

Locality Information:

Plot / stand no.:

Street no.:

Street name:

Street type:

Village / suburb / locality:

Identifiers (unit / other no):

Building / school / flat / farm name:

Further identification:

Surname of household head:

First name of household head:

For hostels:

Block no:Room no:Bed no:

Codes for street type:

Street type	Abbreviation	Street type	Abbreviation
Avenue/Laan	AVE	Road	RD
Circle/sirkel	CR	Ryiaan	RLA
Close	CL	Singel	SGL
Crescent	CRES	Street/Straat	STR
Drive	DR	Way	W
Grove	GR	Boulevard	BVR
Lane	LN		

INTERVIEW START TIME:

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FLAP**This section covers particulars of each person in the household**

The following information must be obtained for every person who has stayed in this household for at least four nights on average per week during the last four weeks. Do not forget babies. If there are more than 10 persons in the household, use a second questionnaire.

		Person (respondent) number									
		01	02	03	04	05	06	07	08	09	10
	Ask who the head (or the acting head) of the household is and record that person in column 01.										
A	First name and surname Write down first name and surname of each member of the household, starting with the head or acting head. If more than one head or acting head, take the oldest Write sideways if necessary										
B1	Has stayed here (in this household) for at least four nights on average per week during the last four weeks? 1 = YES 2 = NO → End of questions for this person	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<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.2	Was part of this household in September 2006? 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	Is a male or a female? 1 = MALE 2 = FEMALE	<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	How old is? (In completed years - In whole numbers) Less than 1 year = 00										
E	What population group does belong to? 1 = AFRICAN/BLACK 2 = COLOURED 3 = INDIAN/ASIAN 4 = WHITE 5 = OTHER, specify	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
F	Is there any other person residing in this household, other than those already mentioned, who is not presently here?	<input type="checkbox"/> YES <input type="checkbox"/> NO	→ If "YES", Go back to A								

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Questionnaire id

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SECTION 1 This section covers particulars of each person in the household

	01	02	03	04	05	06	07	08	09	10
1.1.a										
What is 's present marital status? 1 = MARRIED 2 = LIVING TOGETHER LIKE HUSBAND AND WIFE 3 = WIDOW/WIDOWER 4 = DIVORCED OR SEPARATED 5 = NEVER MARRIED → Go to Q 1.2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
1.1.b										
Does 's spouse/partner live in this household? 1 = YES 2 = NO → Go to Q 1.2	<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	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.1.c										
If 1.1.b = 1 Which person is the spouse/partner of? <i>Give person number</i>										
1.2										
Which language does speak most often at home? 01 = AFRIKAANS 02 = ENGLISH 03 = ISINDEBELE/SOUTH NDEBELE/NORTH NDEBELE 04 = ISIXHOSA/XHOSA 05 = ISIZULU/ZULU 06 = SEPEDI/NORTHERN SOTHO 07 = SESOTHO/SOUTHERN SOTHO/SOTHO 08 = SETSWANA/TSWANA 09 = SISIWATI/SWAZI 10 = TSHIVENDA/VENDA 11 = XITSONGA/TSONGA 12 = OTHER, specify in the box at the bottom	<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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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	

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	01	02	03	04	05	06	07	08	09	10																													
1.3.a What is the highest level of education that has successfully completed? 00 = No SCHOOLING 01 = GRADE R/0 02 = GRADE 1/ SUB A 03 = GRADE 2 / SUB B 04 = GRADE 3/STANDARD 1 05 = Grade 4/ STANDARD 2 06 = GRADE 5/ STANDARD 3 07 = GRADE 6/STANDARD 4 08 = GRADE 7/STANDARD 5 09 = GRADE 8/STANDARD 6/FORM 1 10 = GRADE 9/STANDARD 7/FORM 2 11 = GRADE 10/ STANDARD 8/ FORM 3 12 = GRADE 11/ STANDARD 9/ FORM 4 13 = GRADE 12/STANDARD 10/FORM 5/MATRIC 14 = NTC I 15 = NTC II 16 = NTC III 17 = CERTIFICATE WITH LESS THAN GRADE 12/STD 10 18 = DIPLOMA WITH LESS THAN GRADE 12/STD 10 19 = CERTIFICATE WITH GRADE 12/STD 10 20 = DIPLOMA WITH GRADE 12/STD 10 21 = BACHELORS DEGREE 22 = BACHELORS DEGREE AND DIPLOMA 23 = HONOURS DEGREE 24 = HIGHER DEGREE (MASTERS, DOCTORATE) 25 = OTHER, <i>specify in the box at the bottom</i> 26 = DON'T KNOW <i>Diplomas or certificates should be of at least six months study duration full time (or equivalent).</i> If code 17-24 → Go to Q 1.3.b, If other code → Go to Q 1.4	<input 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1.3.b	<p><i>If diploma, certificate or degree (code 17 - 24 in Q 1.3.a):</i></p> <p>In what area of study was the highest diploma, certificate or degree?</p> <p><i>Show prompt card 1 - read out categories if necessary</i></p> <p>01 = Communication studies and language</p> <p>02 = Education, training and development</p> <p>03 = Manufacturing, engineering and technology</p> <p>04 = Human and social studies</p> <p>05 = Law, military science and security</p> <p>06 = Health sciences and social services</p> <p>07 = Agriculture and nature conservation</p> <p>08 = Culture and arts</p> <p>09 = Business, commerce and management studies</p> <p>10 = Physical, mathematical, computer and life sciences</p> <p>11 = Services</p> <p>12 = Physical planning and construction</p> <p>13 = DON'T KNOW</p>	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13	<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	<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	<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	<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	<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	<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	<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	<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	

Ask for all

1.4	<p>Has been trained in skills that can be used for work, e.g. book-keeping, security guard training, welding, child minding?</p> <p>1 = YES</p> <p>2 = NO</p> <p>3 = DON'T KNOW</p> <p>→ Go to Q 1.7.a</p>	<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
1.5	<p>The last time received this type of training, how long did it last?</p> <p>1 = LESS THAN A WEEK</p> <p>2 = 1 WEEK</p> <p>3 = MORE THAN 1 WEEK - LESS THAN 2 WEEKS</p> <p>4 = 2 WEEKS - LESS THAN A MONTH</p> <p>5 = 1 MONTH - LESS THAN 2 MONTHS</p> <p>6 = 2 MONTHS - LESS THAN 6 MONTHS</p> <p>7 = 6 MONTHS OR MORE</p> <p>8 = DON'T KNOW</p>	<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

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1.6 In what field was the training the last time received this type of training? <i>Show prompt card 1 - read out categories if necessary</i> 01 = Communication studies and language 02 = Education, training and development 03 = Manufacturing, engineering and technology 04 = Human and social studies 05 = Law, military science and security 06 = Health sciences and social services 07 = Agriculture and nature conservation 08 = Culture and arts 09 = Business, commerce and management studies 10 = Physical, mathematical, computer and life sciences 11 = Services 12 = Physical planning and construction 13 = 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 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13	<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	<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	<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	<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	<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	<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	<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	<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	<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	<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
1.7.a Can read in at least one language? 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	
1.7.b Can write in at least one language? 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	
1.8 Which of the following educational institutions, if any, does currently attend? <i>Include distance and correspondence education</i> 1 = Pre-school /crèche → Go to Q 1.11 2 = School 3 = University 4 = Technikon 5 = College 6 = Adult basic education and training/literacy classes 7 = Other adult education classes 8 = Other than any of the above 9 = None → Go to Q 1.11	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<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"/> 9	<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"/> 9	<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"/> 9	<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"/> 9	<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"/> 9	<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"/> 9	<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"/> 9	<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"/> 9	<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"/> 9	

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1.9	Is this full time or part-time? 1 = FULL TIME 2 = PART-TIME	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>
1.10	Is mainly studying through attending classes or through distance learning? 1 = ATTENDING CLASSES 2 = DISTANCE LEARNING	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>
1.11	In the last seven days, did spend at least one hour fetching water for home use (not for sale)? 1 = YES 2 = NO → Go to Q 1.13	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>
1.12	How many hours did spend on fetching water in the last seven days?										
1.13	In the last seven days, did spend at least one hour fetching wood/dung for home use (not for sale)? 1 = YES 2 = NO → Go to Q 1.15	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>
1.14	How many hours did spend on fetching wood/dung in the last seven days?										

1.15	Who is the person who usually brings in the most money into the household? Give person number and mark a box below	
	1 = If there is one person who brings in the highest amount, give person number of this person and mark box 1	<div><input type="checkbox"/> 1</div>
	2 = If two persons or more bring in the same highest amount, give person number of the oldest of them and mark box 2	<div><input type="checkbox"/> 2</div>
	3 = If the respondent does not know, give person number of the oldest person who brings in money and mark box 3	<div><input type="checkbox"/> 3</div>
	4 = If no-one brings in money, give person number of the oldest person in the household and mark box 4	<div><input type="checkbox"/> 4</div>

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SECTION 2 This section covers activities in the last seven days for all household members aged 15 and above

Try to ask these questions of each person themselves if at all possible.

Read out: Now I am going to ask some questions about activities in the last seven days for each household member aged 15 and above

	01	02	03	04	05	06	07	08	09	10
2.0.a <i>Interviewer to answer</i> Is the person him/herself responding to questions? 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
2.0.b Does have a landline or cellular telephone where he/she can be contacted? 1 = YES 2 = No 3 = Don't KNOW } → Go to Q2.1	<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
2.0.c May I please have a number where I can contact at a later stage? Write sideways if necessary										

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

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

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		01	02	03	04	05	06	07	08	09	10	
2.2	<p>If "No" to all parts of Question 2.1 Even though did not do any of these activities in the last seven days, does he/she have a job, business, or other economic or farming activity that he/she will definitely return to? <i>For agricultural activities, the off season in agriculture is not a temporary absence.</i> 1 = YES 2 = NO →Go to Section 3</p>	<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	
2.3	<p>What was the main reason was absent from this activity in the last seven days? Mark only one reason. 01 = OWN ILLNESS OR INJURY 02 = CARING FOR FAMILY OR OTHERS (EXCEPT MATERNITY/ PATERNITY LEAVE) 03 = MATERNITY OR PATERNITY LEAVE 04 = OTHER FAMILY/COMMUNITY OBLIGATIONS (FUNERALS, MEETINGS) 05 = STRIKE/STAY-AWAY/LOCKOUT 06 = PROBLEMS WITH TRANSPORT 07 = BAD WEATHER 08 = VACATION, LEAVE 09 = STUDY OR TRAINING LEAVE 10 = UNREST (VIOLENCE) 11 = TEMPORARILY LAID OFF/REDUCTION IN ECONOMIC ACTIVITY 12 = OTHER REASON. Specify</p>	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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
2.4	<p>When does intend to start working? 1 = WITHIN A WEEK 2 = WITHIN TWO WEEKS 3 = WITHIN FOUR WEEKS 4 = LATER THAN FOUR WEEKS FROM NOW 5 = DON'T KNOW</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

→ Go to Section 4

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	01	02	03	04	05	06	07	08	09	10
3.3	<p>Hasbeen offered any job in the past 6 months and he/she turned it down? 1 = YES 2 = No</p>									
3.4	<p>Does know of any available work for whichhas the relevant qualification but is not willing to do? 1 = YES 2 = No → Go to Q 3.6</p>									
3.5	<p>Why wouldnot be willing to do this work? 1 = WAGES TOO LOW 2 = JOB IS NOT PERMANENT 3 = LOCATION (WORK TOO FAR) 4 = WORKING CONDITIONS UNSUITABLE 5 = WORK NOT LEGAL 6 = ATTENDING AN EDUCATIONAL INSTITUTION 7 = OTHER, <i>specify in the box at the bottom</i></p>									
3.6	<p>If a suitable job is offered, will accept it? 1 = YES 2 = No 3 = DON'T KNOW → Go to Q 3.12</p>									
3.7	<p>How soon can start work? 1 = WITHIN A WEEK 2 = WITHIN TWO WEEKS 3 = WITHIN FOUR WEEKS 4 = LATER THAN FOUR WEEKS FROM NOW 5 = DON'T KNOW</p>									
3.8	<p>During the past four weeks, has taken any action a) to look for any kind of work b) to start any kind of business <i>If "No" to both a) and b) → Go to Q 3.11</i></p>									

	01	02	03	04	05	06	07	08	09	10
3.9	<p>In the past four weeks, what has done to look for work or to start a business? <i>Give only one answer, the main one</i></p> <p>1 = WAITED/REGISTERED AT EMPLOYMENT AGENCY/TRADE UNION</p> <p>2 = ENQUIRED AT WORKPLACES, FARMS, FACTORIES OR CALLED ON OTHER POSSIBLE EMPLOYERS</p> <p>3 = PLACED/ANSWERED ADVERTISEMENT(S)</p> <p>4 = SOUGHT ASSISTANCE FROM RELATIVES OR FRIENDS</p> <p>5 = LOOKED FOR LAND, BUILDING, EQUIPMENT OR APPLIED FOR PERMIT TO START OWN BUSINESS OR FARMING</p> <p>6 = WAITED AT THE STREET SIDE WHERE CASUAL WORKERS ARE FOUND</p> <p>7 = OTHER</p> <p>8 = DON'T KNOW</p>									
	<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
	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
3.10	<p>How long has been trying to find work or start a business?</p> <p>1 = LESS THAN A MONTH</p> <p>2 = 1 MONTH TO LESS THAN 2 MONTHS</p> <p>3 = 2 MONTHS TO LESS THAN 3 MONTHS</p> <p>4 = 3 MONTHS TO LESS THAN 4 MONTHS</p> <p>5 = 4 MONTHS TO LESS THAN 6 MONTHS</p> <p>6 = 6 MONTHS TO LESS THAN 1 YEAR</p> <p>7 = 1 YEAR TO LESS THAN 3 YEARS</p> <p>8 = 3 YEARS OR MORE</p> <p>9 = DON'T KNOW</p> <p>→ Go to Q 3.12</p>									
	<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
	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9

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3.11 If “No” to both Q 3.8.a and b (has not been looking for work or trying to start a business in the past four weeks) What was the main reason why did not try to find work or start a business in the past four weeks? 01 = HAS BEEN TEMPORARILY LAID OFF WORK 02 = ILL HEALTH/INJURY/PHYSICAL DISABILITY 03 = PREGNANCY 04 = FAMILY CONSIDERATIONS/CHILD CARE 05 = UNDERGOING TRAINING TO HELP FIND WORK 06 = NO JOBS AVAILABLE IN THE AREA 07 = LACK OF MONEY TO PAY FOR TRANSPORT TO LOOK FOR WORK 08 = UNABLE TO FIND WORK REQUIRING HIS/HER SKILLS 09 = LOST HOPE OF FINDING ANY KIND OF WORK 10 = NO TRANSPORT AVAILABLE 11 = OTHER REASON	<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	<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	<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	<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	<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	

Ask for everyone who has come to Section 3

3.12 Has ever worked for pay, profit or family gain? <i>Work could be:</i> <i>Formal work for salary, wage, profit or unpaid in family business; informal work such as making things for sale, selling things or providing a service; work on a farm or land, whether for a wage or as part of the household's farming activities; casual/seasonal work</i> 1 = YES 2 = NO → Go to section 5	<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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3.15.a	What was the name of 's place of work? <i>For government or large organisations, give the name of the establishment and branch or division: e.g. Education Dept – Rapele Primary School; ABC Gold Mining, Maintenance Div. Write 'Own house' or 'No fixed location', if relevant.</i>										
3.15.b	What were the main goods and services produced at 's place of work? What were 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, Transporting goods by rail.</i>										
	CODE BOX FOR OFFICE USE										

→ Go to section 5

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

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

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

	01	02	03	04	05	06	07	08	09	10
4.1.a	<div>Read out:</div> <div>You said was doing these activities during the last seven days (or was temporarily absent).</div> <div>Refer to Q 2.1</div> <div>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)?</div> <div>Give occupation or job title.</div> <div>Work includes all the activities mentioned earlier</div> <div>Record at least two words: Car sales person, Office cleaner, Vegetable farmer, Primary school teacher, etc.</div> <div>For agricultural work on own/family farm/plot, state whether for <u>own</u> use or for <u>sale</u> mostly.</div>									
4.1.b	<div>What were 's <u>main</u> tasks or duties in this job?</div> <div>Examples: Selling fruit, repairing watches, keeping accounts, feeding and watering cattle.</div>									
	CODE BOX FOR OFFICE USE									

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4.2.a	What is the name of 's place of work? <i>For government or large organisations, give the name of the establishment and branch or division: e.g. Education Dept – Rapele Primary School; ABC Gold Mining, Maintenance Div. Write 'Own house' or 'No fixed location', if relevant.</i>										
4.2.b	What are the main goods and services produced at 's place of work? What are its main functions? <i>Examples: Repairing cars, Selling commercial real estate, Sell food wholesale to restaurants, Retail clothing shop, Manufacture electrical appliances, Bar/ restaurant, Primary Education, Delivering newspapers to homes.</i>										
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4.3	<p>In’s main work was he/she</p> <p>1 = Working for someone else for pay? Payment in cash, kind or accommodation. Category 1 includes all employees: Full time, part-time, casual work, piecework, <u>except</u> private household work. → Go to Q 4.4</p> <p>2 = Working for one or more private households as a domestic employee, gardener or security guard? Payment in cash, kind or accommodation. → Go to Q 4.4</p> <p>3 = Working on his/her own or on a small household farm/plot or collecting natural products from the forest or sea? → Go to Q 4.14</p> <p>4 = Working on his/her own or with a partner, in any type of business (including commercial farms)? → Go to Q 4.14</p> <p>5 = Helping without pay in a household business? → Go to Q 4.14</p>									
4.4	<p>Does work for</p> <p>1 = One employer</p> <p>2 = More than one employer</p>									
4.5	<p>When did start working with the (main) employer mentioned above (firm, institution or private individual)? Give year and month.</p> <p>State year in <u>four</u> figures, e.g. 2002</p> <p>State month in <u>two</u> figures, e.g. 08 for August</p>									

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

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4.11	Does 's employer contribute to any pension/ retirement fund? 1 = YES 2 = NO 3 = DON'T KNOW	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>
4.12	Does get any paid leave? 1 = YES 2 = NO 3 = DON'T KNOW	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>
4.13	Is a member of a trade union? 1 = YES 2 = NO 3 = DON'T KNOW	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>
4.14	Is the business or enterprise/branch where works 1 = National government 2 = Provincial government 3 = Local government 4 = A government enterprise (<i>Transnet, Telkom, etc.</i>) 5 = A club, community organisation, welfare organisation, NGO, or a church 6 = A co-operative, self-help association, labour union, professional association, or business league 7 = A private business or a private household 8 = Self-employed 9 = DON'T KNOW	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div> <div><input type="checkbox"/> 4</div> <div><input type="checkbox"/> 5</div> <div><input type="checkbox"/> 6</div> <div><input type="checkbox"/> 7</div> <div><input type="checkbox"/> 8</div> <div><input type="checkbox"/> 9</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div> <div><input type="checkbox"/> 4</div> <div><input type="checkbox"/> 5</div> <div><input type="checkbox"/> 6</div> <div><input type="checkbox"/> 7</div> <div><input type="checkbox"/> 8</div> <div><input type="checkbox"/> 9</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div> <div><input type="checkbox"/> 4</div> <div><input type="checkbox"/> 5</div> <div><input type="checkbox"/> 6</div> <div><input type="checkbox"/> 7</div> <div><input type="checkbox"/> 8</div> <div><input type="checkbox"/> 9</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div> <div><input type="checkbox"/> 4</div> <div><input type="checkbox"/> 5</div> <div><input type="checkbox"/> 6</div> <div><input type="checkbox"/> 7</div> <div><input type="checkbox"/> 8</div> <div><input type="checkbox"/> 9</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div> <div><input type="checkbox"/> 4</div> <div><input type="checkbox"/> 5</div> <div><input type="checkbox"/> 6</div> <div><input type="checkbox"/> 7</div> <div><input type="checkbox"/> 8</div> <div><input type="checkbox"/> 9</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div> <div><input type="checkbox"/> 4</div> <div><input type="checkbox"/> 5</div> <div><input type="checkbox"/> 6</div> <div><input type="checkbox"/> 7</div> <div><input type="checkbox"/> 8</div> <div><input type="checkbox"/> 9</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div> <div><input type="checkbox"/> 4</div> <div><input type="checkbox"/> 5</div> <div><input type="checkbox"/> 6</div> <div><input type="checkbox"/> 7</div> <div><input type="checkbox"/> 8</div> <div><input type="checkbox"/> 9</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div> <div><input type="checkbox"/> 4</div> <div><input type="checkbox"/> 5</div> <div><input type="checkbox"/> 6</div> <div><input type="checkbox"/> 7</div> <div><input type="checkbox"/> 8</div> <div><input type="checkbox"/> 9</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div> <div><input type="checkbox"/> 4</div> <div><input type="checkbox"/> 5</div> <div><input type="checkbox"/> 6</div> <div><input type="checkbox"/> 7</div> <div><input type="checkbox"/> 8</div> <div><input type="checkbox"/> 9</div>	

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

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	01	02	03	04	05	06	07	08	09	10
4.16	<p>How many regular workers has the organisation/ business/ enterprise/ branch where works, including him/herself?</p> <p>1 = 1 2 = 2 - 4 3 = 5 - 9 4 = 10 - 19 5 = 20 - 49 6 = 50 OR MORE 7 = DON'T KNOW</p>									
4.17	<p>Is the organisation/ business/ enterprise/ branch where works a registered company or close corporation?</p> <p>1 = YES 2 = NO 3 = DON'T KNOW</p>									
4.18	<p>Is the organisation/ business/ enterprise/ branch where works deducting UIF contributions for him/her?</p> <p>1 = YES 2 = NO 3 = DON'T KNOW</p>									
4.19	<p>Does the organisation/business/ enterprise where works provide contributions towards membership of a medical aid fund or health insurance for him/her?</p> <p>1 = YES, for him/herself only 2 = YES, for him/herself and his/her dependants 3 = YES, but he/she is not using it 4 = No medical aid benefits provided 5 = DON'T KNOW</p>									

		01	02	03	04	05	06	07	08	09	10
4.20	Is the organization/business / enterprise /branch where works registered for VAT? 1 = YES 2 = No 3 = DON'T KNOW	<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
4.21	Is the organization/business / enterprise /branch where works registered for income tax? 1 = YES 2 = No 3 = DON'T KNOW	<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
4.22	Is the organisation/ business/ enterprise/ branch where works 1 = In the formal sector 2 = In the informal sector (including domestic work) 3 = DON'T KNOW <i>Formal sector employment is where the employer (institution, business or private individual) is registered to perform the activity. Informal sector employment is where the employer is not registered.</i>	<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
4.23	Where is the business/enterprise/branch where works located? 1 = In the owner's home/On the owner's farm 2 = In someone else's home / private household 3 = Inside a formal business premises such as factory or office 4 = At a service outlet such as a shop, school, post office, etc 5 = At a market 6 = On a footpath, street, street corner, open space or field 7 = No fixed location 8 = Other	<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

Working hours

		01	02	03	04	05	06	07	08	09	10
4.24	How many hours, including overtime, did work during the last seven days										
	a. In his/her main job/activity										
	b. In all other work activities (See Q 2.1)										
	c. In total										
Add a + b and confirm that this is correct.											
4.25	How many hours per week, including overtime, does usually work										
	a. In his/her main job/activity										
	b. In all other work activities (See Q 2.1)										
	c. In total										
Add a + b and confirm that this is correct.											
4.26	Can decide on the number of hours per week during which he/she works, or are these fixed by the employer?										
	1 = He/she can decide fully for him/herself	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = He/she can decide, but within a limited range (e.g. flexitime)	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	3 = Number of hours are fixed by his/her employer	<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
	4 = DON'T KNOW	<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
4.27	Do/Does want to work longer hours?										
	1 = YES	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = NO → End of section for this person	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	3 = DON'T KNOW	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3

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	01	02	03	04	05	06	07	08	09	10
4.28 If extra work was available, would be able to start such work in the next four weeks? 1 = YES 2 = NO 3 = DON'T KNOW → <i>End of section for this person</i>	<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
4.29 During the past four weeks, has taken any action to look for or prepare for any extra work? 1 = YES 2 = NO 3 = DON'T KNOW } → <i>End of section for this person</i>	<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
4.30 What activities did do to look or prepare for extra work? Give only one answer, the main one 1 = ENQUIRED AT WORKPLACES, FARMS, FACTORIES OR CALLED ON OTHER POSSIBLE EMPLOYERS 2 = WAITED/REGISTERED AT EMPLOYMENT AGENCY, LABOUR BROKER, DEPARTMENT OF LABOUR OR TRADE UNION 3 = PLACED OR ANSWERED ADVERTISEMENTS 4 = SOUGHT ASSISTANCE FROM FRIENDS OR RELATIVES 5 = LOOKED FOR LAND, BUILDINGS OR EQUIPMENT OR APPLIED FOR PERMIT TO START OWN BUSINESS OR FARMING 6 = WAITING AT THE STREET-SIDE 7 = OTHER 8 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<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
4.31 Was mostly looking for 1 = The same type of work 2 = Different type of work 3 = DON'T KNOW	<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

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SECTION 5 This section covers job creation programme or expanded public works programme in the last six months
Ask for all persons 15 years and over

	01	02	03	04	05	06	07	08	09	10
5.1 Has ever heard of the Expanded Public Works Programme (EPWP)? 1 = YES 2 = NO 3 = DON'T KNOW } → Go to Q5.3	<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	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
5.2 Has participated in any EPWP programme or project during the past six (6) months? 1 = YES 2 = NO 3 = DON'T KNOW	<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
5.3 Did work in any government job creation programme or project during the past six (6) months? 1 = YES 2 = NO 3 = DON'T KNOW } → Go to section 6	<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
5.4 What is the name of the programme or project that worked/participated in during the past six (6) months? Write sideways if necessary										
CODE BOX FOR OFFICE USE										

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	01	02	03	04	05	06	07	08	09	10
5.5 Where was the programme or project in which worked/participated based? Province 1 = WESTERN CAPE 2 = EASTERN CAPE 3 = NORTHERN CAPE 4 = FREE STATE 5 = KWAZULU-NATAL 6 = NORTH WEST 7 = GAUTENG 8 = MPUMALANGA 9 = LIMPOPO	<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"/> 9	<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"/> 9	<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"/> 9	<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"/> 9	<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"/> 9	<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"/> 9	<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"/> 9	<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"/> 9	<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"/> 9	<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"/> 9
Nearest town of above programme or project Date sideways if necessary										
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5.6	<p>Which of the following skills (if any) did acquire during participation in any of the programmes or project mentioned in Q5.4?</p> <p>a) Construction related</p> <p>b) Home based care</p> <p>c) Early childhood development</p> <p>d) Forestry</p> <p>e) Agriculture and animal husbandry</p> <p>f) Numeracy /literacy</p> <p>g) HIV/AIDS awareness</p> <p>h) Career awareness</p> <p>i) Business related</p> <p>j) Other, specify in the box at the bottom</p>	<div>YES</div> <div>NO</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 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5.7	<p>Is still working/participating in the programme or project?</p> <p>1 = YES</p> <p>2 = NO</p>	<div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div>		
5.8	<p>What, if any, were/are the benefits of participating in the programme or project mentioned in Q5.4?</p> <p>a) Got a permanent job</p> <p>b) Started own business using skills and experience acquired</p> <p>c) Opportunity for further training</p> <p>d) Obtained temporary work</p> <p>e) Other, specify</p>	<div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div>	

FOR PROCESSING

	NAME	NUMBER	DATE
QUALITY ASSURER			
HQ CHECK			
CODING			