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CENTRAL BUREAU OF STATISTICS
National Planning Commission Secretariat

FORM 1

Confidential

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Namibia Household Income and Expenditure Survey 2003/04

PART A

Classification information

Region	Name	<input type="text"/>	Number	<input type="text"/>
Constituency		<input type="text"/>	Rural/Urban	<input type="text"/>
PSU number				<input type="text"/>
Sample Household Number				<input type="text"/>
Survey round	<input type="text"/>	Fr	<input type="text"/>	To <input type="text"/>
			D D M M	D D M M

Particulars of the household

Physical location of the household _____

Telephone number of enumerated household (if any)

Questionnaire number for this household (for persons no. 01 - 10 = 1, etc.)

Total number of questionnaires for this household

Name of head of household _____

Name of primary respondent _____

Field administrative information

FINAL RESULTS

Form 1	<input type="text"/>
Form 2, week 1	<input type="text"/>
Form 2, week 2	<input type="text"/>
Form 2, week 3	<input type="text"/>
Form 2, week 4	<input type="text"/>

RESULT CODES

- 1 = Completed
- 2 = Partially completed
- 3 = Non-contact
- 4 = Refusal
- 5 = Other

Comments on all non-response

Field staff

Interviewer Name:	_____	Number	<input type="text"/>
Signature:	_____		
Supervisor Name:	_____	Number	<input type="text"/>
Signature:	_____		

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Region no

PSU no

Hh. no

Questionnaire no

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PART B**This part covers the household composition and particulars of each person in the household***The following information must be obtained in respect of every person who spent the last night in this household.***Do not forget babies.** *If there are more than 10 persons in the household, use a second questionnaire for Part B - D.*

Ask for all persons in the household		Person (respondent) number									
B 1	Write the names, starting with the <u>head</u> of the household, then the spouse, children, etc.	1	2	3	4	5	6	7	8	9	0
B 2	First name and surname Surname: Write down first name and surname of each member of the household, starting with the head Write sideways if necessary										
	First name: .										
B 3	Is a female or a male? 1 = FEMALE 2 = MALE	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
B 4	How old was at his/her last birthday? Write two digits. Less than 1 year = 00. More than 95 = 95.										
B 5	Ask if 18 years or less on B 4, otherwise go to B 6										
	What is 's date of birth?										
	Give year and month in two figures each Year Month										

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		1	2	3	4	5	6	7	8	9	0
B 6	What is’s relationship to the head of the household? (i.e. to the person in column 1) 1 = HEAD 2 = HUSBAND/WIFE/PARTNER 3 = SON/DAUGHTER/STEPCHILD/ADOPTED CHILD 4 = FATHER/MOTHER 5 = OTHER RELATIVE (E.G. OTHER IN-LAWS OR AUNT/UNCLE) 6 = DOMESTIC WORKER 7 = OTHER NON-RELATED PERSON	<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
		<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
		<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"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
		<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
		<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
		<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
B 7	What is’s marital status? 1 = MARRIED WITH CERTIFICATE 2 = MARRIED TRADITIONALLY/CUSTOMARY 3 = CONSENSUAL UNION 4 = WIDOW/WIDOWER 5 = DIVORCED OR SEPARATED 6 = NEVER MARRIED	<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
		<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
		<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"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
		<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
		<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
B 8	Is ’s biological mother still alive? 1 = YES 2 = NO 3 = 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
		<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
		<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
B 9	Is ’s biological father still alive? 1 = YES 2 = NO 3 = 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
		<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
		<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

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		1	2	3	4	5	6	7	8	9	0	
B 10	What is’s country of citizenship? 01 = NAMIBIA 02 = ANGOLA 03 = BOTSWANA 04 = SOUTH AFRICA 05 = ZAMBIA 06 = ZIMBABWE 07 = OTHER SADC 08 = OTHER AFRICAN COUNTRIES 09 = ALL OTHER COUNTRIES 10 = DON’T KNOW	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
B 11	<i>Ask only of women aged between 12 - 49 years.</i> Is pregnant?	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	
B 12	<i>For all persons in the household</i> Weight of (in kilogram, with one decimal)											
B 13	Height of (in centimetre)											

Household composition control

Ask only at the 2nd – 5th visit. Start from person no 1 and ask for all recorded persons.

B 14	Did spend at least four nights in this household during the last seven days? 1 = DURING WEEK 1 <i>Record at 2nd visit</i> 2 = DURING WEEK 2 <i>Record at 3rd visit</i> 3 = DURING WEEK 3 <i>Record at 4th visit</i> 4 = DURING WEEK 4 <i>Record at 5th visit</i>	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2
B 15	Since my last visit, has any other person stayed in this household? <i>If “YES”, cross the box in the next empty column and complete Part B - D for each new person, starting from B 1. Do not forget to ask B 14 for new persons.</i>	<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

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PART C *Ask for all persons aged 6 years and above*

		1	2	3	4	5	6	7	8	9	0
C 1	Can write and read a message in at least one language with understanding? 1 = YES 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
C 2	Has ever been to school? 1 = YES 2 = No 3 = DON'T KNOW <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> } → <i>Go to Part D</i> </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	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
C 3	Is still at school? 1 = YES 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
C 4	What is the highest grade/standard/level of education has completed? <i>Give highest grade/standard/level of education</i> <i>Give code from code list</i>										

PART D *Ask for all persons aged 8 years and above*

D 1	In the last seven days, did do any work for pay, profit or family gain for at least one hour? 1 = YES → <i>Go to D 3</i> 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
D2	Even though did not do any kind of work in the last seven days, does he/she have a job, business, or other economic or farming activity that he/she will definitely return to? 1 = YES 2 = No → <i>Go to D 8</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2

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		1	2	3	4	5	6	7	8	9	0
D 3	What kind of work did do in his/her <u>main</u> job during the last seven days (or usually does, even if he/she was absent in the last seven days)? Describe the work or give occupation or job title. <i>Record at least two words: Car sales person, Office cleaner, Vegetable farmer, Primary school teacher, etc.</i> <i>For agricultural work on own/family farm/plot, state whether for <u>own</u> use or for <u>sale</u> mostly.</i>										
	Code box for office use										
D 4	What are the main goods and services produced at 's place of work? What are its main functions? <i>Examples: Repairing cars, Selling commercial real estate, Sell food wholesale to restaurants, Retail clothing shop, Manufacture electrical appliances, Bar/ restaurant, Primary Education, Delivering newspapers to homes.</i>										
	Code box for office use										
D 5	In 's <u>main</u> job, did he/she work? 1 = as a paid employee for a private employer 2 = as a paid employee for government or state enterprise 3 = as an employer 4 = as a self-employed or own account worker 5 = in subsistence farming activities 6 = an unpaid family worker 7 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
D 6	How many hours did work in all his/her work activities during the last seven days? <i>Give answer in whole hours</i>										

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		1	2	3	4	5	6	7	8	9	0	
D 7	Does want to work longer hours? 1 = YES 2 = No 3 = DON'T KNOW → Go to Part E	<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	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
D 8	Why did not work during the past seven days? 1 = INCOME RECEPIENT 2 = RETIRED OR TOO OLD TO WORK 3 = SCHOLAR OR STUDENT 4 = HOUSEWIFE/HOMEMAKER 5 = ILLNESS, DISABLED OR UNABLE TO WORK 6 = CANNOT FIND SUITABLE WORK/NO JOBS AVAILABLE 7 = TOO YOUNG TO WORK 8 = OTHER REASON, <i>specify in column</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
D 9	If offered work, was then available and ready to work during the last seven days? 1 = YES 2 = NO → Go to Part E	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
D 10	Was looking for work during the last seven days? 1 = YES 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	

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PART E Housing characteristics and amenities

E 1	Indicate the type of main dwelling that the household occupies. 01 = DETACHED HOUSE 02 = SEMI-DETACHED HOUSE/TOWN HOUSE 03 = APARTMENT 04 = GUEST FLAT 05 = PART COMMERCIAL/INDUSTRIAL BUILDING 06 = MOBILE HOME (CARAVAN/TENT) 07 = SINGLE QUARTERS 08 = TRADITIONAL DWELLING 09 = IMPROVISED HOUSING UNIT 10 = OTHER, <i>specify</i> :	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10
E 2	Is the dwelling 1 = Owned with no outstanding debts 2 = Owned, but not yet fully paid off (e.g. with a mortgage) 3 = Occupied free 4 = Rented without subsidy 5 = Rented with subsidy 6 = OTHER, <i>specify</i> :	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6

E 3	What is the main material used for the roof and the outer walls of the main dwelling? <i>Mark one code in each column.</i> 01 = CEMENT BLOCKS/BRICKS/STONES 02 = BURNT BRICKS/FACE BRICKS 03 = CORRUGATED IRON/ZINC 04 = WOODEN POLES, STICKS AND GRASS 05 = STICKS, MUD, CLAY AND/OR COW-DUNG 06 = ASBESTOS 07 = BRICK TILES 08 = SLATE 09 = THATCH, GRASS 10 = NONE 11 = OTHER, <i>specify</i> :	Roof	Outer walls
		<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11
E 4	What is the main material used for the floor of the main dwelling 1 = SAND 2 = CONCRETE 3 = MUD, CLAY AND/OR COW DUNG 4 = WOOD 5 = OTHER, <i>specify</i> :	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

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E 5	What is the main source of energy/fuel for this household?	Cooking	Heating	Lighting
	01 = ELECTRICITY FROM MAINS	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = ELECTRICITY FROM GENERATOR	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = GAS	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	04 = PARAFFIN	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = WOOD OR WOOD CHARCOAL	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	06 = COAL	<input type="checkbox"/> 06	<input type="checkbox"/> 06	
	07 = CANDLES		<input type="checkbox"/> 07	<input type="checkbox"/> 07
	08 = ANIMAL DUNG	<input type="checkbox"/> 08	<input type="checkbox"/> 08	
	09 = SOLAR ENERGY	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = OTHER, <i>specify:</i>	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = NONE	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
E 6	What is the household's main source of drinking water?			
	<i>Mark one code only</i>			
	01 = PIPED (TAP) WATER IN DWELLING			<input type="checkbox"/> 01
	02 = PIPED (TAP) WATER ON SITE OR IN YARD (OUTSIDE)			<input type="checkbox"/> 02
	03 = NEIGHBOUR'S TAP			<input type="checkbox"/> 03
	04 = PUBLIC TAP			<input type="checkbox"/> 04
	05 = BOREHOLE , PRIVATE			<input type="checkbox"/> 05
	06 = RAIN-WATER TANK ON SITE			<input type="checkbox"/> 06
	07 = WATER-CARRIER/TANKER			<input type="checkbox"/> 07
	08 = BOREHOLE, COMMUNAL			<input type="checkbox"/> 08
	09 = FLOWING WATER/STREAM/RIVER/CANAL			<input type="checkbox"/> 09
	10 = DAM/POOL/STAGNANT WATER			<input type="checkbox"/> 10
	11 = WELL, PROTECTED			<input type="checkbox"/> 11
	12 = WELL, UNPROTECTED			<input type="checkbox"/> 12
	13 = SPRING			<input type="checkbox"/> 13
14 = OTHER, <i>specify:</i>			<input type="checkbox"/> 14	

E 7	What type of toilet facility is available for this household?	In dwelling	In yard	Outside yard
	<i>Mark only one, the main toilet</i>			
	1 = FLUSH TOILET CONNECTED TO A PUBLIC SEWAGE SYSTEM	<input type="checkbox"/> 11	<input type="checkbox"/> 21	<input type="checkbox"/> 31
	2 = FLUSH TOILET CONNECTED TO A SEPTIC TANK	<input type="checkbox"/> 12	<input type="checkbox"/> 22	<input type="checkbox"/> 32
	3 = PIT LATRINE WITH VENTILATION PIPE (VIP)		<input type="checkbox"/> 23	<input type="checkbox"/> 33
	4 = PIT LATRINE WITHOUT VENTILATION PIPE		<input type="checkbox"/> 24	<input type="checkbox"/> 34
	5 = BUCKET TOILET		<input type="checkbox"/> 25	<input type="checkbox"/> 35
	6 = OTHER		<input type="checkbox"/> 26	<input type="checkbox"/> 36
	7 = BUSH/NO TOILET			<input type="checkbox"/> 37
E 8	What is the one way walking distance in kilometres or how long does it take to walk to Give one answer, either an answer in whole kms or in minutes		Kms	Minutes
	01 = Drinking water			
	02 = Hospital or clinic			
	03 = Public transport			
	04 = Local shop, market			
	05 = Primary school			
	06 = High school			
	07 = Combined school			
	<i>Cont.</i>			

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Region no

PSU no

Hh. no

Questionnaire no

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PART F Ownership of selected items and sources of household income

E 8	<i>Continued</i>	Kms	Minutes
	08 = Police station		
	09 = Post office		
	10 = Magistrates court		
	11 = Traditional court		
E 9	Does any mobile clinic regularly come to this area or an area nearby? 1 = YES 2 = NO 3 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
E10	How frequently is it available? 01 = 7 DAYS A WEEK 02 = EVERY SECOND DAY 03 = 2 DAYS A WEEK 04 = 1 DAY A WEEK 05 = 1 DAY EVERY SECOND WEEK 06 = 1 DAY A MONTH 07 = OTHER, <i>specify</i> 08 = DON'T KNOW	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08	
E 11	What is the one way walking distance in kilometres or how long does it take to walk to the mobile clinic? <i>Give one answer, either an answer in whole kms or in minutes</i>	Kms	Minutes

F 1	Does the household own or have access to any of the following?	Owns	Does not own, but has access	Neither owns nor has access
	01 = Radio	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	02 = Stereo/HiFi	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	03 = Tape recorder	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	04 = Television	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	05 = Satellite dish	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	06 = Video cassette recorder/DVD	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	07 = Telephone/Cell telephone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	08 = Refrigerator	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	09 = Stove, gas or electric	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	10 = Microwave	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	11 = Freezer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	12 = Washing machine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	13 = Motor vehicle	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	14 = Motor cycle/Scooter	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	15 = Sewing/Knitting machine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	16 = Donkey cart/Ox cart	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	17 = Plough	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	18 = Tractor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	19 = Wheelbarrow	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	20 = Grinding mill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	21 = Bicycle	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	22 = Computer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	23 = Internet service	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	24 = Canoe/Boat	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	25 = Motorboat	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	26 = Camera	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

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F 2	Does the household own or have access to any of the following?	Owns	Does not own, but has access	Neither owns nor has access	Number (if owns or has access)
	01 = Cattle	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
	02 = Sheep	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
	03 = Pig	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
	04 = Goat	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
	05 = Donkey/mule	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
	06 = Horse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
	07 = Poultry	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
	08 = Ostrich	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
	09 = Grazing land	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
	10 = Field for crops	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
F 3	Does any member of this household own a business?				
	1 = YES				<input type="checkbox"/> 1
	2 = NO → Go to F 5				<input type="checkbox"/> 2

F 4	Please, describe the type of business (-es)	For office use
	1.	
	2.	
	3.	
	4.	
F 5	What is the main source of income for this household? 01 = SALARIES AND/OR WAGES 02 = SUBSISTENCE FARMING 03 = COMMERCIAL FARMING 04 = BUSINESS ACTIVITIES, NON-FARMING 05 = PENSIONS 06 = CASH REMITTANCES 07 = RENTAL INCOME 08 = INTEREST FROM SAVINGS/INVESTMENTS 09 = MAINTENANCE GRANTS 10 = DROUGHT RELIEF ASSISTANCE 11 = IN KIND RECEIPTS 12 = OTHER, <i>specify</i> 13 = NO INCOME	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13
F 6	Which is the main language spoken in the household? <i>Write the language beneath and give code from code list</i>	

PART G Cost of housing

- Amounts shown against Part G.2, should relate to one month only, amounts relating to periods other than a month should be converted to show the estimated monthly value.

- If the household does not own the dwelling or pay rent, it should be regarded as a rent received as a gift and Question G.1 must be "No" and Part G.2 to be completed.

G.1 Is this dwelling owned, whether fully paid off or not?

1 = YES → Go to Part G.2.5	<input type="checkbox"/> 1
2 = NO → Go to Part G.2.1	<input type="checkbox"/> 2

G.2 Monthly housing cost

IF RENTED OR OCCUPIED FREE OF RENT

Item	Cost for the last month
2.1 RENT PAID FOR THIS DWELLING UNIT	
2.1.1 Monthly rent paid by the household for this dwelling unit (excluding subsidy)	
2.1.2 Cash subsidy or value of subsidy (value of reduced rent)	
2.1.3 Estimated market value of rent, if the dwelling unit is occupied free	
2.2 Rent paid for garage and/or domestic worker's room, if rented separately	
2.3 Levy	
2.4 Boarding – lodging paid (This item only covers permanent boarding and also includes amounts paid to members of your family if you board with them, excluding meals)	
→ Go to G.2.6	

IF OWNED

Item	Cost for the last month
2.5 If you were to rent your dwelling, how much do you estimate a monthly market rent in N\$ would be?	
PAYMENT ON DWELLING-UNIT (including additional payments for immovable improvements) You can either complete item G.2.5.1 <u>or</u> attach a copy of your mortgage bond statement. NOTE: If the composition of your instalment is not known, please obtain the information from your building society or from the person or body who granted the loan.	
2.5.1 Monthly instalment for the last month (including voluntary additional monthly payment and subsidy/allowance, but excluding insurance)	
of which - Capital	<input type="text"/> ↔ Do not include in total.
of which - Interest	<input type="text"/> ↔ Do not include in total.
2.5.2 Subsidy Must also be shown as Income in Part U.2.4.1, page 39 Amount received from employer, or value of reduction in instalment if loan is repaid at a rate lower than the current interest rate	
2.5.3 Levy paid in the case of dwelling units under sectional title or shareholding/block scheme	
Insurance must be shown against Part R.4.4, page 30	

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Region no

PSU no

Hh. no

Questionnaire no

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SERVICES FOR ALL HOUSEHOLDS

Item	Cost for the last month
2.6 PAYMENTS FOR HOUSING SERVICES (You can either complete G.2.6 <u>or</u> you can attach a copy of your municipal account)	
2.6.1 Assessment rates and taxes	
2.6.2 Water (including basic levies, water bought from tankers, kiosks and from neighbours, where applicable. <i>Water for livestock and irrigation must be shown under Part S 5, page 34.</i>)	
2.6.3 Electricity (including basic levies where applicable)	
2.6.4 Electricity (pre-payment cards, "Koopkrag", E-cards, specify, excluding VAT where applicable)	
2.6.5 Sanitary service	
2.6.6 Refuse removal	
2.6.7 Value Added Tax (VAT)	
TOTAL MONTHLY COST OF HOUSING (ITEMS 2.1.1 – 2.6.7)	

G.3 Annual housing costs for all dwellings occupied by this household

- Amounts shown against G.3.1 – G.3.5 should relate to 12 months.

- If the household in the last 12 month has moved, or has occupied more than this dwelling, costs of the other dwellings should also be included here.

Item	Cost for the last 12 months
3.1 ADDITIONAL SINGLE AMOUNT PAID TO BANK/BUILDING SOCIETY REGARDING MORTGAGE BOND (You can either complete item 1 <u>or</u> you can attach a copy of your loan statement)	
3.1.1 Capital payments (including deposit)	
3.1.2 Other payments such as transfers due and transfer costs and registration of mortgage bond	
3.2 Contributions made towards communal provision of housing services, such as water facilities and electricity supply (e.g. communal water tap)	
3.3 Payment for right to access a piece of land (tribal/shacks) .	

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3.4 Did this household do any repairs and/or improvements to this or any other dwelling unit of which payments were not included in the dwelling-units' mortgage bond above (Part G.2.5)? 1 = YES → Go to 3.4.1 2 = No → Go to Part G.4	<input type="checkbox"/> 1 <input type="checkbox"/> 2
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Item	Cost for the last 12 months
3.4.1 Repair and maintenance of existing buildings, swimming pools, etc. (plumbers, electricians)	
3.4.2 Additions and alterations (including installation of security systems, built-in furniture, solar energy systems, swimming pools, stoeps and garden lay-outs)	
3.4.3 Security structures (including fences, electronic gates)	
3.4.4 Security systems (including alarms, panic buttons)	
3.5 Security services (including reaction services and neighbourhood watch)	
3.6 Building materials not included in 3.4.1 or 3.4.2 (e.g. for building houses)	
TOTAL ANNUAL COST OF HOUSING (ITEMS 3.1 – 3.6)	

G.4 Annual holiday expenditure

G.4.1 Did this household go on holiday during the past 12 months?

1 = YES → Go to Part G.4.2.1.1	<input type="checkbox"/> 1
2 = No → Go to Part G.4.2.1.3	<input type="checkbox"/> 2

G.4.2 Annual holiday accommodation cost

Item	Cost for the last 12 months
4.2.1 HOLIDAY ACCOMMODATION	
4.2.1.1 Hotel, motel and/or boarding fees (private capacity)	
4.2.1.2 Rent: Holiday flat or house, caravan, etc. (including site fees) (private capacity)	
4.2.1.3 Does the household own any timeshare or holiday accommodation? 1 = YES 2 = No → Go to Part H	<input type="checkbox"/> 1 <input type="checkbox"/> 2
4.2.1.4 ANNUAL PAYMENT ON TIMESHARE	
- Payment	
- Levy	
4.2.2 Net expenses incurred as owner of a holiday home, i.e. after deduction of income received from letting. (If net income is involved, see Part U.1.3, page 37)	
TOTAL ANNUAL COST OF HOLIDAY ACCOMMODATION (ITEMS 4.2.1.1 – 4.2.2)	

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Region no

PSU no

Hh. no

Questionnaire no

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PART H Domestic workers in the past month

H.1 Did this household during the past month make use of domestic or household workers' services (e.g. gardeners, child minders, watchmen and other domestic workers)?

1 = YES → Go to H 2	<input type="checkbox"/> 1
2 = No → Go to Part I	<input type="checkbox"/> 2

H.2 Cost of domestic workers' services

Particulars of domestic workers			Total remuneration paid by the household to domestic workers in the past month				
Type of domestic worker	Number of domestic workers	Total number of hours usually worked per month	a. Cash wage including transport allowance	b. Contributions to personnel funds (pension, medical aid, social security, etc.)	Estimated value of		
					c. Free food	d. Free accommodation	e. Free clothing, health care, etc
General domestic worker							
Child minder							
Cook							
Chauffeur							
Clothes washer or ironer							
Garden worker							
Watchman							
Other (fetching wood, carrying water)							
TOTAL REMUNERATION TO DOMESTIC WORKERS							
TOTAL COST OF DOMESTIC WORKERS' SERVICES (The sum of totals for column a – e)							

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PART I Clothing and footwear purchases in the past 12 months

NOTES:

- Include clothing and footwear received as gifts
- Uniforms and clothing purchased for domestic workers must be included here
- Sportswear must be included below, but sports equipment and special sports footwear, such as rugby boots, must be shown in Part Q.1.5.3, page 27
- Lay-byes and credit purchases, monthly payments, must be included

I.1 Cost of clothing

Item	Actual amount paid in the past 12 months
1.1 Men's clothing	
1.2 Women's clothing	
1.3 Boys' clothing	
1.4 Girls' clothing	
1.5 Infants' clothing	
TOTAL COST OF CLOTHING (ITEM 1.1 – 1.5)	

I.2 Cost of footwear

Item	Actual amount paid in the past 12 months
2.1 Men's footwear	
2.2 Women's footwear	
2.3 Boys' footwear	
2.4 Girls' footwear	
2.5 Infants' footwear	
TOTAL COST OF FOOTWEAR (ITEM 2.1 – 2.5)	

I.3 Cost of home-made and specially made-up clothes (not for re-sale) and clothing repairs

Item	Actual amount paid in the past 12 months
3.1 Material for clothing	
3.2 Knitting wool and yarns	
3.3 Patterns, lace, sewing cotton, etc.	
3.4 Amount paid for making or repair of clothing and footwear	
3.5 Cost of hire of clothing	
3.6 Scissors, needles, pins	
TOTAL COST OF HOME-MADE + SPECIALLY MADE-UP CLOTHES + CLOTHING REPAIRS (ITEM 3.1 – 3.6)	

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Region no

PSU no

Hh. no

Questionnaire no

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PART J Furniture and equipment purchases and payment in the past 12 months

NOTES:

- Expenditure on musical instruments, sound and vision equipment and general tools must be shown in Part Q.1, page 26

J.1 Cost of furniture, fixtures and floor coverings

NOTES:

- The payment on hire purchases should be included.
- Credit purchases, monthly payments must be included.
- Give actual amount paid during the past 12 months, irrespective of date of purchase

Item	Actual amount paid during the past 12 months
1.1 FURNITURE	
1.1.1 Bed bases and mattresses	
1.1.2 Other bedroom furniture	
1.1.3 Dining-room furniture	
1.1.4 Lounge furniture	
1.1.5 Kitchen furniture and units (excluding electrical appliances)	

Item	Actual amount paid during the past 12 months
1.1.6 Garden and patio furniture	
1.1.7 Other loose items of furniture, specify (e.g. mirrors)	
1.2 FLOOR COVERINGS (wall-to-wall carpets and tiles - see Part G.3.4.2, page 14)	
1.2.1 Loose carpets and rugs	
1.2.2 Other loose floor coverings, specify	
1.3 Other (e.g. ornaments, paintings and other works of art), specify	
1.4 Upholstering and other repair costs	
TOTAL COST OF FURNITURE, FIXTURES AND FLOOR COVERINGS (ITEM 1.1.1 – 1.4)	

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J.2 Cost of household textiles

Item	Actual amounts paid during the past 12 months
2.1 Blankets and travelling rugs	
2.2 Sheets and pillow cases	
2.3 Duvets and duvet covers	
2.4 Table-cloths and serviettes	
2.5 Curtains (including making and hanging charges), material for curtains, and blinds	
2.6 Pillows and cushions	
2.7 Sleeping bags	
2.8 Repair of household textiles	
2.8 Other, <i>specify</i>	
TOTAL COST OF HOUSEHOLD TEXTILES (ITEM 2.1 – 2.8)	

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J.3 Cost of appliances**NOTES:**

- Expenditure on musical instruments, sound and video equipment and general tools must be shown in Part Q.1, page 26-27.
- Payments on hire purchases should be included.

Item	Actual amounts paid during the past 12 months
3.1 ELECTRICAL APPLIANCES	
3.1.1 Refrigerators, deep freezers and refrigerator/ - deep freeze combinations	
3.1.2 Stoves and ovens, including microwave ovens	
3.1.3 Hotplates	
3.1.4 Washing machines, dishwashers and tumble dryers	
3.1.5 Vacuum cleaners, polishers and carpet cleaners	
3.1.6 Irons	
3.1.7 Kettles and percolators	
3.1.8 Sewing machines, over lockers and knitting machines	
3.1.9 Food mixers, processors and similar accessories	
3.1.10 Frying pans and woks	
3.1.11 Toasters, waffle pans and sandwich toasters	

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Region no

PSU no

Hh. no

Questionnaire no

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Item	Actual amounts paid during the past 12 months
3.1.12 Electrically operated lawn-mowers and edge-trimmers	<input type="text"/>
3.1.13 Other electrical appliances (e.g. heaters, electric blankets, lamps, air-conditioners and fans), specify	<input type="text"/>
3.2 NON-ELECTRICAL APPLIANCES	
3.2.1 Gas stoves and heaters	<input type="text"/>
3.2.2 Coal, wood and anthracite stoves	<input type="text"/>
3.2.3 Paraffin stoves and heaters	<input type="text"/>
3.2.4 Sewing and knitting machines	<input type="text"/>
3.2.5 Lawnmowers and edge-trimmers - petrol driven	<input type="text"/>
3.2.6 Gas refrigerators	<input type="text"/>
3.2.7 Other (e.g. gas lamps, safes), specify:	<input type="text"/>
3.3 Repairs of electrical and non-electrical appliances	<input type="text"/>
TOTAL COST OF APPLIANCES (ITEM 3.1 –3. 3)	<input type="text"/>

J.4 Cost of other household equipment

Item	Actual amounts paid during the past 12 months
4.1 Kitchen cooking ware (non-electrical)	<input type="text"/>
4.2 Tableware (cutlery, crockery, glassware, including plastics)	<input type="text"/>
4.3 Light bulbs and tubes, power plugs, fuses, electric wires, etc.	<input type="text"/>
4.4 Ironing boards, laundry baskets, etc.	<input type="text"/>
4.5 Gardening equipment, such as watering cans, hosepipes, spades, etc.	<input type="text"/>
4.6 Other (ladders, bathroom scales, etc.) specify	<input type="text"/>
TOTAL COST OF OTHER HOUSEHOLD EQUIPMENT (ITEM 4.1 – 4.6)	<input type="text"/>

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PART K Health services and medical requisites for the past 12 months

K.1 Cost of members of medical aid/ insurance schemes, medical provident schemes

Item	Total costs for the past 12 months
	Members of medical aid/ insurance schemes, medical provident schemes
1.1 SUBSCRIPTIONS AND PREMIUMS IN CONNECTION WITH MEDICAL AID SCHEMES AND MEDICAL PROVIDENT SCHEMES	
1.1.1 Paid by the household	
1.1.2 Contribution by employer	
1.2 ACTUAL COST PAID BY THE HOUSEHOLD (not paid for by scheme) FOR:	
1.2.1 Medical services, including healers (traditional, spiritual)	
1.2.2 Medicine with a prescription	
1.2.3 Health services and medicine not covered by medical schemes	
1.2.4 Therapeutic appliances and equipment, like spectacles, contact lenses, dentures, crutches, etc. and other medical products, like clinical thermometers, bandages, condoms and other mechanical contraceptives	
1.3 Medicines purchased without a prescription	
TOTAL COST OF MEDICAL CARE FOR MEDICAL AID MEMBERS (ITEM 1.1.1 – 1.3)	

K.2 Cost of non-members of medical aid/ insurance schemes, medical provident schemes

Item	Total costs for the past 12 months
	Non-members
2.1 SERVICES	
2.1.1 Flat rate in respect of services and medicine obtained at hospital/clinic	
2.1.2 DOCTORS, DENTISTS, PSYCHIATRISTS, SPECIALISTS, OPTICIANS, NURSES, HOMEOPATHS, PAEDIATRICIANS, ETC.	
• Private sector	
• Public sector	
2.1.3 Healers (traditional, spiritual)	
2.1.4 HOSPITALS, NURSING-HOMES, CLINICS, ETC., INCLUDING AMBULANCE SERVICES	
• Private sector	
• Public sector	
2.1.5 Therapists (physiotherapist, etc.)	

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Region no

PSU no

Hh. no

Questionnaire no

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Item	Total costs for the past 12 months
	Non-members
2.2 MEDICINES, OINTMENTS, DISINFECTANTS, BANDAGES, ETC.	
2.2.1 Purchased on prescription	
2.2.2 PURCHASED WITHOUT PRESCRIPTION (patent medicine, cough mixtures, laxatives, fruit salts, pain killers, etc.)	
2.3 Therapeutic appliances and equipment , like spectacles, contact lenses, dentures, crutches, etc. and other medical products , like clinical thermometers, bandages, condoms and other mechanical contraceptives	
TOTAL COST OF MEDICAL CARE FOR NON MEDICAL AID MEMBERS (ITEM 2.1 – 2.3)	

PART L Transport during the past 12 months

L.1 Private transport – for household's own use

L.1.1 Cost of private vehicles, purchased

(Vehicles for business purposes must not be included)

NOTES:

- This section deals only with vehicles owned by or registered in the name of any member of the household.
- The value of vehicles traded in or sold during the past 12 months should be shown as income in Part U.2.2, page 39.
- Payments on hire purchases should be included.

Item	Actual amount paid during the past 12 months	Actual amount paid during the past 12 months
	New	Used
1.1.1 Motor cars, station wagons and mini-buses		
1.1.2 Bakkies and four-wheel drive vehicles		
1.1.3 Motor cycles and scooters		
1.1.4 Bicycles		
1.1.5 Caravans and trailers including motorised caravans		
1.1.6 Other vehicles, e.g. donkey carts, Specify:		
TOTAL COST OF PRIVATE TRANSPORT (ITEM 1.1.1 – 1.1.6)		

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L.1.2 Running costs during the past 12 months

NOTES:

- Amount spent on motorcar fuel during holiday journeys must be included in item 2.
- Expenditure in connection with the purchase and maintenance of aircraft, boats, etc. must be shown in Part Q.1.4 page 27.
- Expenses incurred (except rent) in connection with vehicles not belonging to you (e.g. rented cars, company cars, borrowed cars) should be included here, unless these expenses were recovered from the employer.

Item	Total costs for the past 12 months
1.2.1 Estimated value of private use of company or similar vehicle	
1.2.2 Motor car fuel (N\$ per month x 12 =)	
1.2.3 Parking fees (N\$ per month x 12 =)	
1.2.4 Traffic fines	
1.2.5 Oil and grease	
1.2.6 TYRES AND TUBES	
1.2.6.1 New	
1.2.6.2 Retreaded	
1.2.7 Batteries	
1.2.8 Spare parts and accessories purchased for private repair and installation	

Item	Total costs for the past 12 months
1.2.9 Lubrication and maintenance services	
1.2.10 Installation of air conditioning	
1.2.11 Installation of security systems	
1.2.12 PANEL-BEATING REPAIRS (including repairs to vehicles belonging to others)	
1.2.12.1 Paid for by you	
1.2.12.2 Paid for by your insurance company or other party	
1.2.13 OTHER REPAIR WORK (including repairs to vehicles belonging to others)	
1.2.13.1 Paid for by you	
1.2.13.2 Paid for by your insurance company or other party	
1.2.14 Licence and registration fees (including that of motor cycles)	
1.2.15 Driving lessons	
1.2.16 Car wash and valet services	
1.2.17 Other, specify	
TOTAL RUNNING COST (ITEM 1.2.1 – 1.2.17)	

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Region no

PSU no

Hh. no

Questionnaire no

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L.2 Cost of public and hired transport, for example to work and to school and for other private purposes (excluding holiday journeys)

Item	Total costs for the past 12 months
2.1 Bus (including school bus)	<input type="text"/>
2.2 Train	<input type="text"/>
2.3 Rented vehicle	<input type="text"/>
2.4 Taxi (whether metered or not, including minibus taxi)	<input type="text"/>
2.5 Value of reduced transport tariffs	<input type="text"/>
2.6 Furniture removal and transport of goods	<input type="text"/>
2.7 Other (e.g. lift clubs, neighbourhood arrangements, occasional air-transport, excluding those for business purposes), <i>specify</i> :	<input type="text"/>
TOTAL COST OF PUBLIC AND HIRED TRANSPORT (ITEM 2.1 – 2.7)	<input type="text"/>

L.3 Did this household make use of any public and hired transport for holiday purposes during the past 12 months?

1 = YES → <i>Go to Part L.4</i>	<input type="checkbox"/> 1
2 = No → <i>Go to Part M</i>	<input type="checkbox"/> 2

L.4 Cost of public and hired transport for travelling expenses while on holidays away from home

Item	Total costs for the past 12 months
4.1 Bus	<input type="text"/>
4.2 Train	<input type="text"/>
4.3 Boat	<input type="text"/>
4.4 Aircraft	<input type="text"/>
4.5 Taxi	<input type="text"/>
4.6 Rented vehicles (show fuel in Part L.1.2.2, page 22)	<input type="text"/>
4.7 Supporting services (e.g. parking services, port operators)	<input type="text"/>
4.8 Other (e.g. cable car)	<input type="text"/>
TOTAL COST OF PUBLIC AND HIRED TRANSPORT FOR HOLIDAY PURPOSES (ITEM 4.1 – 4.8)	<input type="text"/>

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PART M Computer and telecommunication equipment during the past 12 months

M.1 Cost of computer and telecommunication equipment

Item	Total costs for the past 12 months
1.1 Personal computers and laptops	
1.2 Software	
1.3 Calculators	
1.4 Diskettes and consumable goods	
1.5 Printers	
1.6 Modems, play-stations, CD-writers and other hardware components accompanying computers	
1.7 COMMUNICATION EQUIPMENT	
1.7.1 Cellular telephones and pagers	
1.7.2 Telephones, cordless telephones, motor telephones	
1.7.3 Fax machines and telephone answering machines for household purposes	
1.8 Two-way radios	
TOTAL COST OF COMPUTER AND TELECOMMUNICATION EQUIPMENT (ITEM 1.1 – 1.8)	

PART N Communication for household purposes during the past 12 months

N.1 Cost of communication for household purposes (excluding expenses which incurred for business purposes)

Item	Actual amount paid during the past 12 months
1.1 TELEPHONE FEES	
1.1.1 Telephone rental and installation	
1.1.2 Telephone calls	
• private	
• from public telephones	
• from cellular telephones	
• flexicards	
1.1.3 Value Added Tax (VAT) (only if telephone account is available)	
1.1.4 Connection to the cellular telephone network	
1.1.5 Rent for cellular telephone network	
1.1.6 Subscription to internet	
1.2 Postage	
1.3 Other (telegrams, courier services, renting of post boxes, fax charges, etc.)	
TOTAL COST OF COMMUNICATION FOR HOUSEHOLD PURPOSES (ITEM 1.1 – 1.3)	

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Region no

PSU no

Hh. no

Questionnaire no

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PART O Education cost during the past 12 months

NOTES:

Expenditure on the following must not be included:

- School bags: Part R.1.2, page 29
- Travelling expenses: Part L, appropriate items, pages 21-23

O.1 Cost of education

Item	Costs for the past 12 months	
	Paid by you or by means of loans	Paid by means of grants, non-refundable bursaries, etc
1.1 TUITION (including correspondence and distance courses) AND ATTENDANCE FEES		
1.1.1 Day-care mothers, crèches, and playgroups	<input type="text"/>	<input type="text"/>
1.1.2 Pre-primary schools, after school centres etc.	<input type="text"/>	<input type="text"/>
1.1.3 SCHOOLS (primary, secondary and combined schools)		
• Public	<input type="text"/>	<input type="text"/>
• Private	<input type="text"/>	<input type="text"/>
1.1.4 Teachers' training, agricultural and technical colleges and technikons	<input type="text"/>	<input type="text"/>
1.1.5 Universities	<input type="text"/>	<input type="text"/>
1.1.6 Private tuition in subjects of an educational nature, (e.g. extra lessons in school subjects)	<input type="text"/>	<input type="text"/>

Item	Costs for the past 12 months	
	Paid by you or by means of loans	Paid by means of grants, non-refundable bursaries, etc
1.1.7 Field trips	<input type="text"/>	<input type="text"/>
<i>Other lessons, see Part Q.4.4.3, page 28</i>		
1.2 BOARDING FEES		
1.2.1 Schools, teachers' training and technical colleges, technicons, universities, etc.	<input type="text"/>	<input type="text"/>
1.3 Schools and other educational institutions (expenses incurred not normally regarded as tuition e.g. contributions to sport grounds)	<input type="text"/>	<input type="text"/>
1.4 Textbooks	<input type="text"/>	<input type="text"/>
1.5 Stationery	<input type="text"/>	<input type="text"/>
1.6 Other, specify (e.g. training and adult education)	<input type="text"/>	<input type="text"/>
TOTAL COST OF EDUCATION (ITEM 1.1 – 1. 6)	<input type="text"/>	<input type="text"/>

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PART P Reading material and stationery during the past 12 months

P.1 Cost of reading material and stationery

Item	Total purchases for the past 12 months
1.1 READING MATERIAL	
1.1.1 Newspapers – daily and weekly	
1.1.2 Magazines and periodicals	
1.1.3 Books (excluding those for tuition)	
1.1.4 Library fees and fines	
1.2 Stationery (excluding those for education)	
TOTAL COST OF READING MATERIAL AND STATIONERY (ITEM 1.1.1 – 1.2)	

PART Q Recreation, entertainment and sport during the past 12 months

Q.1 Cost of instruments, equipment and accessories

NOTES:

- The cost of items purchased during the past 12 months (whether paid for or not) should include finance charges (if any).
- Rental paid must be included (see Part Q.4, page 28).
- The amounts actually paid during the past 12 months for items purchased during this period or earlier should include all cash purchases, instalments, deposits and the value of items traded in during this period.

Item	Actual amount paid during the past 12 months
1.1 Musical instruments: Pianos, organs and other musical instruments	
1.2 SOUND AND VIDEO EQUIPMENT	
1.2.1 Television sets, decoder, video recorder/DVD	
1.2.2 Aerials and satellite dishes	
1.2.3 Radios (including motor car radios), tape recorders, compact disc players, record players and similar equipment	
1.2.4 Magnetic tapes and compact discs	
1.3 Photography: Cameras, video cameras, projectors, flashes and films (expenditure in connection with developing Part Q.4.4.2 page 28)	

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Region no

PSU no

Hh. no

Questionnaire no

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Item	Costs for the past 12 months
1.4 Aircraft, boats (including outboard motors), go-carts, etc.	
1.5 SPORTS EQUIPMENT	
1.5.1 Rifles and ammunition	
1.5.2 Tennis rackets and balls, fishing rods, etc.	
1.5.3 Game specific footwear and protection gear (rugby boots, knee pads, life jackets, etc.)	
1.6 Camping equipment (tents, etc.)	
1.7 Power driven and other tools (excluding gardening tools, which must be shown in Part J.3.2.5 or Part J.4.5, page 19)	
1.8 Repairs and service charges for the above-mentioned equipment	
TOTAL COST OF RECREATION, INSTRUMENTS, EQUIPMENT AND ACCESSORIES (ITEM 1.1 – 1.8)	

Q.2 Did this household buy any other recreation, entertainment and sport goods and any pets and pet requisites during the past 12 months?

1 = YES	→ Go to Part Q.3	<input type="checkbox"/> 1
2 = No	→ Go to Part Q.4	<input type="checkbox"/> 2

Q.3 Cost of other goods

Item	Costs for the past 12 months
3.1 Swimming pool equipment and repairs of equipment	
3.2 Gardening requirements (excluding gardening equipment, which must be shown in Part J.4.5, page 19)	
3.3 Seeds, plants, shrubs and trees, fertilizer, plant and pest spray remedies	
3.4 PETS	
3.4.1 Purchase of pets, foods/feeds and other requisites	
3.5 Bouquets and cut flowers for household use	
3.6 Net expenditure on hobbies, toys and games	
3.7 Other, specify.	
TOTAL COST OF RECREATION, ENTERTAINMENT AND SPORT GOODS, ETC. (ITEM 3.1 – 3.7)	

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Q.4 Cost of licenses, rental and other service charges

Item	Costs for the past 12 months
4.1 TELEVISION	
4.1.1 Licences	
4.1.2 Rental	
4.1.3 Subscription to pay TV channels	
4.1.4 Rent for decoder, video-equipment and tapes	
4.2 Admission charges: cinemas, theatres, concerts, shows, swimming pools, sports events, museums, zoological and botanical gardens, etc	
4.3 PETS	
4.3.1 Licences	
4.3.2 Care (e.g. doggy parlour, kennels and veterinary costs)	

Item	Costs for the past 12 months
4.4 OTHER	
4.4.1 Garden and swimming pool maintenance (excluding wages of persons who maintain pool, but including chemicals)	
4.4.2 Film development and photo-prints	
4.4.3 Fees for lessons connecting with recreation, entertainment and sport	
<i>For lessons in educational subjects, see Part O.1, Page 25 and for motor car driving lessons, see Part L. 1.2.15, page 22</i>	
4.4.4 Holiday tour packages (all inclusive holidays)	
4.4.5 Other, specify	
TOTAL COST OF LICENSES, RENT OR SERVICE CHARGES FOR RECREATION, ENTERTAINMENT AND SPORT PURPOSES (ITEM 4.1.4 – 4.4.5)	