KINGDOM OF SWAZILAND

CENTRAL STATISTICAL OFFICE

2009/10 SWAZILAND HOUSEHOLD INCOME AND EXPENDITURE SURVEY
QUESTIONNAIRE

IDENTIFICATION

NAME OF HEAD OF HOUSEHOLD . . . .

ENUMERATION AREA NUMBER. . . . .

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

INKHUNDLA. . . . .

MAJOR AREA . . . .

SUB-AREA . . . .

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

HOMESTEAD NUMBER . . . .

HOUSEHOLD NUMBER . . . .

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

*RESULT CODES:
   1 DWELLING NOT FOUND
   2 COMPLETED
   3 PARTLY COMPLETED
   4 REFUSED
   5 OTHER _____
                                   (SPECIFY)

SUPERVISOR

NAME _____

DATE _____

SECTION A: HOUSEHOLD SCHEDULE

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

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

CODES FOR Q. A3
RELATIONSHIP TO HEAD OF HOUSEHOLD:
01 = HEAD
02 = WIFE OR HUSBAND/ PARTNER
03 = SON OR DAUGHTER
04 = BROTHER OR SISTER
05 = NIECE/NEPHEW BY BLOOD
06 = GRANDCHILD
07 = PARENT
08 = OTHER RELATIVE
09 = NON-RELATIVE
98 = DON'T KNOW

CODES FOR Q. A10
HIGHEST LEVEL ATTENDED
0 = PRE-SCHOOL
1 = LITERACY PROGRAM
2 = LOWER PRIMARY (GRD 1 TO STD 2)
3 = HIGHER PRIMARY (STD 3-5)
4 = SECONDARY
5 = HIGH SCHOOL
6 = COLLEGE
7 = UNIVERSITY

CODES FOR: Q. A11
PRE-SCHOOL = 00
LITERACY PROGRAM:
LP. 1. 01
LP. 2+ 02
PRIMARY
GRD 1. 03
GRD 2. 04
STD. 1. 05
STD. 2. 06
STD. 3. 07
STD. 4. 08
STD. 5. 09

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

UNIV. 5+. 19
GOVT. COLL.
CG.1. 20
CG.2. 21
CG.3+. 22
PRIVATE COLL.
CG.1. 23
CG.2. 24
CG.3+. 25
VOCATIONAL
VOC.1. 26
VOC.2+.. 27

Page 3

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

CODES FOR ED 04
STILL TOO YOUNG TO ATTEND SCHOOL. 01
NO MONEY FOR SCHOOL COSTS. 02
SCHOOLS ARE OF POOR QUALITY. 03
OWN ILLNESS/DISABILITY. 04
FAMILY ILLNESS/DISABILITY. 05
NOT INTERESTED, LAZY 06
DISALLOWED BY PARENTS 07
HAD TO WORK TO HELP AT HOME. 08
SCHOOL TOO FAR FROM HOME. 09
PREGNANT. 10
COULD NOT FIND A PLACE. 11
OTHER (SPECIFY). 12

COMPLETED SCHOOL. 13

CODES FOR: Q. ED02 & ED 05
PRE-SCHOOL = 00
LITERACY PROGRAM:
LP. 1. 01
LP. 2+ 02
PRIMARY
GRD 1. 03
GRD 1. 04
STD. 1. 05
STD. 2. 06
STD. 3. 07
STD. 4. . . . . . Page 2 08
STD. 5. 09

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

UNIV. 5+. 19
GOVT. COLL.
CG.1. 20
CG.2. 21
CG.3+. 22
PRIVATE COLL.
CG.1. 23
CG.2. 24
CG.3+. 25
VOCATIONAL
VOC.1.. 26
VOC.2+.. 27

CODES FOR ED 06
GOVERNMENT. . 01
MISSION. 02
PRIVATE. 03

	IF AGE 3 YEARS AND ABOVE										
LINE NO.	How much was spent on NAME'S education in the last 12 months by members of your household on the following items? IF NOTHING WAS SPENT, WRITE ZERO								Did any person outside your household contribute to NAME'S education expenses? YES. . . 1 NO. . . . 2 → GO TO NEXT LINE	Who contributed to NAME'S expenses? RELATIVE. .1 GOVT.. . . . .2 NGO. . . . . .3 OTHER. . . . 4	What was the value of this assistance received in the last 12 months? INCLUDE VALUE OF IN KIND
	tuition/ school fees SZL	books & stationery SZL	uniform, shoes SZL	boarding fees SZL	examination fees SZL	transport SZL	Other educational expenses SZL	Total SZL			SZL
(A01)	(ED 07)	(ED 08)	(ED 09)	(ED 10)	(ED 11)	(ED 12)	(ED 13)	(ED 14)	(ED 15)	(ED 16)	(ED 17)
									☐	☐	
									☐	☐	
									☐	☐	
									☐	☐	
									☐	☐	
									☐	☐	
									☐	☐	
									☐	☐	
									☐	☐	
									☐	☐	

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

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

SECTION A (CONT.) HOUSEHOLD SCHEDULE

LINE NO.	IF AGE 0-17 YEARS						
	Is (NAMES)'s father still sick? YES = 1 NO = 2 DK = 8 NR = 9	CHECK QS.A15 AND A18: CIRCLE LINE NUMBER FOR THE CHILD WHOSE MOTHER OR FATHER HAS DIED OR WHOSE BOTH PARENTS ARE DEAD (Q.A13 AND A16 OR IS STILL SICK (Q.A16 AND QA20).	CHECK Q.A13 AND Q.A17: IF YES TO Q.A13 AND Q.A17 (BOTH PARENTS ALIVE), CIRCLE '1', OTHER-WISE CIRCLE '2'.	BROTHERS		SISTERS	
				Does (NAME) have any natural brothers under the age of 18? By natural brothers I mean born to the same mother and same father.	Do all of (NAME)'s natural brothers under the age of 18 live in this household? YES = 1 NO = 2 DK = 8 NR = 9	Does (NAME) have natural sisters under the age of 18 ? By natural sisters, I mean born to the same mother and father	Do all of (NAME)'s natural sisters under the age of 18 live in this household? YES = 1 NO = 2 DK = 8 NR = 9
(A01)	(A20)	(A21)	(A22)	(A23)	(A24)	(A25)	(A26

	☐	01	Y N
			
			1 2
			↓ GO TO
			   NEXT LINE
				Y N DK
				
				1 2 8
				↓
				  GO TO A25
					☐	Y N DK
						
						1 2 8
						↓ GO TO
						   NEXT LINE
							☐

	☐	02	1 2 ↓ GO TO NEXT LINE	1 2 8 ↓ GO TO A25	☐	1 2 8 ↓ GO TO NEXT LINE	☐
	☐	03	1 2 ↓ GO TO NEXT LINE	1 2 8 ↓ GO TO A25	☐	1 2 8 ↓ GO TO NEXT LINE	☐
	☐	04	1 2 ↓ GO TO NEXT LINE	1 2 8 ↓ GO TO A25	☐	1 2 8 ↓ GO TO NEXT LINE	☐
	☐	05	1 2 ↓ GO TO NEXT LINE	1 2 8 ↓ GO TO A25	☐	1 2 8 ↓ GO TO NEXT LINE	☐
	☐	06	1 2 ↓ GO TO NEXT LINE	1 2 ▲ 8 GO TO A25	☐	1 2 8 ↓ GO TO NEXT LINE	☐
	☐	07	1 2 ↓ GO TO NEXT LINE	1 2 8 ↓ GO TO A25	☐	1 2 8 ↓ GO TO NEXT LINE	☐
	☐	08	1 2 ↓ GO TO NEXT LINE	1 2 8 ↓ GO TO A25	☐	1 2 8 ↓ GO TO NEXT LINE	☐
	☐	09	1 2 ↓ GO TO NEXT LINE	1 2 8 ↓ GO TO A25	☐	1 2 8 ↓ GO TO NEXT LINE	☐
	☐	10	1 2 ↓ GO TO NEXT LINE	1 2 ▼ 8 ↓ GO TO A25	☐	1 2 8 ↓ GO TO NEXT LINE	☐

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

CODES FOR A27

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

CODES FOR A29

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

Note for A32
GO BACK TO NEXT LINE;
OR, IF NO MORE PERSONS AGE
12 YEARS AND ABOVE, GO
TO A101.

CODES FOR Q. 30

1. FARMING/REARING ANIMALS/FISHING ⎤ GO
2. PRODUCTION/SERVICES/SELLING ⎟ TO
3. HOUSEWORKER AT SOMEONE'S HOUSE ⎦ A34
4. HOMEWORKER AT OWN HOUSE
5. NONE

HOUSEHOLD CHARACTERISTICS

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

A106	How many rooms do the housing units have, exlcuding bathrooms, toilets, storerooms and garage?	☐☐	
A107	How many of these rooms are used for sleeping?	☐☐	
A108	How many persons usually sleep in the housing units?	☐☐	

A109 — What is the main source of drinking water for members of your household?

PIPED WATER
- PIPED INTO HOUSING . . . . 01 ⎤
- PIPED TO YARD/PLOT . . . . 02 ⎬→A112
- PUBLIC TAP/STANDPIPE . . . . . 03 ⎦
BOREHOLE 04
DUG WELL
- PROTECTED WELL 05
- UNPROTECTED WELL 06
WATER FROM SPRING
- PROTECTED SPRING 07
- UNPROTECTED SPRING 08
RAINWATER . . . . 09 →A112
TANKER TRUCK 10
SURFACE WATER (RIVER/DAM/
 LAKE/POND/STREAM/CANAL/
 IRRIGATION CHANNEL) 11
BOTTLED WATER . . . . 12 →A112

OTHER _____ 96
 (SPECIFY)

A110 — How long does it take to go there, get water, and come back?

In yard 01
less than 30 mins. 02
30 mins to 1 hr. 03
1 hr to 1.5 hrs. 04
1.5 hrs to 2 hrs. 05
2 hrs or more. 06

A111 — Who usually goes to this source to fetch the water for your household?

ADULT WOMAN 1
ADULT MAN 2
FEMALE CHILD
 UNDER 18 YEARS OLD 3
MALE CHILD
 UNDER 18 YEARS OLD 4

OTHER _____96
 (SPECIFY)

A112 — What kind of toilet facility do members of your household usually use?

FLUSH TOILET 01
VENTILATED IMPROVED
 PRIVY 02
ORDINARY PIT TOILET 03
BUSH/FIELD 04

OTHER _____ 96
 (SPECIFY)

A113 — What is the main source of energy that is usually used by the household for lighting?

ELECTRICITY. 01
PARAFFIN. 02
GAS. 03
CANDLE. 04
WOOD. 05
SOLAR. 06
OTHER. 96

A114	What type of fuel does your household mainly use for cooking?	ELECTRICITY.	01
		PARAFFIN.	02
		GAS.	03
		COAL	04
		WOOD.	05
		OTHER	96

A115 — Does the household have the following assets in functioning condition?

		YES	NO
A Radio?	RADIO	1	2
A television?	TELEVISION.	1	2
A refrigerator/freezer?	REFRIGERATOR/FREEZER	1	2
A stove/hot plate?	STOVE/HOT PLATE.	1	2
A Bicycle?	BICYCLE	1	2
A motorcycle?	MOTORCYCLE	1	2
A car?	CAR.	1	2
A van/bakkie/truck?	VAN/BAKKIE/TRUCK.	1	2
A tractor?	TRACTOR	1	2
A computer?	COMPUTER	1	2
A telephone	TELEPHONE	1	2
A cellular phone?	CELLULAR PHONE	1	2
Access to the internet?	ACCESS TO THE INTERNE˜.	1	2
Grinding machine	GRINDING MACHINE. 1		2

ACCESS TO CREDIT

| C01 | Over the past 12 months did you or anyone else in the household borrow from someone outside the household or from an institution receiving either cash, goods or services? | YES.. . . . .1 NO… . . . .2 | | IF NO, GO TO C10 |

	What are the names of institutions/ persons from whom you or anyone else in your house-hold borrow-ed over the past 12 months (SEE CODES BELOW) LIST ALL NAMES BE-RE GOING TO C04	CODE SOU-RCE OF LOAN (SEE CODES BELOW)	Which house-hold mem-ber? WRITE LINE NUMBER OF HH MEMBER	What was the main reason for obtaining a loan? (SEE CODES BELOW)	How much was borro-wed?	When did you get the loan? STATE MONTH & YEAR JAN=01 YR=02	How much is outsta-nding?	During the last 12 months did any-one try to borrow from someone outside the household and or from an insti-tution and were turned down? YES.. . . . .1 NO… . . . .2 STILL AWAITING WORD ON LOAN . . . . 3 member 1 member 2 member 3 member 4 member 5 IF NO GO TO C12	Who turned you down? (SEE CODES BELOW)	Why did no one not attempt to borrow in the last 12 months? (SEE CODES BELOW) PROBE FOR MOST IMPORTANT REASON
	C02	C03	C04	C05	C06	C07	C08	C09	C10	C11	C12
1										
2										
3										
4										
5										
6										
7										
8										

CODES FOR C04

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

CODES FOR C06

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

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

RECENT SHOCKS TO HOUSEHOLD WELFARE (EVENTS OCCURING SINCE 2004)

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

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

CODES FOR RC 08

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

CODES FOR RC 08 (CONT.)

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

NOTE FOR RC 04 TO RC 07:
THESE QUESTIONS SHOULD ONLY BE ASKED
OF THE 3 MOST SEVERE SHOCKS AS NOTED IN
RC 03. LEAVE ALL OTHER ROWS BLANK.

SECTION C MAJOR HOUSEHOLD EXPENDITURE

CO1: AGRICULTURAL INCOME AND EXPENDITURE

During the past 12 months has your household grown any of the following? YES NO crops...... 1 2 vegetables. 1 2 fruits...... 1 2 IF ALL NO, GO TO C10	Please give me a list of all the crops that members of the household farmed in the past 12 months SEE CODES BELOW	How much (…) did the household harvest in the last 12 months? (IN KG) IF NONE, WRITE 0 AND SKIP TO NEXT CROP	INDICATE UNIT OF MEASURE	How much of the harvested (. . . .) was consumed? (IN KG) IF NONE, WRITE 0 AND SKIP TO C06	INDICATE UNIT OF MEASURE	What was the approximate value of . . . . consumed?	How much of the harvested….. was sold? (IN KG) IF NONE, WRITE 0 AND SKIP TO C08	INDICATE UNIT OF MEASURE	What was the approximate value of . . . . sold?	How much of the harvested….. was given out? (IN KG) IF NONE, WRITE 0 AND SKIP TO C10	INDICATE UNIT OF MEASURE	What was the approximate value of … given out?
C01	C02	C03	CO3A	C04	CO4A	C05 (SZL)	C06	C05A	C07 (SZL)	C08	C06A	C09(SZL)

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

Cash crops
Maize 201
Cotton 202
Other (specify)   203

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

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

During the past 12 months have you or any other member of your household owned any livestock and/or poultry either here or elsewhere in Swaziland? YES. . . . . . . 1 NO . . . . . . 2 IF NO, GO TO C17	Please give me the types of animals and/or poultry that you or any member of your household raised or owned in the last 12 months SEE CODES BELOW	How many does the household own at present?	How many (…) did the household sell during the last 12 months IF NONE WRITE 0 AND SKIP TO C13	How much did the household receive for the sale of all these during the last 12 months	How many (…) did the household consume during the last 12 months	What was the the approximate value of … sold?
C10	C11	C12	C13	C14	C16 (SZL)	C17	C18

CODES FOR C11

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

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

CODES FOR C18

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

C014: MEDICAL EXPENDITURE (NON-REFUNDABLE)

Did you or any member of your household seek medical attention of any kind including a visit to a clinic or hospital or private doctor or a traditional healer or a visit to the pharmacy to buy drugs in the last **4 weeks** 1 YES. . . . . . .2 NO . . . . IF NO, GO TO C28	Give me the names of all members of the household who sought medical attention or visited a pharmacy in the last 4 weeks COPY LINE NUMBER(S) OF THESE PERS-ONS FROM SECTION A	What sort of sickness/ injury did NAME suffer from? SEE CODES ALONGSIDE	Who diagnosed NAME'S illness?	What kind of health facility did NAME visit?	How many times did NAME use health facility due to the sickness/ injury in the last 4 weeks?	How much did NAME pay for the total medical bill? RECORD AMOUNT PAID BY HOUSEHOLD MEMBER. EXCLUDE RE-IMBURSE EMENTS BY EMPLOYER
C21	C22	C23	C24	C25	C26	C27

CODES FOR C23

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

CODES FOR C24

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

CODES FOR C25

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

REGULAR MONTHLY AND ANNUAL PAYMENTS

Apart from rent, do you or any member of the household pay(s) for certain expenses on a monthly basis such as water, electricity, insurance? etc? YES. . . . . . .1 NO . . . . 2 IF NO, GO TO SECTION	Give me a list of these items that you or any member of the household pay(s) for on a monthly basis SEE CODES BELOW	What was the total cost for …… in the last month?	Do you or any member of the household pay(s) for certain expenses on a yearly basis? such as car insurance, club membership fees insurance etc? YES. . . . . NO . . . . . IF NO, GO TO	Give me a list of these items that you or any member of the household pay(s) for on a yearly basis SEE CODES BELOW	What was the total cost for …… in the last year?
C28	C29	C30	C31	C32	C33

CODES FOR C29

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

CODES FOR C32

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

NB LOCAL AUTHORITY RATES APPLY TO PROPERTY OWNERS ONLY

SECTION B: HOUSEHOLD INCOME

B 01: SOURCES OF HOUSEHOLD INCOME

Before asking you specfic details about your household income, we would like to know the sources of your
household income   a) during the past 30 days
                                              b) during the past 12 months

The first column of boxes is for indicating the various sources of income during the past 30 days
The second column is for indicating the different income sources during the past 12 months

TICK ALL APPLICABLE BOXES

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

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

RECORD THEIR ANSWER BELOW:

_____

_____

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

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

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

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

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

DEDUCTIONS FROM WAGE/SALARY

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

B012: HOUSEHOLD ENTERPRISES

THIS SECTION ASKS FOR INFORMATION ABOUT HOUSEHOLD BUSINESS OR ENTERPRISES IN WHICH CASE THE HOUSEHOLD MEMBER (S) MAY EITHER BE;
      A) SELF EMPLOYED OR,
      B) WORK (S) INFORMALLY WITH A FEW OTHER FAMILY MEMBERS AND/OR A FEW PAID STAFF

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

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

     YES 1
     NO 2   → SKIP TO C01
     DK 8

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

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

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

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

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

AMOUNT RECEIVED

B013   INCOME OBTAINED FROM RENTAL OF PROPERTY
SERIAL NUMBER (S) OF PERSON TO WHICH THIS INCOME
CORRESPONDS TO:

B014   INCOME FROM PENSION

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

B015   INCOME FROM INTEREST ON SAVINGS

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

B018   INCOME FROM SALE OF PROPERTY

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

B019   INCOME FROM REMITTANCES FROM INSIDE SWAZILAND

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

B020   INCOME FROM REMITTANCES FROM OUTSIDE SWAZILAND

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

B021   INCOME FROM CASH GIFTS

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

B022   INCOME FROM CASH LOANS INCLUDING SALARY ADVANCE

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

B023   INCOME FROM DISASTER TASK FORCE OR NGO

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

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

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

I

DIARY FOR DAILY EXPENDITURES

Enumeration Area No.

Homestead Number

Household Number

Name of Head of Household   --

Interviewer's Name   --

Supervisor's name   --

DATE	Description of item write the exact name of the item e.g. brown bread, milk etc. because description such groceries are not sufficiently detailed	UNIT	QUANTITY	AMOUNT PAID (SZL)		Where did you buy…..?	**FOR CLOTHING ONLY** Was the item new or used when you bought it?
				E	C		

HOUSEHOLD CASH RECEIPTS

DATE	LINE NO.	Describe type of household cash receipt Was the money received as wages, gifts, allowances, pensions, receipt of loan repayment etc.? please specify	AMOUNT RECEIVED (SZL)	ITEM CODE

GOODS AND SERVICES RECEIVED

DATE	Were these goods and services received as gifts, wages in kind rations, food aid, barter or other (please specify)	Describe the goods/services received and state the approximate quantity	Estimated Value (SZL)	Item Code

GOODS AND SERVICES GIVEN

DATE	Were these goods and services received as gifts, wages in kind rations, food aid, barter or other (please specify)	Describe the goods/ser given and state the approximate quantity received e.g. 1 bag of maize, 1 goat, one day's ploughing	Estimated Value (SZL)	Item Code

OWN PRODUCE CONSUMED

DATE	line No.	Describe the item consumed or used in some other way	Approximate quantity consumed (if applicable e.g. 2 cups, 2 plates 1 bundle	Estimated Value (SZL)	Item code