAL.....	04
PRIVATE DOCTOR.....	05
MISSION HOSPITAL.....	06
MISSION CLINIC.....	07
TRADITIONAL HEALER	08
PHARMACY	09
OTHER (SPECIFY).....	10

REGULAR MONTHLY AND ANNUAL PAYMENTS

[illegible]**CODES FOR C29**

ELECTRICITY	340
TELEPHONE (FIXED LINE)	341
CELL PHONE CONTRACT	342
MEDICAL AID SUBSCRIPTIONS	343
REPAYMENT OF FURNITURE LOAN	344
CAR INSURANCE PREMIUM	345
LIFE INSURANCE PREMIUM	346
BURAL SCHEME	347
LOCAL AUTHORITY RATES	348
OTHER (SPECIFY)	096

CODES FOR C32

CAR INSURANCE PREMIUM	360
LIFE INSURANCE PREMIUM	361
LOCAL AUTHORITY RATES	362
SUBSCRIPTIONS	363
OTHER (SPECIFY)	096

NB LOCAL AUTHORITY RATES APPLY TO PROPERTY OWNERS ONLY

SECTION B: HOUSEHOLD INCOME

B 01: SOURCES OF HOUSEHOLD INCOME

Before asking you specific details about your household income, we would like to know the sources of your household income

- a) during the past 30 days
b) during the past 12 months

The first column of boxes is for indicating the various sources of income during the past 30 days

The second column is for indicating the different income sources during the past 12 months

TICK ALL APPLICABLE BOXES

	Sources of income during past 30 days	Sources of income during past 12 months
011. Cash wage/salary from employment	<input type="checkbox"/>	<input type="checkbox"/>
012. Business Income	<input type="checkbox"/>	<input type="checkbox"/>
013. Rental Income	<input type="checkbox"/>	<input type="checkbox"/>
014. Pension	<input type="checkbox"/>	<input type="checkbox"/>
015. Interest on Savings	<input type="checkbox"/>	<input type="checkbox"/>
016. Sale of Own Produce	<input type="checkbox"/>	<input type="checkbox"/>
017. Sale of Livestock	<input type="checkbox"/>	<input type="checkbox"/>
018. Sale of Property	<input type="checkbox"/>	<input type="checkbox"/>
019. Remittances from inside Swaziland	<input type="checkbox"/>	<input type="checkbox"/>
020. Remittances from outside Swaziland	<input type="checkbox"/>	<input type="checkbox"/>
021. Cash gifts received	<input type="checkbox"/>	<input type="checkbox"/>
022. Cash loans received including salary advance	<input type="checkbox"/>	<input type="checkbox"/>
023. Assistance from disaster task force/NGO	<input type="checkbox"/>	<input type="checkbox"/>
024. Social grants e.g. Package for the elderly from MOHSW	<input type="checkbox"/>	<input type="checkbox"/>

IF NONE OF THE BOXES 1-13 IN THE FIRST COLUMN HAVE BEEN TICKED, PLEASE ASK THE HOUSEHOLD HOW THEY OBTAINED THE MONEY THEY NEEDED DURING THE PAST 30 DAYS TO MEET THEIR EXPENDITURE REQUIREMENTS

RECORD THEIR ANSWER BELOW:

N.B PLEASE NOTE THAT THE PAST 12 MONTHS REFERS TO THE 12 MONTH PERIOD PRECEEDING THE SURVEY AND NOT NECESSARILY THE CALENDER YEAR

B011: CASH WAGE/SALARY FROM EMPLOYMENT IN PAST 30 DAYS

CHECK SECTION A TO IDENTIFY INDIVIDUALS WHOSE INFORMATION HAS BEEN GIVEN FOR A31 THROUGH A34 , PLEASE ENTER HERE ITEMISED DETAILS OF THEIR TOTAL EARNINGS AND DEDUCTIONS FOR ALL THE WORK THEY DID IN THE PAST 30 DAYS.

ASK TO SEE EMPLOYEE'S PAY SLIP. COPY THE INFORMATION FROM THE PAY SLIP AS REQUESTED BELOW.

Line number						
	SZL					
Gross wage or salary						
Back pay/bonuses/overtime						
Car allowance						
Housing allowance						
Other allowances (specify)						
Value of wages in kind	maize					
	other food					
	clothing					
	other goods (specify)					

DEDUCTIONS FROM WAGE/SALARY

Income tax						
House rent						
Car insurance						
Repayment of loans (SPECIFY)						
Pensions contributions						
Trade union subscriptions						
Contribution to medical aid scheme						
Other deductions (SPECIFY)						

B012: HOUSEHOLD ENTERPRISES

THIS SECTION ASKS FOR INFORMATION ABOUT HOUSEHOLD BUSINESS OR ENTERPRISES IN WHICH CASE THE HOUSEHOLD MEMBER (S) MAY EITHER BE;

A) SELF EMPLOYED OR,

B) WORK (S) INFORMALLY WITH A FEW OTHER FAMILY MEMBERS AND/OR A FEW PAID STAFF

THESE ACTIVITIES MAY BE FULL-TIME OR PART-TIME WORK IN WHICH YOU ARE INVOLVED AS AN EMPLOYEE.

B0120 Is your household or any member of the household involved in the running of such an enterprise?

YES 1
 NO 2
 DK 8

1
2
8

→ SKIP TO C01

PLEASE LIST BELOW ALL SUCH BUSINESSES IN WHICH YOU ARE ENGAGED IN. THE TYPE OF BUSINESS MAY BE AMONG THE FOLLOWING. THE CODES SHOWN ARE THE ENTERPRISE CODES TO BE USED IN ANSWER TO B121. IF THE BUSINESS TYPE IS NOT LISTED DESCRIBE THE BUSINESS IN WORDS IN THE SPACE GIVEN AND LEAVE THE CODE BOX EMPTY

SELLING CATTLE/GOATS/SHEEP	01	SELLING AIRTIME	11
SELLING POULTRY	02	HAIRDRESSING	12
SELLING MILK/EGGS	03	CARPENTRY	13
SELLING MAIZE/MILLET/SORGHUM	04	VEHICLE REPAIR/PANEL BEATING	14
SELLING FRUIT VEGETABLES	05	TRANSPORT SERVICE	15
GATHERING//SELLING FIREWOOD	06	TRADITIONAL DOCTOR	16
BREWING/SELLING BEER	07	PLUMBING	17
MAKING AND SELLING HANDICRAFT PRODUCTS	08	HOUSE CONSTRUCTION	18
e.g. BASKETS WOODEN UTENSILS		SHOE REPAIR	19
MAKING AND/OR SELLING CLOTHES	09	OTHER (SPECIFY)	20
COOKING AND/OR SELLING FOOD	10		

		BUSINESS 1	BUSINESS 2	BUSINESS 3
B121	<p>DESCRIPTION OF ENTERPRISE</p> <p>Briefly describe the exact activity in a few words</p> <p>ENTER THE APPROPRIATE CODE FROM THE LIST ABOVE (OR LEAVE BLANK IF THE TYPE OF BUSINESS IS NOT LISTED ABOVE)</p>	<hr/> <hr/> <hr/> <div></div>	<hr/> <hr/> <hr/> <div></div>	<hr/> <hr/> <hr/> <div></div>
B122	<p>Which household member is the main entrepreneur in this business? GIVE SERIAL NUMBER FROM SECTION 1. IF THE MAIN ENTREPRENEUR IS CURRENTLY NOT A MEMBER OF THIS HOUSEHOLD ENTER CODE 99</p>	<div></div>	<div></div>	<div></div>
B123	<p>SEX OF MAIN ENTREPRENEUR</p> <p>1= MALE</p> <p>2= FEMALE</p>	<div></div>	<div></div>	<div></div>
	<p>Are there any other household members who have assisted in this business in the past month?</p>	<p>YES..... 1</p> <p>NO..... 2 → B125</p>		
B124	<p>What are the serial numbers of any other household members who have helped in the business during the past month? (USE SERIAL NUMBER ASSIGNED IN SECT. A)</p>	<div></div>	<div></div>	<div></div>
B125	<p>What is the ownership of this business?</p> <p>SOLE OWNERSHIP 01</p> <p>JOINT OWNERSHIP BY HOUSEHOLD MEMBERS ONLY ... 02</p> <p>JOINT OWNERSHIP WITH.....</p> <p>OTHER NON MEMBERS OF HH ... 03</p> <p>OTHER (SPECIFY)..... 96</p>	<div></div>	<div></div>	<div></div>
B126	<p>Please state the number of people who worked last month in each business</p> <p>working proprietors</p> <p>unpaid family workers</p> <p>paid workers</p> <p>Total</p>	<div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>
B127	<p>When did this business start? STATE THE MONTH IN NUMBERS, i.e. JAN=01, FEB=02 ...DEC=12. AND RECORD THE LAST TWO DIGITS OF THE YEAR e.g. 02 FOR 2002.</p>	<div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>
B128	<p>For how many months of the past 12 months has the business operated?</p>	<div></div>	<div></div>	<div></div>
B129	<p>ON AVERAGE HOW MANY DAYS EACH MONTH DOES THE BUSINESS OPERATE?</p>	<div></div>	<div></div>	<div></div>

<p>B130</p>	<p>BUSINESS EXPENDITURE</p> <p>For each business, on average how much do you spend each month on the following?</p> <p>RAW MATERIAL</p> <p>stock purchases</p> <p>Other supplies</p> <p>RUNNING EXPENSES</p> <p>Rent</p> <p>electricity</p> <p>water</p> <p>telephone</p> <p>transport</p> <p>wages - cash (last month)</p> <p>OTHER EXPENSES</p> <p>Loan repayments</p> <p>taxes and licenses</p> <p>other (specify)</p> <p>TOTAL EXPENDITURE</p>			
<p>B131</p>	<p>BUSINESS INCOME</p> <p>What is the approximate total value of sales and/or other income from this business in an average month?</p>			

CHECK B01 TO SEE IF SOURCE OF INCOME COVERS A MONTH'S PERIOD OR A PERIOD OF 12 MONTHS. IF THE PERIOD COVERED IS 12 MONTHS, THEN DEFLATE THIS AMOUNT BY SIMPLY DIVIDING BY 12 TO GET THE MONTHLY AMOUNT.

		AMOUNT RECEIVED
B013	INCOME OBTAINED FROM RENTAL OF PROPERTY SERIAL NUMBER (S) OF PERSON TO WHICH THIS INCOME CORRESPONDS TO:	
	<input type="text"/>	<input type="text"/>
B014	INCOME FROM PENSION SERIAL NUMBER (S) OF PERSON (S) TO WHICH THIS INCOME CORRESPONDS TO:	
	<input type="text"/>	<input type="text"/>
B015	INCOME FROM INTEREST ON SAVINGS SERIAL NUMBER (S) OF PERSON (S) TO WHICH THIS INCOME CORRESPONDS TO:	
	<input type="text"/>	<input type="text"/>
B018	INCOME FROM SALE OF PROPERTY SERIAL NUMBER (S) OF PERSON (S) TO WHICH THIS INCOME CORRESPONDS TO:	
	<input type="text"/>	<input type="text"/>
B019	INCOME FROM REMITTANCES FROM INSIDE SWAZILAND SERIAL NUMBER (S) OF PERSON (S) TO WHICH THIS INCOME CORRESPONDS TO:	
	<input type="text"/>	<input type="text"/>
B020	INCOME FROM REMITTANCES FROM OUTSIDE SWAZILAND SERIAL NUMBER (S) OF PERSON (S) TO WHICH THIS INCOME CORRESPONDS TO:	
	<input type="text"/>	<input type="text"/>
B021	INCOME FROM CASH GIFTS SERIAL NUMBER (S) OF PERSON (S) TO WHICH THIS INCOME CORRESPONDS TO:	
	<input type="text"/>	<input type="text"/>

B022 INCOME FROM CASH LOANS INCLUDING SALARY ADVANCE

SERIAL NUMBER (S) OF PERSON (S) TO WHICH THIS INCOME
CORRESPONDS TO:

B023 INCOME FROM DISASTER TASK FORCE OR NGO

SERIAL NUMBER (S) OF PERSON (S) TO WHICH THIS INCOME
CORRESPONDS TO:

B024 INCOME FROM SOCIAL GRANTS E.G THE ELDER'S PACKAGE FROM MOHSW

SERIAL NUMBER (S) OF PERSON (S) TO WHICH THIS INCOME
CORRESPONDS TO:

Enumeration Area No.

--	--	--	--	--

--	--

--	--

=====

[illegible]

HOUSEHOLD CASH RECEIPTS

[illegible]

GOODS AND SERVICES RECEIVED[illegible]

GOODS AND SERVICES GIVEN[illegible]

OWN PRODUCE CONSUMED

[illegible]