Questionnaire ID

Statistics South Africa
Preferred supplier of quality statistics

INCOME AND EXPENDITURE SURVEY 2005/06

WEEKLY DIARY

SURVEY MONTH ☐   **WEEK (1, 2, 3 or 4)** ☐   *For office use*

DIARY NUMBER ☐ **OF** ☐

PARTICULARS OF THE HOUSEHOLD

Primary Sampling Unit (PSU) number

Dwelling unit number

Total number of persons in the household

Name of main respondent ....

HOUSEHOLDS AT THE SELECTED DWELLING UNIT

Household number for this household

Total number of households at the selected dwelling unit

Date issued	
Date to collect	
Interviewer	

FOR THE HOUSEHOLD

Please record your expenses and purchases for the following period

	Day	Date	Number of entries for the day
1			
2			
3			
4			
5			
6			
7			

Check list

		YES	No
1.	Is there anyone in this household aged 2 years or younger?	☐ 1	☐ 2
2.	Does any member of this household use alcoholic beverages?	☐ 1	☐ 2
3.	Does any member of this household use tobacco or tobacco products?	☐ 1	☐ 2
4.	Are there any persons living in special dwellings who are supported by members of this household?	☐ 1	☐ 2
5.	How many dwelling units are owned by members of this household?		☐
6.	Does any member of the household own a cellular phone?	☐ 1	☐ 2
7.	Does the household own a functional working telephone?	☐ 1	☐ 2
8.	Does the household have access to a functional working telephone inside the dwelling?	☐ 1	☐ 2
9.	Does the household have access to electricity for cooking, lighting and/or heating?	☐ 1	☐ 2
10.	Does anyone in this household make use of public/private transport to go to school?	☐ 1	☐ 2
11.	Does anyone in this household make use of public/private transport to go to work?	☐ 1	☐ 2
12	Does anyone in this household own a car?	☐ 1	☐ 2
13	Does anyone in this household own a horse, donkey or any other animal for transport purposes?	☐ 1	☐ 2
14.	Does anyone in this household attend an educational institution?	☐ 1	☐ 2
15.	Is there anyone in this household who is covered by medical aid or health insurance?	☐ 1	☐ 2
16.	Does anyone in this household subscribe to any kind of magazine or newspaper?	☐ 1	☐ 2
17.	Does anyone in this household subscribe to DSTV, internet, etc.?	☐ 1	☐ 2
18.	Does anyone in this household have a bank account?	☐ 1	☐ 2

Does anyone in the household have debit orders, such as...

		YES	No
19.	• Medical aid or health insurance	☐ 1	☐ 2
20.	• Car insurance	☐ 1	☐ 2
21.	• Other insurance	☐ 1	☐ 2
22.	• Subscription to DStv	☐ 1	☐ 2
23.	• Subscription to the internet	☐ 1	☐ 2
24.	• Subscription to magazines and newspapers	☐ 1	☐ 2
25.	• TV license	☐ 1	☐ 2
26.	• Parking	☐ 1	☐ 2
27.	• Other debit orders	☐ 1	☐ 2

List all deductions from salaries/wages of household members:

28. • ....

29. • ....

30. • ....

31. • ....

32. • ....

To be answered towards the end of this diary period:

Was this a "normal" spending and consuming week?   ☐ 1 ☐ 2

If **No**, were purchases and other transactions different, due to visitors, a party, people away from home, etc? Please describe below:

....

....

....

....

INCOME AND EXPENDITURE SURVEY 2005/06

GUIDELINE FOR FILLING OUT DAILY INCOME AND EXPENDITURE

TO BE RECORDED DAILY IN:

Form 1

- All food and non-food items purchased by any member of the household, such as bread, milk, rice, furniture, electric appliances, wood, etc. for the household's consumption as well as to give away as a gift or maintenance.

Form 2

- All items acquired by the household without payment such as items from own produce, nature (hunting and gathering of vegetables), gifts and maintenance received.

Form 3

- All payments made by household members on a monthly basis such as medical aid, vehicle insurance, telephone bills, etc.

NOT TO BE RECORDED IN THE DIARY:

- Items purchased for business purposes.

HOW TO GO ABOUT COMPLETING THE DIARY

The main respondent:

- Asks each member of the household about their transactions for the day.
- Records all transactions for one person before proceeding to transactions made by the next person, until all household members have been covered.

HOW TO GO ABOUT COMPLETING FORM 1

1. Leave the columns "For office use" blank. This will be completed by the fieldworker.

2. In column "Day", record the day of the month when the purchase was made, for instance 5, if the purchase took place on the 5th of the month.

3. In column "Description", give a detailed description of each item bought. Be as specific as possible, see example below:

Example

Good descriptions	Bad descriptions
Full-cream long-life milk	Milk
Taxi fare to and from town	Money for transport to town
Boys' school shoes	- shoes - school shoes - boy's shoes
White sugar	Sugar
Brown bread	Bread
Quarter chicken, chips and a glass of coke	Meal

4. In column "Source", mark with an x inside the box that best describes the source of the item. For example;
- For items bought from grocery stores, furniture shops, clothing outlets, etc. mark '1'.
- If the source is not known, mark '5'. See also explanation at the bottom of the page.

5. In the next column indicate whether or not the purchase was for the household's own consumption or for someone outside the household. For example, if the household purchased an item to give away as a gift, mark '2'. If it's maintenance, mark '3'. If the household purchased an item for own consumption, then mark '1' in this column.

6. In column "Value", record the cost of the item described (in Rands and Cents).

Where available, please keep all receipts or till slips to verify purchases.

EXAMPLE

FORM 1   ITEMS PURCHASED BY THE HOUSEHOLD

FOR OFFICE USE		Day	Description	Source (See below) 1 = Shop 2 = Own business 3 = Service provider 4 = Other	Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No, maintenance given away	Value	
CHECKS I S A M C/M	**COICOP**					R	C
		101	01	White bread	☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	5	00
		102	01	Whole wheat brown bread	☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	4	50
		103	01	Longlife full-cream milk	☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	5	80
		104	01	Extra large eggs	☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	12	00
		105	02	Fresh green beans	☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	7	00
		106	02	Fresh mixed vegetables	☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	10	00
		107	02	Frozen mixed vegetables	☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	12	60
		108			☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		
		109			☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		
		110			☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		
		111			☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		
		112			☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		

SOURCE   1 = SHOP means e.g. supermarket, bottle store, butchery, pharmacy, clothing outlet, etc.

3 = SERVICE PROVIDER stands for payments on e.g. bus fare, repairs, etc.

4 = Other such as door to door sales persons, street traders, etc.

FORM 1 ITEMS PURCHASED BY THE HOUSEHOLD

FOR OFFICE USE						Day	Description	Source (See below) 1 = Shop 2 = Own business 3 = Service provider 4 = Other	Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No, maintenance given away	Value	
CHECKS				COICOP							
I	S	A	C/ M							R	C
						101		☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 1 ☐ 2 ☐ 3		
						102		☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 1 ☐ 2 ☐ 3		
						103		☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 1 ☐ 2 ☐ 3		
						104		☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 1 ☐ 2 ☐ 3		
						105		☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 1 ☐ 2 ☐ 3		
						106		☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 1 ☐ 2 ☐ 3		
						107		☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 1 ☐ 2 ☐ 3		
						108		☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 1 ☐ 2 ☐ 3		
						109		☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 1 ☐ 2 ☐ 3		
						110		☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 1 ☐ 2 ☐ 3		
						111		☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 1 ☐ 2 ☐ 3		
						112		☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 1 ☐ 2 ☐ 3		

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CHECKS I S A M C/M	COICOP			R C		R C
		113		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	
		114		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	
		115		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	
		116		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	
		117		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	
		118		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	
		119		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	
		120		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	
		121		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	
		122		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	
		123		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	
		124		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	

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CHECKS I S A C/M	**COICOP**						R	C
			125		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		
			126		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		
			127		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		
			128		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		
			129		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		
			130		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		
			131		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		
			132		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		
			133		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		
			134		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		
			135		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		
			136		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		

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CHECKS I S A C/M	**COICOP**					R	C
		137		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		
		138		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		
		139		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		
		140		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		
		141		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		
		142		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		
		143		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		
		144		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		
		145		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		
		146		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		
		147		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		
		148		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		

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CHECKS				**COICOP**					
I	S	A	C/ M						R C
					149		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	
					150		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	
					151		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	
					152		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	
					153		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	
					154		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	
					155		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	
					156		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	
					157		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	
					158		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	
					159		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	
					160		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	

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CHECKS I S A C/M	**COICOP**					R	C
		161		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		
		162		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		
		163		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		
		164		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		
		165		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		
		166		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		
		167		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		
		168		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		
		169		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		
		170		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		
		171		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		
		172		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3		

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FORM 1 ITEMS PURCHASED BY THE HOUSEHOLD

<table>
<tr><th colspan="5">FOR OFFICE USE</th><th>Day</th><th>Description</th><th>Source
(See below)

1 = Shop
2 = Own business
3 = Service provider
4 = Other</th><th>Was this for this household's own consumption?
1 = Yes
2 = No, gift given away
3 = No, maintenance given away</th><th colspan="2">Value</th></tr>
<tr><th colspan="2">CHECKS</th><th colspan="3">COICOP</th><th></th><th></th><th></th><th></th><th></th><th></th></tr>
<tr><th>I</th><th>S</th><th>A</th><th>C/
M</th><th></th><th></th><th></th><th></th><th></th><th>R</th><th>C</th></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td>173</td><td></td><td>☐1 ☐2 ☐3 ☐4</td><td>☐1 ☐2 ☐3</td><td></td><td></td></tr>
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<tr><td></td><td></td><td></td><td></td><td></td><td>184</td><td></td><td>☐1 ☐2 ☐3 ☐4</td><td>☐1 ☐2 ☐3</td><td></td><td></td></tr>
</table>

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FORM 1 ITEMS PURCHASED BY THE HOUSEHOLD

FOR OFFICE USE		Day	Description	Source (See below) 1 = Shop 2 = Own business 3 = Service provider 4 = Other	Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No, maintenance given away	Value
CHECKS	**COICOP**					
I S A C/M						R C
		185		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	
		186		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	
		187		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	
		188		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	
		189		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	
		190		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	
		191		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	
		192		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	
		193		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	
		194		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	
		195		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	
		196		☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3	

SOURCE 1 = SHOP means e.g. supermarket, bottle store, butchery, pharmacy, clothing outlet, etc.
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HOW TO GO ABOUT COMPLETING FORM 2

1. Leave the columns "For office use" blank. This will be completed by the fieldworker.
2. In column "Day", record the day of the month when the item was acquired. For items from own produce, please record the day of consumption.
3. In column "Description", give a detailed description of the item. Be as specific as possible.
4. In column "Quantity", record the quantity of the item described.

Example

Spinach	20g
White rice	10kg
Men's long sleeve shirts	2
Boy's school shoes	1 pair
Braiding (thin long braids)	

Note: *If the item cannot be quantified, leave the Quantity column blank (see last example above).*

5. In column "Source", mark the box that best describes the source of the item. For example;
   1. *If a member of the household collected a bunch of spinach from the household's garden, mark '1' for source.*
   2. *If the household acquired meat through hunting, mark '2'.*
   3. *If the item was a gift from non-household members mark '3'.*
   4. *If the item was received as part of maintenance from non-household members mark '4'.*
   5. *If the source is not listed among the options provided, mark '6' and specify the source together with the description.*
6. In the next column indicate whether or not the item was for the household or for someone outside the household. For example, if the household acquired an item to give away as a gift to a non-household member mark '2'. If it was maintenance to non-household members, mark '3'. If the household acquired an item for own consumption, then mark '1' in this column.
7. In the "Value" column give an estimated market value of the item described, i.e. how much you would pay for the item if you were to buy it.

EXAMPLE

FORM 2 ITEMS CONSUMED BY THE HOUSEHOLD FROM OWN PRODUCE
(e.g. own garden), **FROM NATURE** (e.g. hunting, fishing, gathering), **OR**
RECEIVED AS GIFTS AND/OR MAINTENANCE

FOR OFFICE USE			
CHECKS		**COICOP**	
I	S A C/M		

	Day	Description	Quantity	Source 1 = Garden, kraal, poultry pen, etc. 2 = Nature (e.g. hunted, gathered, fished, etc.) 3 = Gift received 4 = Maintenance received 5 = Other	Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No, maintenance given away	Value	
						R	C
201	02	Fresh mealies	2 kg	☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	14	00
202	02	Potatoes	1 kg	☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	8	00
203	04	Burger and chips	1 meal	☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	19	99
204	04	Women's skirt	1	☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	120	95
205	05	White sugar	500g	☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	4	40
206				☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
207				☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
208				☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
209				☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
210				☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
211				☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
212				☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		

FORM 2 — ITEMS CONSUMED BY THE HOUSEHOLD FROM OWN PRODUCE (e.g. own garden), FROM NATURE (e.g. hunting, fishing, gathering), OR RECEIVED AS GIFTS AND/OR MAINTENANCE

FOR OFFICE USE		
CHECKS		**COICOP**
I S A C/M		

Day	Description	Quantity	Source 1 = Garden, kraal, poultry pen, etc. 2 = Nature (e.g. hunted, gathered, fished, etc.) 3 = Gift received 4 = Maintenance received 5 = Other	Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No, maintenance given away	Value R C
201			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
202			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
203			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
204			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
205			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
206			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
207			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
208			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
209			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
210			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
211			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
212			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	

FORM 2 ITEMS CONSUMED BY THE HOUSEHOLD FROM OWN PRODUCE

(e.g. own garden), **FROM NATURE** (e.g. hunting, fishing, gathering), **OR RECEIVED AS GIFTS AND/OR MAINTENANCE**

FOR OFFICE USE					Day	Description	Quantity	Source 1 = Garden, kraal, poultry pen, etc. 2 = Nature (e.g. hunted, gathered, fished, etc.) 3 = Gift received 4 = Maintenance received 5 = Other	Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No, maintenance given away	Value	
CHECKS				COICOP						R	C
I	S	A	C/M								
					213			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
					214			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
					215			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
					216			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
					217			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
					218			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
					219			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
					220			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
					221			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
					222			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
					223			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
					224			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		

FORM 2   ITEMS CONSUMED BY THE HOUSEHOLD FROM OWN PRODUCE

(e.g. own garden), **FROM NATURE** (e.g. hunting, fishing, gathering), **OR**
RECEIVED AS GIFTS AND/OR MAINTENANCE

FOR OFFICE USE		
CHECKS		**COICOP**
I S A C/M		

Day	Description	Quantity	Source 1 = Garden, kraal, poultry pen, etc. 2 = Nature (e.g. hunted, gathered, fished, etc.) 3 = Gift received 4 = Maintenance received 5 = Other	Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No, maintenance given away	Value R C
225			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
226			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
227			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
228			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
229			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
230			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
231			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
232			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
233			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
234			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
235			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
236			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	

FORM 2 ITEMS CONSUMED BY THE HOUSEHOLD FROM OWN PRODUCE

(e.g. own garden), FROM NATURE (e.g. hunting, fishing, gathering), OR RECEIVED AS GIFTS AND/OR MAINTENANCE

FOR OFFICE USE			Day	Description	Quantity	Source	Was this for this household's own consumption?	Value	
CHECKS		**COICOP**				1 = Garden, kraal, poultry pen, etc. 2 = Nature (e.g. hunted, gathered, fished, etc.) 3 = Gift received 4 = Maintenance received 5 = Other	1 = Yes 2 = No, gift given away 3 = No, maintenance given away		
I S A C/M								R	C
			237			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
			238			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
			239			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
			240			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
			241			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
			242			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
			243			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
			244			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
			245			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
			246			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
			247			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
			248			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		

FORM 2 — ITEMS CONSUMED BY THE HOUSEHOLD FROM OWN PRODUCE

(e.g. own garden), **FROM NATURE** (e.g. hunting, fishing, gathering), **OR RECEIVED AS GIFTS AND/OR MAINTENANCE**

FOR OFFICE USE						Day	Description	Quantity	Source	Was this for this household's own consumption?	Value	
CHECKS				COICOP					1 = Garden, kraal, poultry pen, etc. 2 = Nature (e.g. hunted, gathered, fished, etc.) 3 = Gift received 4 = Maintenance received 5 = Other	1 = Yes 2 = No, gift given away 3 = No, maintenance given away		
I	S	A	C/ M								R	C
						249			□1 □2 □3 □4 □5	□1 □2 □3		
						250			□1 □2 □3 □4 □5	□1 □2 □3		
						251			□1 □2 □3 □4 □5	□1 □2 □3		
						252			□1 □2 □3 □4 □5	□1 □2 □3		
						253			□1 □2 □3 □4 □5	□1 □2 □3		
						254			□1 □2 □3 □4 □5	□1 □2 □3		
						255			□1 □2 □3 □4 □5	□1 □2 □3		
						256			□1 □2 □3 □4 □5	□1 □2 □3		
						257			□1 □2 □3 □4 □5	□1 □2 □3		
						258			□1 □2 □3 □4 □5	□1 □2 □3		
						259			□1 □2 □3 □4 □5	□1 □2 □3		
						260			□1 □2 □3 □4 □5	□1 □2 □3		

FORM 2 ITEMS CONSUMED BY THE HOUSEHOLD FROM OWN PRODUCE

(e.g. own garden), FROM NATURE (e.g. hunting, fishing, gathering), OR RECEIVED AS GIFTS AND/OR MAINTENANCE

FOR OFFICE USE		Day	Description	Quantity	Source	Was this for this household's own consumption?	Value
CHECKS	**COICOP**				1 = Garden, kraal, poultry pen, etc. 2 = Nature (e.g. hunted, gathered, fished, etc.) 3 = Gift received 4 = Maintenance received 5 = Other	1 = Yes 2 = No, gift given away 3 = No, maintenance given away	
I S A M (C/)							R C
		261			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
		262			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
		263			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
		264			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
		265			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
		266			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
		267			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
		268			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
		269			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
		270			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
		271			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
		272			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	

FORM 2 ITEMS CONSUMED BY THE HOUSEHOLD FROM OWN PRODUCE

(e.g. own garden), **FROM NATURE** (e.g. hunting, fishing, gathering), **OR**
RECEIVED AS GIFTS AND/OR MAINTENANCE

FOR OFFICE USE					Day	Description	Quantity	Source 1 = Garden, kraal, poultry pen, etc. 2 = Nature (e.g. hunted, gathered, fished, etc.) 3 = Gift received 4 = Maintenance received 5 = Other	Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No, maintenance given away	Value	
CHECKS				**COICOP**							
I	S	A	C/M							R	C
					273			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
					274			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
					275			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
					276			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
					277			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
					278			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
					279			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
					280			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
					281			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
					282			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
					283			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
					284			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		

FORM 2   ITEMS CONSUMED BY THE HOUSEHOLD FROM OWN PRODUCE

(e.g. own garden), FROM NATURE (e.g. hunting, fishing, gathering), OR RECEIVED AS GIFTS AND/OR MAINTENANCE

FOR OFFICE USE				
CHECKS			**COICOP**	
I	S	A	C/M	

Day	Description	Quantity	Source 1 = Garden, kraal, poultry pen, etc. 2 = Nature (e.g. hunted, gathered, fished, etc.) 3 = Gift received 4 = Maintenance received 5 = Other	Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No, maintenance given away	Value R C
285			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
286			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
287			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
288			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
289			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
290			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
291			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
292			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
293			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
294			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
295			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
296			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	

HOW TO GO ABOUT COMPLETING FORM 3

1. Leave the columns "For office use" blank. This will be completed by the fieldworker.
2. In column "Day", record the day of the month when the transaction took place, for instance 5, if the payment took place on the 5th of the month.
3. In column "Description", give a detailed description of the payment made. Be as specific as possible, see example below:

Example

Good descriptions	Bad descriptions
Medical aid	Debit order
Car insurance	Insurance
Educational policy Funeral policy	Policy
Water and lights	Utilities
Cellular telephone bill	Telephone bill
Telkom telephone bill	Telephone bill

4. Record "Method of payment" for the item described in the previous column.
5. In the next column indicate whether or not the purchase was for the household or for someone outside the household. For example, if the household acquired an item to give away as a gift to a non-household member mark '2'. If maintenance to non-household members, mark '3'. If the household acquired an item for own consumption, then mark '1' in column 1.
6. In column "Value", record the amount paid for the item described (in Rands and Cents)

Where available, please keep all receipts, statements and pay slips to verify payments.

EXAMPLE

FORM 3   MONTHLY PAYMENTS FOR <u>SERVICES</u> (e.g. medical aid, telephone bills, internet subscription premiums, DStv premiums, etc.)

FOR OFFICE USE			Day	Description	4. Method of payment 1 = Debit order 2 = Deducted from salary 3 = Internet payments 4 = Cash 5 = Other	Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No, maintenance given away	Value	
CHECKS	COICOP						R	C
I S A C/M		301	30	Medical aid premium	☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	380	00
		302	30	Car insurance	☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	450	00
		303	30	Telephone account	☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	210	45
		304	30	DSTV account	☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	350	00
		305			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
		306			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
		307			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
		308			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
		309			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
		310			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
		311			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
		312			☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		

FORM 3 MONTHLY PAYMENTS FOR SERVICES (e.g. medical aid, telephone bills, internet subscription premiums, DStv premiums, etc.)

FOR OFFICE USE			Day	Description	4. Method of payment 1 = Debit order 2 = Deducted from salary 3 = Internet payments 4 = Cash 5 = Other	Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No, maintenance given away	Value	
CHECKS		COICOP						
I S A C/M							R	C
			301		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
			302		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
			303		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
			304		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
			305		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
			306		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
			307		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
			308		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
			309		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
			310		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
			311		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
			312		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		

FORM 3 MONTHLY PAYMENTS FOR SERVICES (e.g. medical aid, telephone bills, internet subscription premiums, DStv premiums, etc.)

FOR OFFICE USE		Day	Description	4. Method of payment 1 = Debit order 2 = Deducted from salary 3 = Internet payments 4 = Cash 5 = Other	Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No, maintenance given away	Value	
CHECKS	COICOP						
I S A C/M						R	C
		313		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
		314		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
		315		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
		316		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
		317		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
		318		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
		319		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
		320		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
		321		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
		322		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
		323		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
		324		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		

FORM 3   MONTHLY PAYMENTS FOR <u>SERVICES</u> (e.g. medical aid, telephone bills, internet subscription premiums, DStv premiums, etc.)

FOR OFFICE USE		Day	Description	4. Method of payment 1 = Debit order 2 = Deducted from salary 3 = Internet payments 4 = Cash 5 = Other	Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No, maintenance given away	Value
CHECKS I S A C/M	**COICOP**					R C
		325		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
		326		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
		327		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
		328		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
		329		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
		330		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
		331		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
		332		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
		333		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
		334		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
		335		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
		336		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	

FORM 3   MONTHLY PAYMENTS FOR <u>SERVICES</u> (e.g. medical aid, telephone bills, internet subscription premiums, DStv premiums, etc.)

<table>
<tr><td colspan="3"><i>FOR OFFICE USE</i></td><td>Day</td><td>Description</td><td>4. Method of payment
1 = Debit order
2 = Deducted from salary
3 = Internet payments
4 = Cash
5 = Other</td><td>Was this for this household's own consumption?

1 = Yes
2 = No, gift given away
3 = No, maintenance given away</td><td>Value</td></tr>
<tr><td><i>CHECKS</i>
I S A C/M</td><td colspan="2"><i>COICOP</i></td><td></td><td></td><td></td><td></td><td>R   C</td></tr>
<tr><td></td><td></td><td></td><td>337</td><td></td><td>☐1 ☐2 ☐3 ☐4 ☐5</td><td>☐1 ☐2 ☐3</td><td></td></tr>
<tr><td></td><td></td><td></td><td>338</td><td></td><td>☐1 ☐2 ☐3 ☐4 ☐5</td><td>☐1 ☐2 ☐3</td><td></td></tr>
<tr><td></td><td></td><td></td><td>339</td><td></td><td>☐1 ☐2 ☐3 ☐4 ☐5</td><td>☐1 ☐2 ☐3</td><td></td></tr>
<tr><td></td><td></td><td></td><td>340</td><td></td><td>☐1 ☐2 ☐3 ☐4 ☐5</td><td>☐1 ☐2 ☐3</td><td></td></tr>
<tr><td></td><td></td><td></td><td>341</td><td></td><td>☐1 ☐2 ☐3 ☐4 ☐5</td><td>☐1 ☐2 ☐3</td><td></td></tr>
<tr><td></td><td></td><td></td><td>342</td><td></td><td>☐1 ☐2 ☐3 ☐4 ☐5</td><td>☐1 ☐2 ☐3</td><td></td></tr>
<tr><td></td><td></td><td></td><td>343</td><td></td><td>☐1 ☐2 ☐3 ☐4 ☐5</td><td>☐1 ☐2 ☐3</td><td></td></tr>
<tr><td></td><td></td><td></td><td>344</td><td></td><td>☐1 ☐2 ☐3 ☐4 ☐5</td><td>☐1 ☐2 ☐3</td><td></td></tr>
<tr><td></td><td></td><td></td><td>345</td><td></td><td>☐1 ☐2 ☐3 ☐4 ☐5</td><td>☐1 ☐2 ☐3</td><td></td></tr>
<tr><td></td><td></td><td></td><td>346</td><td></td><td>☐1 ☐2 ☐3 ☐4 ☐5</td><td>☐1 ☐2 ☐3</td><td></td></tr>
<tr><td></td><td></td><td></td><td>347</td><td></td><td>☐1 ☐2 ☐3 ☐4 ☐5</td><td>☐1 ☐2 ☐3</td><td></td></tr>
<tr><td></td><td></td><td></td><td>348</td><td></td><td>☐1 ☐2 ☐3 ☐4 ☐5</td><td>☐1 ☐2 ☐3</td><td></td></tr>
</table>

FORM 3 MONTHLY PAYMENTS FOR SERVICES (e.g. medical aid, telephone bills, internet subscription premiums, DStv premiums, etc.)

FOR OFFICE USE		Day	Description	4. Method of payment 1 = Debit order 2 = Deducted from salary 3 = Internet payments 4 = Cash 5 = Other	Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No, maintenance given away	Value
CHECKS I S A C/M	**COICOP**					R C
		349		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
		350		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
		351		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
		352		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
		353		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
		354		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
		355		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
		356		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
		357		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
		358		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
		359		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	
		360		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3	

FORM 3   MONTHLY PAYMENTS FOR <u>SERVICES</u> (e.g. medical aid, telephone bills, internet subscription premiums, DStv premiums, etc.)

FOR OFFICE USE			Day	Description	4. Method of payment 1 = Debit order 2 = Deducted from salary 3 = Internet payments 4 = Cash 5 = Other	Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No, maintenance given away	Value	
CHECKS		COICOP						
I S A C/M							R C	
			361		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
			362		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
			363		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
			364		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
			365		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
			366		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
			367		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
			368		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
			369		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
			370		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
			371		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		
			372		☐1 ☐2 ☐3 ☐4 ☐5	☐1 ☐2 ☐3		

FIELDWORK

	NAME	NUMBER	DATE COLLECTED/ CHECKED
INTERVIEWER			
SUPERVISOR			
ARSM/CO-ORDINATOR			
MONITOR			

PROCESSING

	NAME	NUMBER	DATE
HQ SAMPLE CHECK			
HQ CHECK			

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