



**PART A**

**Classification information**

Region Name:  Code:

Constituency Code

Rural/Urban

DU Number

Sample PSU number

Sample Household Number

**Physical location of the household**

.....

.....

Telephone number of enumerated household (if any)

Questionnaire number for this household (for persons no. 01 - 08 = 1, etc.)

Total number of questionnaires for this household

Name of head of household.....

Name of primary respondent.....

**Field administrative information**

**FINAL RESULTS**

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

RESULT CODE

**Comments on all (non-response)**

.....

.....

.....

.....

**Field staff**

Interviewer Name: .....Number

Signature: .....

Supervisor Name: .....Number

Signature: .....



<p><b>B</b> This part covers the household composition and particulars of each person in the household. The following information must be obtained in respect of every person, including babies who spent the night of 14th October 2012 in this household.</p> <p><b>FOR ALL PERSONS</b> If there are more than 08 persons in the household, use a second questionnaire</p>								
Person Line Number	Write firstname and surname of all persons who spent the reference night in this household. <i>(Write down firstname and surname of each member of the household, starting with the head)</i>	What is (NAME)'s relationship to the head of the Household? (i.e. Person line number 001) 1 = HEAD 2 = SPOUSE 3 = SON/DAUGHTER 4 = SON/DAUGHTER IN LAW 5 = GRAND SON/DAUGHTER 6 = FATHER/MOTHER 7 = OTHER RELATIVE 8 = OTHER NON-RELATIVE 9 = DON'T KNOW	Is (Name) the usual head of this household  1= Yes 2= No	Is (Name) female or male?  1 = Female 2 = Male	How old was (Name) at his/her last birthday?  <i>Write two digits. Less than 1 year = 00. More than 95 = 95 and Don't know=99.</i>	What is (Name's) citizenship?  01 = Namibia 02 = Angola 03 = Botswana 04 = South Africa 05 = Zambia 06 = Zimbabwe 07 = Other SADC Countries 08 = Other African Countries 09 = All other Countries 99 = Don't Know	Does (Name) receive/expect to receive any grants/pension? <i>(multiple responses)</i>  01= Old age Pension 02= War Veterans/ex-combatants Grants 03= Disability Grants for adults(over 16 years) 04= Child Maintenance grants 05= Foster care grant 06= Special maintenance grant for disable children (16 years and less) 07= From the workmen's compensation, unemployment insurance, social security, MVA and similar funds 08= Other grants 09= None 99 = Don't know	What is (NAME)'s marital status?  1= NEVER MARRIED 2 =MARRIED WITH CERTIFICATE 3 =MARRIED TRADITIONALLY 4 =CONSENSUAL UNION 5= DIVORCED 6 =WIDOWED 7 =SEPARATED 9 =DON'T KNOW
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<b>C</b> Ask for all persons aged 6 years and above							
Person Line Number	What is (Name)'s schooling status? 1 = NEVER ATTENDED 2 = AT SCHOOL(FULL TIME) 3 = LEFT SCHOOL 4 = PART TIME 5 = DISTANCE LEARNING 9 = DON'T KNOW	What is the highest grade/standard/level of education (Name) has completed?  <i>(Give highest grade/standard/level of education, if never attended or don't know, write None or don't know respectively)</i>	For office use only	Name utmost two languages (name) speak best with understanding?	For office use only	Name utmost two languages (name) can write in?	For office use only
B1	C1	C2	C3	C4	C5	C6	C7
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D												
Ask for all persons aged 8 years and above (If answered yes in any of D1 to D8, go to E1)												
Person Line Number	In the last seven days, did (Name) do any work for pay, profit or any payment in kind (including paid domestic work) for at least one hour?  1 = Yes 2 = No	In the last seven days, did (Name) run or do any kind of business, big or small, for him/herself or with one or more partners for at least one hour?  1 = Yes 2 = No	In the last seven days, did (Name) help without being paid in any kind of business run by his/her household, for at least one hour?  1 = Yes 2 = No	In the last seven days, did (Name) do any work for his/her own or household farm / plot /garden/cattle post or Kraal or help in growing farm produce, looking after animals for the household or own consumption, for at least one hour?  1 = Yes 2 = No	In the last seven days, did (Name) fetch water or collect wood/dung for household sale for at least one hour?  1 = Yes 2 = No	In the last seven days, did (Name) produce any other goods for household use for at least one hour?  1 = Yes 2 = No	In the last seven days, did (Name) do any construction or major repair work on his/her own home, plot, cattle post or business or those of the household for at least one hour?  1 = Yes 2 = No	In the last seven days, did (Name) catch any fish, prawns, shells, wild animals or other food for household consumption, for at least one hour?  1 = Yes 2 = No	Even though (Name) did not do any kind of work in the last seven days, does he/she have a job, business, or other economic or farming activity that he/she will definitely return to?  1 = Yes 2 = No	If coded NO in D9, go to I1	Why did (name) not work during the last seven days? 01 = SICK, INJURY 02 = MATERNITY, PARENTAL LEAVE 03 = HOLIDAY, VACATION 04 = EDUCATION LEAVE 05 = STRIKE, LOCK-OUT 06 = TEMPORARY LAY-OFF 07 = REDUCTION IN ECONOMIC ACTIVITY 08 = TEMPORARY REORGANIZATION, SUSPENSION OF WORK 09 = PERSONAL, FAMILY RESPONSIBILITIES 10 = OFF SEASON 11 = OTHER REASON 99 = DON'T KNOW	Was (name) being paid or did his/her business/farm continued to operate despite being absent from work during the Last seven days?  1 = Yes 2 = No
	B1	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10	D11
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<div style="background-color: #333; color: white; padding: 5px; font-weight: bold; font-size: 24px; text-align: center;">E</div> <b>EMPLOYED (ASK FOR ALL PERSONS AGED 8 YEARS AND ABOVE, WHO ANSWERED YES TO ANY IN D1 - D9)</b>									Current Main Job
Person Line Number	Have (name) changed jobs in the last 12 months? 1 = Yes 2 = No <i>(If coded 2, go to E9)</i>	What kind of work did (Name) do in his/her Previous job? <small>Describe the work or give occupation or job title. Record at least two words: Car sales person, Office cleaner, Vegetable farmer, Primary school teacher, etc. For agricultural work on own/ household farm/plot, state whether for own use or for sale mostly.</small>	What were (name) main duties at his/her previous work? <small>Selling cars, Cleaning offices, Growing vegetables, Teaching learners, etc)</small>	For office use only	What kind of activities were carried out at his/her previous work place? What were its main functions?	What were the main goods or services produced at his/her work place? <small>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.</small>	For office use only	Name town /locality where (name) worked before? <small>If in Namibia write region, constituency and locality or if outside Namibia write the country name in the space provided below.</small>	What kind of work did (name) do in his/her main job during the last 7 days or usually does, even if he/she was absent in the last seven days? <small>Describe the work or give occupation or job title. (Record at least two words: Car sales person, Office cleaner, Vegetable farmer, Primary school teacher, etc.) For agricultural work on own/household farm/plot, state whether for own use or sale mostly.</small>
B1	E1	E2	E3	E4	E5	E6	E7	E8	E9
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<b>E EMPLOYED</b>									
Person Line Number	<b>What are (name) duties at current work?</b> Describe the work or give occupation or job title. Record at least two words: Car sales person, Office cleaner, Vegetable farmer, Primary school teacher, etc. For agricultural work on own/household farm/plot, state whether for own use or for sale mostly.	For office use only	<b>Did (name) work fulltime or Part time in this job?</b>  1 = FULLTIME 2 = PART-TIME	<b>What kind of activities are carried out at (name)'s current work place?</b>  Describe the main functions.  (E.G If domestic work, write private household)	<b>What are the main goods or services produced at (name) current work place?</b>  (E.G. 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.)	For office use only	<b>In (name) main job, did he/she work as ....?</b> <small>01 = SUBSISTENCE/COMMUNAL FARMER (WITH PAID EMPLOYEES)                      02 = SUBSISTENCE/COMMUNAL FARMER (WITHOUT PAID EMPLOYEES)                      03 = OTHER EMPLOYER (WITH PAID EMPLOYEES)                      04 = OTHER OWN ACCOUNT WORKER (WITHOUT PAID EMPLOYEES)                      05 = EMPLOYEE (DOMESTIC WORKER)                      06 = OTHER EMPLOYEE                      07 = UNPAID FAMILY WORKER (SUBSISTENCE/COMMUNAL)                      08 = OTHER UNPAID FAMILY WORKER                      09 = OTHER, SPECIFY .....                      99 = DONT KNOW                      (If coded 5 or 6 continue, else go to E22)</small>	<b>Is (Name)'s place of work a.....?</b> <small>01 GOVERNMENT                      02 PARASTATAL                      03 A PRIVATE ENTERPRISE (FORMAL)                      04 A PRIVATE ENTERPRISE (INFORMAL)                      05 NON-PROFIT ORGANISATION                      06 COOPERATIVE                      07 PRIVATE HOUSEHOLD (FARM)                      08 PRIVATE HOUSEHOLD (NON-FARM)                      09 OTHER REASON, specify.....                      99 = DON'T KNOW</small>	<b>How many people including (name) do work at his/her work place?</b>  1 = 1 2 = 2-3 3 = 4-5 4 = 6-10 5 = 11-15 6 = 16-20 7 = >20 9 = Dont know
B1	E10	E11	E12	E13	E14	E15	E16	E17	E18
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<b>E</b>				For second main Job/Business/Income only					
Person Line Number	Which of the following does (name)'s employer provide to him/her? <i>(Multiple answers possible)</i> 1 = FOOD 2 = ACCOMMODATION 3 = CLOTHES 4 = TRANSPORT 5 = PENSION SCHEMES 6 = OTHER, SPECIFY 7 = NONE  <i>(If coded 7, Go to E22)</i>	Does (name) employer deduct for any of the items provided?  <i>(read out item selected in E19)</i>  1 = Yes 2 = No 9 = Don't know	How much is deducted?  <i>(write down the amount in N\$ per month)</i>	Does (name) have a second main job?  1 = Yes 2 = No 9 = Don't know  <i>(If coded 2 or 9, Go to E30)</i>	What kind of work did (Name) do in his/her second main job during the last seven days or usually does, even if he/she was absent in the last seven days?  <i>Describe the work or give occupation or job title. Record at least two words: Car sales person, Office cleaner, Vegetable farmer, Primary school teacher, etc. For agricultural work on own/household farm/plot, state whether for own use or for sale mostly</i>	What were (name) main duties at this work?  <b>Describe the work or give occupation or job title.</b> <i>Record at least two words: Car sales person, Office cleaner, Vegetable farmer, Primary school teacher, etc.</i>	For office use only	What kind of activities are carried out at (name's) second main job's place?  <i>Describe the main functions. (E.G. If domestic work, write private household)</i>	What are the main goods or services produced at his/her second work place?  <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>
B1	E19	E20	E21	E22	E23	E24	E25	E26	E27
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	-----			-----	
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<b>E</b>				<b>F</b> HOURS WORKED (who have worked the last seven days or who did not work but have a job to return to)							
Person Line Number	For office use only	In (name) second main job, did he/she work as ....? <small>01 = SUBSISTENCE/COMMUNAL FARMER (WITH PAID EMPLOYEES) 02 = SUBSISTENCE/COMMUNAL FARMER (WITHOUT PAID EMPLOYEES) 03 = OTHER EMPLOYER (WITH PAID EMPLOYEES) 04 = OTHER OWN ACCOUNT WORKER (WITHOUT PAID EMPLOYEES) 05 = EMPLOYEE (DOMESTIC WORKER) 06 = OTHER EMPLOYEE 07 = UNPAID FAMILY WORKER (SUBSISTENCE/COMMUNAL) 08 = OTHER UNPAID FAMILY WORKER 09 = OTHER, SPECIFY..... 99 = DONT KNOW</small>	What steps did(name) take to find the current job? <small>(Multiple answers possible) 1 = Registration at Ministry of Labour offices 2 = Registration at other employment agencies 3 = Direct applications to employers 4 = Checking at work sites, farms, factory gates market or other assembly places 5 = Placed or answered media advertisement 6 = Seeking assistance of friends, relatives, colleagues, unions, etc 7 = Take action to start business or subsistence farming 8 = Other, Specify.....</small>	Monday <small>1 = Usual Hours 2 = Actual Hours</small>	Tuesday <small>1 = Usual Hours 2 = Actual Hours</small>	Wednesday <small>1 = Usual Hours 2 = Actual Hours</small>	Thursday <small>1 = Usual Hours 2 = Actual Hours</small>	Friday <small>1 = Usual Hours 2 = Actual Hours</small>	Saturday <small>1 = Usual Hours 2 = Actual Hours</small>	Sunday <small>1 = Usual Hours 2 = Actual Hours</small>	Total <small>(The interviewer to calculate) 1 = Usual Hours 2 = Actual Hours</small>
B1	E28	E29	E30	F1	F2	F3	F4	F5	F6	F7	F8
		<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"/> 99	<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"/> 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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		<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"/> 99	<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"/> 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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		<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"/> 99	<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"/> 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>F HOURS WORKED (SECOND MAIN JOB/BUSINESS/SOURCE OF INCOME)</b>														
Person Line Number	Monday 1 = Usual Hours 2 = Actual Hours	Tuesday 1 = Usual Hours 2 = Actual Hours	Wednesday 1 = Usual Hours 2 = Actual Hours	Thursday 1 = Usual Hours 2 = Actual Hours	Friday 1 = Usual Hours 2 = Actual Hours	Saturday 1 = Usual Hours 2 = Actual Hours	Sunday 1 = Usual Hours 2 = Actual Hours	Total (The interviewer to calculate) 1 = Usual Hours 2 = Actual Hours	Total Hours in the Main Job plus Second Main Job/ Business/ Income 1 = Usual Hours 2 = Actual Hours	Would you have preferred to work for more hours during the last 7 days? 1 = Yes 2 = No 9 = Don't know <i>(If coded 2 or 9, Go to F21, otherwise proceed)</i>	Where would you have preferred to work? 1 = AT PRESENT JOB 2 = OTHER JOBS IN ADDITION TO PRESENT JOB 3 = OTHER JOBS WITH MORE HOURS TO REPLACE THE PRESENT JOB	How many hours would (name) have preferred to work during the last 7 days? <i>(Record number of hours)</i>	Could (name) have worked more hours during the last 7 days? 1 = Yes 2 = No	Did (name) look for additional work during the last 7 days? 1 = Yes 2 = No
B1	F9	F10	F11	F12	F13	F14	F15	F16	F17	F18	F19	F20	F21	F22
	<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"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2							
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	<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"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2							
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	<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"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2							



G EMPLOYEES (who have worked the last seven days or who did not work but have a job to return to, coded 5 or 6 in E16)											Ask only for second job	
Person Line Number	Is (name) registered with Social Security Commission? 1 = Yes 2 = No 9 = Don't know  (if coded 2 or 9, go to G3)	Does (name)'s employer deduct Social Security fee from his/her salary/wage? 1 = Yes 2 = No 9 = Don't know	Do(name) benefit from paid annual leave or compensation for unused leave? 1 = Yes 2 = No 9 = Don't know  (If coded 2 or 9, Go to G5)	Which of the following leaves would (name) benefit from? (multiple answers possible) 1 = SICK 2 = MATERNITY 3 = VACATION 4 = COMPASSIONATE 5 = STUDY 6 = OTHER, SPECIFY 9 = DON'T KNOW	Have (name) been employed on the basis of.....? 1 = WRITTEN CONTRACT 2 = VERBAL CONTRACT	Is the contract or agreement of a.....? 1 = LIMITED DURATION 2 = PERMANENT 3 = UNSPECIFIED DURATION  (If coded 2 or 3, Go to G8)	What is the duration of your contract or agreement? 1 = DAILY CONTRACT/ AGREEMENT 2 = < 1 MONTH 3 = 1 - 2 MONTHS 4 = 3 - 6 MONTHS 5 = 7 - 12 MONTHS 6 = > 12 MONTHS 9 = DON'T KNOW	How long have you been employed in this job? 1 = <1 YEAR 2 = 1-2 YEARS 3 = 3-5 YEARS 4 = 6-10 YEARS 5 = >=11 YEARS	Which time period do you get paid in your main job? 1 = HOURLY 2 = DAILY 3 = WEEKLY 4 = FORT NIGHTLY 5 = MONTHLY	How much is (name)'s gross income in his/her main job?  (Write the amount in N\$ per month)	Which time period do you get paid in your second main job? 1 = HOURLY 2 = DAILY 3 = WEEKLY 4 = FORT NIGHTLY 5 = MONTHLY	How much is (name)'s gross income in his /her second main job?  (Write the amount in N\$)
B1	G1	G2	G3	G4	G5	G6	G7	G8	G9	G10	G11	G12
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <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"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<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"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <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"/> 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"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <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"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<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"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <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"/> 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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	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <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"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<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"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <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"/> 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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	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <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"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<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"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <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"/> 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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	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <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"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<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"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <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"/> 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	



<b>H EMPLOYERS, OWN ACCOUNT WORKERS (Who have worked the last 7 days and coded 01,02,03,04 in E16 or E29, including persons who have a business to return to)</b>							
Person Line Number	Is your business/enterprise registered, e.g Ministry of Trade & Industry?  1 = Yes 2 = No 3 = In the process of registration  (If coded 2 or 3, go to H3)	In which of the following is it registered?  (More than one response possible) 1 = SOCIAL SECURITY COMMISSION 2 = MINISTRY OF TRADE AND INDUSTRY 3 = MINISTRY OF FINANCE 4 = OTHER, SPECIFY.....	Does (name)'s business keep accounts?  1 = Yes 2 = No  If coded 2, go to H5	What types of accounts are kept for this business?  1 = DETAILED FORMAL ACCOUNTS 2 = SIMPLIFIED ACCOUNTING FORMAT 3 = INFORMAL RECORDS FOR PERSONAL USE 4 = OTHER, SPECIFY.....	Is the business expenditure separate from that of the owner's household?  1 = Yes 2 = No	How many employees (excluding business partners and unpaid family workers) are employed?  (WRITE DOWN THE NUMBER OF EMPLOYEES)	What is the estimated monthly turnover of your business?  (WRITE DOWN THE MONTHLY INCOME IN N\$)
B1	H1	H2	H3	H4	H5	H6	H7
	<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"/> 4	<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"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
	<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"/> 4	<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"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
	<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"/> 4	<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"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
	<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"/> 4	<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"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
	<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"/> 4	<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"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
	<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"/> 4	<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"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
	<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"/> 4	<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"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
	<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"/> 4	<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"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2		



UNEMPLOYED (Ask for all persons who have not worked during the last 7 days, had no job and were ready to work coded 2 in D9)				Only if coded 2 in I1		
Person Line Number	Did you look for work or try to start your own business during the last 30 days? 1 = Yes 2 = No <i>(If coded 2, go to I5)</i>	How did (name) look for work or try to start his/her own business during the last 30 days? <i>(more than one response is possible)</i> 1= Registration at Ministry of Labour offices 2 = Registration at other employment agencies 3 = Direct applications to employers 4 = Checking at work sites, farms, factory gates market or other assembly places 5 = Placed or answered media advertisement 6 = Seeking assistance of friends, relatives, colleagues, unions, etc 7 = Take action to start business or subsistence farming 8 = Other, Specify.....	What sort of job were you looking for or business you tried to start?  (DESCRIBE THE TYPE OF JOB SOUGHT)	For office use only	What was the main reason that you didn't look for work or try to start your own business during the last 30 days? 1 = Thought no work available 2 = Awaiting replies from employers 3 = Got tired of seeking work 4 = Already found work to start within one month 5 = Awaiting busy season 6 = Lack of resources to start business or subsistence farming. 7 = Other,Specify.....	If you had been offered a job, would you have been ready to work during the last 7 days? 1 = Yes 2 = No  <i>(if coded 1, go to I8, else continue)</i>
B1	I1	I2	I3	I4	I5	I6
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<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"/> 1 <input type="checkbox"/> 2
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<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"/> 1 <input type="checkbox"/> 2
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<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"/> 1 <input type="checkbox"/> 2
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<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"/> 1 <input type="checkbox"/> 2
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<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"/> 1 <input type="checkbox"/> 2
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<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"/> 1 <input type="checkbox"/> 2
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<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"/> 1 <input type="checkbox"/> 2
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<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"/> 1 <input type="checkbox"/> 2



Person Line Number	Since you were not working for pay, profit or family gain, nor ready to work, what were you doing during the last 7 days? 1 = Retired 2 = Old age 3 = Illness/Disabled 4 = Homemaker 5 = Student 6 = Income Recipient 7 = Other, Specify..... <i>(For any answer in 17, end interviews for that person)</i>	For how long have you been without work and available for work? 1 = >1 month 2 = 1 month < 3 months 3 = 3 months < 6 months 4 = 6 months < 1 year 5 = 1 year < 2 years 6 = 2 years or more	Have you ever worked before (in the past 12 months)? 1 = Yes 2 = No  <i>(If coded 2, go to 118)</i>	Name town/locality where (name) worked before? <i>(If in Namibia write region, constituency and locality or if outside Namibia write the country name in the space provided below.)</i>	What kind of work did you do in your last job? <i>(Describe the type of work done)</i>	What were your main duties at this work? <i>(Describe the main duties)</i>
B1	I7	I8	I9	I10	I11	I12
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2			
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2			
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2			
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2			
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2			
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2			
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2			
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2			



I						
Person Line Number	For office use only	What kind of activity was carried out at this work place? <i>( Describe the activity)</i>	What were the main products produced or services offered at this work place? <i>( Describe the products produced or services offered)</i>	For office use only	What is the reason that you left your last job? 1 = Retrenched 2 = Dismissed 3 = Resigned 4 = Disabled 5 = Sick 6 = Closure of company 7 = End of temporary activity 8 = Retirement or old age 9 = Other, specify.....	How do you support yourself? 1 = Did odd jobs during the last seven days —> GO BACK TO D1 2 = Supported by someone in the household 3 = Supported by someone outside household 4 = Old age/ disability grant 5 = Supported by charity, church 6 = From savings 7 = Child support/foster care grant 8 = Income from sale of property 09 = Other, specify.....
B1	I13	I14	I15	I16	I17	I18
					<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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					<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
					<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



<b>J Housing conditions: This section is only for head of household or main respondent</b>				
<b>Type of housing unit</b> (observe and cross the correct descriptions)  01=Detached house 02=Semi-detached house/town house 03=Apartment 04=Guest flat 05=Part commercial/industrial building 06=Mobile home (caravan/tent) 07=Single quarters 08=Traditional dwelling 09=Improvised housing unit 10=Other, specify.....	<b>Tenure or occupancy of housing unit....</b>  1 = RENTED (NOT TIED TO THE JOB) 2 = OWNER OCCUPIED (WITH MORTGAGE) 3 = OWNER OCCUPIED (WITHOUT MORTGAGE) 4 = RENT FREE (NOT OWNER OCCUPIED) 5 = PROVIDED BY EMPLOYER (PUBLIC) WITHOUT PAY 6 = PROVIDED BY EMPLOYER(PUBLIC) WITH PAY 7 = PROVIDED BY EMPLOYER (PRIVATE) WITH PAY 8 = PROVIDED BY EMPLOYER (PRIVATE) WITHOUT PAY 9 = OTHER, SPECIFY.....	<b>What is the MAIN source of income for this household?</b>  1 = Subsistence farming (crop & animal) 2 = Cash cropping 3 = Animal rearing 4 = Business activities 5 = Salaries and/or wages 6 = Pension 7 = Cash remittances 8 = Other means of income, specify.....	<b>What the household's secondary source of income?</b>  1 = Subsistence farming (crop & animal) 2 = Cash cropping 3 = Animal rearing 4 = Business activities 5 = Salaries and/or wages 6 = Pension 7 = Cash remittances 8 = Other means of income, specify..... 9=None	<b>How much do you estimate your household's total disposable income for last month?</b> (SELECT THE BRACKETS BELOW INTO WHICH TOTAL DISPOSABLE INCOME FALLS)  1 = <1000 2 = 1000 - 2000 3 = 2001 - 3000 4 = 3001 - 4000 5 = 4001 - 5000 6 = 5001 - 6000 7 = 6001 - 7000 8 = 7001 - 8000 9 = >8000
J1	J2	J3	J4	J5
<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"/> 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"/> 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
<b>Last month did your household employ a domestic worker or did you have anybody to help with domestic chores such as cleaning, washing, gardening, etc on a part time or daily basis?</b>  1 = Yes 2 = No  <i>(if coded 1, go to J7 else end interview)</i>	<b>How many persons did you employ as domestic worker on a full-time or part time basis throughout last month?</b>  (enter number in appropriate box)  F = Full Time P = Part Time			
J6	J7			
<input type="checkbox"/> 1 <input type="checkbox"/> 2	F <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> P <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>			



**PART K** Control Section (Data Collection)

Number of persons enumerated in the Household	TO BE COMPLETED BY Coder/editor	TO BE COMPLETED BY Regional Supervisor	TO BE COMPLETED BY National Supervisor
	Checked by:	Checked by:	Checked by:
	..... Name of Editor/Coder	..... Name of Regional Supervisor	..... Name of National Supervisor
	..... Signature	..... Signature	..... Signature
	...../...../..... Date	...../...../..... Date	...../...../..... Date
Total: .....			
Male: .....			
Female: .....			

**Control Section (Data Entry)**

OFFICE ACTIVITIES		
<b>Activity</b>	<b>Data Entry</b>	<b>Final validation</b>
<b>Date</b>		
<b>Full Name</b>		



