

3. HEALTH, PART D - IMMUNIZATIONS OF CHILDREN UNDER 5 YEARS

ALL CHILDREN UNDER 5 YEARS (ASK THE MOTHER OR CAREGIVER)																		
	363	364			365			366			367			368				
SERIAL NUMBER	B.C.G.	Pentavalent (DPT-HeptB-Hib)			Pentavalent (DPT-HeptB-Hib)			Pneumococcal (PCV13)			Rotavirus (Rotarix)			Polio				
	RECORD THE DATES FROM THE VACCINATION CARD, IN THE FORM OF DAY/ MONTH/ YEAR (FOR INSTANCE: 20/11/15) IF A VACCINATION HAS NOT BEEN GIVEN, LEAVE THAT BOX BLANK.																	
	day/mo/yr	day/mo/yr	day/mo/yr	day/mo/yr	day/mo/yr	day/mo/yr	day/mo/yr	day/mo/yr	day/mo/yr	day/mo/yr	day/mo/yr	day/mo/yr	day/mo/yr	day/mo/yr	day/mo/yr	day/mo/yr	day/mo/yr	day/mo/yr
	B.C.G. (Tuberculosis vaccine)	Hepatitis B			DPT (old card) or Pentavalent (DPT- HeptB-Hib)			Pneumococcal (PCV13)			Rotavirus (Rotarix) (new)			POLIO				
	1st	2nd (old)	3rd (old)	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	4th		
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3. HEALTH, PART D - IMMUNIZATIONS OF CHILDREN UNDER 5 YEARS

SERIAL NUMBER	369		370	371									372				373
	Measles		DT	Vitamin A Supplementation Schedule									name of campaign name of campaign name of campaign name of campaign				Has [NAME] received any vaccinations that are not recorded in this card? Yes 1 ► 375 No 2 ► NEXT CHILD Don't know 9 ► 375
	RECORD THE DATES FROM THE VACCINATION CARD, IN THE FORM OF DAY/ MONTH/ YEAR (FOR INSTANCE: 20/11/15) IF A VACCINATION HAS NOT BEEN GIVEN, LEAVE THAT BOX BLANK.																
	day/mo/yr	day/mo/yr	day/mo/yr	day/mo/yr	day/mo/yr	day/mo/yr	day/mo/yr	day/mo/yr	day/mo/yr	day/mo/yr	day/mo/yr	day/mo/yr	day/mo/yr	Special Immunisation Campaigns			
	Measles		DT	Vitamin A Supplementation Schedule													
1st	2nd		1st	2nd	3rd	4th	5th	6th	7th	8th	9th	1st	2nd	3rd	4th		
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3. HEALTH, PART D - IMMUNIZATIONS OF CHILDREN UNDER 5 YEARS

	374	375	376	377	378	379	380	381	382
SERIAL NUMBER	Has [NAME] ever had a vaccination to prevent him/her from getting diseases including vaccinations received in a national immunization day campaign? Yes 1 No 2 ▶ NEXT CHILD Don't know 9	Has [NAME] ever been given BCG vaccination against tuberculosis -i.e. an <u>injection in the left lower arm</u> that can leave a scar? Usually given after birth of shortly thereafter. (CHECK FOR SCAR) Yes 1 No 2 Don't know 9	Has [NAME] ever been given any vaccination <u>drops in the mouth</u> to protect him/her from getting polio? (recommended to be given at 3,4 and 18 months) Yes 1 No 2 ▶ 378 Don't know 9 ▶ 378	How many times has [NAME] been given these drops? # TIMES	Has [NAME] ever been given vaccination injections - <u>shots in the left outer thigh</u> for Pentavlent when he/she was less than 6 months old? Yes 1 No 2 ▶ 381 Don't know 9 ▶ 381	How many times has [NAME] been given these shot in the left outer thigh? # TIMES	Has [NAME] ever been given vaccination injection- i.e. an injection in the <u>left outer thigh</u> - to prevent him or her from getting DPT (tetanus, whooping cough, diphtheria), at about the age of 18 months? (Pentavalent or DPT) Yes 1 No 2 Don't know 9	Has [NAME] ever been given other vaccination injections- i.e. a shot in the <u>outer part of the upper (left) arm</u> at the age of 9 months or older--to prevent him/her from getting measles ? Yes 1 No 2 Don't know 9	Has [NAME] received a Vitamin A capsule within the last 6 months? (Vitamin A campaigns are in May and November) Yes 1 No 2 Don't know 9
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3. HEALTH, PART E-PRE/POSTNATAL CHECKUP & BREAST-FEEDING (MOST RECENT BIRTH IN THE LAST FIVE YEARS)

ALL FEMALES 12-49 WHO HAVE GIVEN BIRTH IN THE LAST 5 YEARS												
SERIAL NUMBER	383	384	385	386	387	388	389	390	391	392	393	394
	ENUMERATOR CHECK: IS THIS A WOMAN AGED BETWEEN 12-49 YEARS?	Have you given birth to a child in the last 5 years, that is since [MONTH, YEAR]?	Did you have any child born in the past 5 years who was born alive but later died, even if the child only lived for a few minutes, hours or days?	What is/was the name of the child born most recently in the past 5 years? IF NOT NAMED, WRITE "BABY BOY" or "BABY GIRL"	In what month and year was [CHILD NAME] born? Jan 1 Feb 2 Mar 3 Apr 4 May 5 Jun 6 Jul 7 Aug 8 Sep 9 Oct 10 Nov 11 Dec 12	Is [CHILD NAME] still alive?	DOES [CHILD NAME] live in this household	RECORD SERIAL NUMBER OF [CHILD] (TAKE FROM THE HOUSEHOLD ROSTER)	How long did [CHILD NAME] live? IF CHILD LIVED MORE THAN 1 YEAR, RECORD YEARS AND MONTHS AND PUT '00' FOR DAYS IF CHILD LIVED LESS THAN 1 YEAR, PUT '00' FOR YEARS AND RECORD NO. OF MONTHS AND ESTIMATED DAYS IF CHILD LIVED LESS THAN 1 MONTH, PUT '00' FOR YEARS AND MONTHS, AND RECORD NO. OF DAYS	When you were pregnant with this child, did you consult anyone for a check up (Antenatal Care) on this pregnancy?	Where did you go for this check up? Clinic (fixed location) 1 Mobile clinic 2 Health Post 3 Hospital 4 Private doctor 5 Informal doctor/ midwife 6 Other (specify 98	Who assisted with the delivery of this child? IF MORE THAN ONE SPEAK OF THE MOST TRAINED Doctor 1 Nurse/midwife 2 Auxiliary nurse 3 Traditional birth attendant 4 Traditional doctor/ 5 Spiritual healer 6 Relative/Friend 6 Other (specify) 98
	Yes 1 No 2 ▶ NEXT PERSON	Yes 1 ▶ 386 No 2	Yes 1 391 No 2 ▶ NEXT WOMAN			Yes 1 No 2 ▶ 391	Yes 1 No 2 ▶ 392	▶ 392		Yes 1 No 2 ▶ 394		
				CHILD NAME	Month Year				Days Months Years			
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3. HEALTH, PART E-PRE/POSTNATAL CHECKUP & BREASTFEEDING (MOST RECENT BIRTH IN THE LAST FIVE YEARS)

BREAST FEEDING										
SERIAL NUMBER	395	396	397	398	398b	398c	398d	398e	399	399b
	After the birth, did you (mother) see anyone for a post natal checkup?	Where did you go for this check up? Clinic (fixed location) 1 Mobile clinic 2 Health Post 3 Hospital 4 Private doctor 5 Informal doctor/ 6 Other (specify) 98	Did you breastfeed [CHILD NAME] at all? Yes 1 No 2 ► 397	How soon after [CHILD NAME's] birth did you begin to breastfeed? PLEASE ANSWER EVEN IF THE BABY LATER DIED. Less than 1 hour 1 1-3 hours 2 4-6 hours 3 6-24 hours 4 More than 24 hours 5 Don't know 9	During the three days after delivery, what did you give the baby to drink in addition to first milk/ colostrum? IF MORE THAN ONE, SPEAK OF THE MAIN Water 1 Water and formula 2 Sugar and water/tea 3 Goat milk/ cow milk 4 Other (specify) 98 Nothing 5	Not counting liquids given during the first 3 days after delivery, did you exclusively breastfeed for at least 6 months (no other liquid and no food) or give any formula and breastmilk, but no food? Yes, only breast milk 1 Yes, breast milk and formula 2 No, also some food 3 Not yet 6 months old 4 No, baby died 5	Not including liquids you gave to the baby in the first three days after delivery, how long was breast milk the only liquid given to the baby? ANSWER IN DAYS IF BABY DIED BEFORE BEGINNING OTHER LIQUIDS, WRITE '8888' AND ► NEXT WOMAN IF BABY IS STILL DRINKING ONLY BREAST MILK, WRITE '7777' AND ► NEXT WOMAN DAYS	How old was the baby when you completely stopped breastfeeding? IF BABY IS STILL BREAST- FEEDING, WRITE '88' ► NEXT WOMAN MONTHS	Why did you not breastfeed this baby? Baby died 1 Baby too sick 2 Did not have milk 3 Mother sick 4 Medical reason 5 Did not want to 6 Husband/ family 7 did not want 1 Work commitments 8 Other (specify) 98	Did you exclusively give formula for at least 6 months (no other liquid and no food)? Yes 1 No 2 Baby died 3 ► NEXT WOMAN
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4. EMPLOYMENT (all persons age 12 and older)

WORKING STATUS IN THE LAST 7 DAYS										
	401	402	403	404	405	406	407	408	409	410
SERIAL NUMBER	IS THIS PERSON 12 YEARS OR OLDER?	IS THIS PERSON ANSWERING FOR HIMSELF/HERSELF?	WRITE THE SERIAL NUMBER OF THE RESPONDENT	During the past 7 days, have you worked <u>for pay for someone who is not a member of your household</u> , for example an enterprise, a company, an individual, or the government? (including paid domestic work), even if it was for only one hour? DO NOT INCLUDE APPRENTICESHIP/ INTERNSHIP/ TIRELO SECHABA (INCLUDE WORK PAID IN CASH OR IN KIND)	During the <u>past 7 days</u> , how many hours have you done wage/ salary work for pay? RECORD TO THE NEAREST WHOLE HOUR	During the past 7 days, have you done any <u>daily agricultural work</u> for pay or any kind of other <u>casual work or piece jobs</u> ?	During the <u>past 7 days</u> , how many hours have you done casual/ daily labour/ piece jobs? RECORD TO THE NEAREST WHOLE HOUR	During the past 7 days, have you worked on a cattle post or on farm land owned or rented by a member of your household, such as ploughing, harvesting, looking after cattle, weeding, etc.?	During the <u>past 7 days</u> , how many hours have you done this agricultural work for the household? RECORD TO THE NEAREST WHOLE HOUR	In general, are the products you obtain from household agricultural production planned to be sold or bartered, or are they mainly for use by the household? Only for sale or /barter 1 Mainly for sale/ barter, but some for household use 2 Mainly for household use, but some for sale/ barter 3 Only for household use 4
	Yes 1 No 2 ►NEXT PERSON	Yes 1 ► 404 No 2	RESPONDENT'S SERIAL NUMBER	Yes 1 No 2 ► 406	HOURS	YES, all or mainly 1 in agriculture work YES, all or mainly 2 in non-agriculture No 3 ► 408	HOURS	Yes 1 No 2 ►411	HOURS	
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4. EMPLOYMENT (all persons age 12 and older)

PERSON NOT AT WORK (ABSENT FROM JOB/ BUSINESS) IN THE LAST 7 DAYS							
SERIAL NUMBER	411	412	413	414	415	416	417
	During the past 7 days have you worked, <u>paid</u> or <u>unpaid</u> , in any kind of <u>non-farm</u> enterprise/ activity belonging to you or a member of your household, even if it was for only one hour? For example, as a barber, shop keeper, dressmaker, carpenter or taxi driver?	During the <u>past 7 days</u> how many hours have you worked in this household enterprise/ activity?	<u>ENUMERATOR:</u> IS THERE A 'YES' RESPONSE IN AT LEAST ONE OF QUESTIONS 404, 406, 408 OR 411?	Although you did not work in the past 7 days, do you have a job or activity, including a wage job, or <u>paid</u> or <u>unpaid work</u> in household agriculture or work in a household business, that you will definitely return <u>to?</u>	Is the job or activity you will return to a wage job, work in a household non-agriculture enterprise, or work in household agriculture?	In general, are the products you obtain from household agricultural production planned to be sold or bartered, or are they mainly for use by the household? Only for sale or /barter 1 Mainly for sale/ barter, but some for household use 2 Mainly for household use, but some for sale/ barter 3 Only for household use 4	What was the main reason you were absent from your job, business or activity in the last 7 days? Health reasons 01 ► 428 Vacation leave 02 ► 428 Maternity/ paternity leave 03 ► 428 Caring for family or other (except maternity/ paternity leave) 04 ► 428 Other family/ community obligations (funerals, meetings) 05 ► 428 Strike/ Stay-away/ Lockout 06 ► 428 Bad weather 07 ► 428 Study or training leave 08 ► 428 Unrest (violence) 09 ► 428 Temporarily laid off/ Reduction in economic activity 10 ► 428 Seasonal work 11 Start a new job/ business at a definite date in the future 12 Other reason (specify) 98 ► 428
	Yes 1 No 2 ► 413	RECORD TO THE NEAREST WHOLE HOUR HOURS	Yes 1 ► 428 No 2	Yes 1 No 2 ► 418	salary/ wage / job 1 ► 417 work in household 2 ► 417 non-farm enterprise/ work in household 3 agriculture activity		
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4. EMPLOYMENT (all persons age 12 and older)

PERSONS NOT WORKING IN THE LAST 7 DAYS																																											
SERIAL NUMBER	418	419	420						421					422																													
	In the last 30 days, did you look for any kind of work?	In the last 30 days, did you try to start any kind of business?	What was the main reason why you did not try to find work or start a business in the last 30 days						In the last 30 days, what have you done to search for work or to start a business? (CHECK AND CODE ALL THAT APPLY)					Were you available to work or start a business in the last 7 days?																													
			01	02	03	04	05	06	07	08	09	10	11		12	13	14	15	16	17	18	19																					
	Yes 1 No 2	Yes 1 No 2	Awaiting the season for work		No jobs available in the area		Health reasons		Waiting to be recalled to former job		Lack of money to pay for transport to look for work		Unable to find work requiring his/her skills		Disabled or unable to work (handicapped)		Lost hope of finding any kind of work		Housewife/ homemaker (family considerations /child care)		No transport available		Scholar or student		Retired		Too old to work		Too young to work		Other reason (specify)		1	2	3	4	5	6	7	8	98	Yes 1 No 2	
		IF YES IN Q418 OR Q419 ► 421	Undergoing training to help find work/ apprenticeship/ internship/ Tirelo Sechaba																																								
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4. EMPLOYMENT (all persons age 12 and older)

PERSONS NOT WORKING IN THE LAST 7 DAYS										
SERIAL NUMBER	423	424	425	426						427
	What was the main reason you were not available to work or start a business in the last 7 days? Scholar or student 01 Housewife/homemaker (family considerations/child care) 02 Health reasons 03 Retired 04 No desire to work 05 Pregnancy 06 Other (specify) 98 ▶426	For how long have you been without work and trying to find a job or start a business? Less than 3 months 1 3 - 5 months 2 6-8 months 3 9 -11 months 4 1 year - less than 3 years 5 3 - 5 years 6 More than 5 years 7 Don't know 9	What was your main activity before starting to look for work/trying to start a business? Working 1 Self-employed 2 Doing house work 3 Going to school 4 Worked in own land/cattle post 5 Other (specify) 98	How do you support yourself? Do you/ Are you READ ALL OPTIONS TO RESPONDENT ASK FOR EACH, CHECK AND CODE ALL THAT APPLY 1 2 3 4 5 6 7 8 98 Supported by persons in the household? Supported by persons not in the household? Supported by charity, church, welfare, etc.? From savings or money previously earned/pensions? Receive old age or disability pension? Receive child support/ foster care grants? Receive any other welfare grants? Receive payment for apprenticeship/internship? Have any other sources of support, e.g. bursary, study loan?						Although you did not work in the past 7 days, did you work at any wage job or self-employment work, or work in a household enterprise or in agriculture, paid or unpaid, or any piece jobs, in the past 12 months? Yes 1 ▶ 460 No 2 ▶ NEXT PERSON
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4. EMPLOYMENT (all persons age 12 and older)

MAIN ACTIVITY IN THE PAST 7 DAYS									
SERIAL NUMBER	428	429	430	431	432	433		434	435
	For whom did you work in your main activity in the past 7 days ?	Is this work...?	How many days per week do you usually work in this activity?	How many hours per day do you usually work in this activity?	How many months in the last 12 months did you do this work?	How many years have you been doing this work at this place?		What type of work do you do in this activity? To be precise, what are your main tasks or duties?	What is the main product, service or type of activity of this place of work?
	EMPLOYEES IN WAGE JOB (PAID CASH OR IN KIND) Central government 01 Local government 02 Parastatal sector 03 Private sector 04 Non-govt organization 05 Private household 06 Ipelegeng 07 SELF-EMPLOYED/HOUSEHOLD AGRICULTURE Self-employment OR In own non-farm enterprise/ income activity, paid or unpaid 08 Worked in own or household farm/ cattle post, paid or unpaid 09 Other (specify _____) 98	Permanent 1 Temporary 2 Contract 3 Casual/ Piece job 4 Seasonal (temporary but available at same time each year) 5	FOR HERD BOYS, WRITE '10' IF LESS THAN ONE MONTH, WRITE '0'	IF LESS THAN ONE YEAR, WRITE NUMBER OF MONTHS AND '0' YEARS IF ONE YEAR OR MORE, WRITE ONLY THE NUMBER OF YEARS AND LEAVE MONTHS BLANK	PROBE AS NECESSARY. USE TWO OR MORE WORDS TO DESCRIBE THE OCCUPATION.		PROBE AS NECESSARY. USE TWO OR MORE WORDS TO DESCRIBE THE INDUSTRY.		
			Days per week	Hours per day	# of months	Years	Months	Occupation description	Industry description
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4. EMPLOYMENT (all persons age 12 and older)

MAIN ACTIVITY IN THE PAST 7 DAYS															
SERIAL NUMBER	436	437	438				439	440	441	442	443	444			
	<p>ENUMERATOR: CHECK QUESTION 428 AND WRITE THE PROPER CONDITION CODE BELOW</p> <p>EMPLOYEE IN A WAGE JOB (options 01-07 in Q 428) 1</p> <p>SELF-EMPLOYMENT OR NON-FARM ENTERPRISE OR HOUSEHOLD FARM/ LIVESTOCK (options 08 or 09 in Q 428) 2</p> <p style="text-align: right;">▶ 446</p>	<p>Does your employer contribute to any pension/ retirement fund/ gratuity for you?</p> <p>1 Yes 1 2 No 2 3 Don't know 3</p>	<p>Are you entitled to any of the following ...</p> <p>Check and Code all that apply</p>				<p>In the last twelve months, did you take paid sick leave?</p> <p>1 Yes 1 2 No 2</p>	<p>In the last twelve months, did you take maternity/ paternity leave?</p> <p>1 Yes 1 2 No 2</p>	<p>Does your employer deduct income tax from your salary / wage?</p> <p>1 Yes 1 2 No 2 9 Don't know 9</p>	<p>Are you employed on the basis of...</p> <p>1 A written contract 1 2 A verbal agreement 2</p>	<p>Is the contract / agreement of a...</p> <p>1 Limited duration 1 2 Permanent duration 2 3 Unspecified duration 3</p>	<p>How much was your last payment, and for which of the following time units?</p>			
			1	2	3	4						1	2	3	4
			Paid vacation leave?	Paid sick leave?	Maternity/ paternity leave?	Medical aid benefits from your employer?									
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4. EMPLOYMENT (all persons age 12 and older)

Main activity last 7 days		SECONDARY ACTIVITY IN THE PAST 7 DAYS							
SERIAL NUMBER	445	446	447	448	449	450	451	452	
	Who in your household decides on the use of these earnings? LIST UP TO TWO MEMBERS	Did you have any other work in the past 7 days, or do you have another position that you didn't work at in the last week but you will return to? I am asking about all the types of work, including work for pay, or in your own business activity or household agriculture, paid or unpaid, or casual or piece jobs?	For whom do you work in this secondary activity in the past 7 days? WAGE JOB (CASH OR IN KIND) Central government 01 Local government 02 Parastatal sector 03 Private sector 04 Non-govt organization 05 Private household 06 Ipelegeng 07 SELF-EMPLOYED/HOUSEHOLD AGRICULTURE Self-employment OR In own non-farm enterprise/ income activity, paid or unpaid 08 Worked in own household farm/ cattle post, paid or unpaid 09 Other (specify) 98	Is this work...? Permanent 1 Temporary 2 Contract 3 Casual/ Piece job 4 Seasonal (temporary but available at same time each year) 5	How many days per week do you usually work in this activity?	How many hours per day do you usually work in this activity?	How many months in the last 12 months did you do this work? IF LESS THAN ONE MONTH, WRITE '0'	How many years have you been doing this work at this place? IF LESS THAN ONE YEAR, WRITE THE NUMBER OF MONTHS AND '0' YEARS. IF ONE YEAR OR MORE, WRITE ONLY THE NUMBER OF YEARS AND LEAVE MONTHS BLANK IF LESS THAN ONE MONTH WRITE "00" UNDER MONTHS	
								Years	Months
	SERIAL #1	SERIAL #2	Yes 1 No 2 ▶ 459		Days per week	Hours per day	Number of months		
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4. EMPLOYMENT (all persons age 12 and older)

SECONDARY ACTIVITY IN THE PAST 7 DAYS											
SERIAL NUMBER	453	454	455	456	457				458		
	What type of work do you do in this activity? To be precise, what are the main tasks or duties? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> PROBE AS NECESSARY. USE TWO OR MORE WORDS TO DESCRIBE THE OCCUPATION. </div>	What is the main product, service or type of activity of this place of work? PROBE AS NECESSARY. USE TWO OR MORE WORDS TO DESCRIBE THE INDUSTRY.	<u>ENUMERATOR: CHECK QUESTION 447 AND WRITE THE PROPER CONDITION CODE BELOW</u> EMPLOYEE IN A WAGE JOB (options 01-07 in Q 1 447) SELF-EMPLOYMENT OR NON-FARM ENTERPRISE OR HOUSEHOLD FARM/ LIVESTOCK (options 08 or 09 in Q 447)	Does your employer deduct income tax from your salary / wage? Yes 1 No 2 Don't know 9	What was your last payment received, and for which of the following time units, for this secondary work in the past 7 days?				Who in your household decides on the use of these earnings? LIST UP TO TWO MEMBERS		
					1	2	3	4		SERIAL #1	SERIAL #2
					Basic Salary	Cash Allowance (e.g. bonuses)	In Kind Payment	Payment period			
Day 1	Week 2	Fortnight 3	Month 4	Year 5							
Occupation description	Activity description			Pula	Pula	Value in Pula					
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4. EMPLOYMENT (all persons age 12 and older)

WORK IN THE LAST 12 MONTHS								
SERIAL NUMBER	459	460	461	462	463	464	465	466
	In the last 12 months, did you have any other wage job or self-employment work, paid or unpaid, other than the work described for the past 7 days?	For whom do you work in this activity 12 in the past months? WAGE JOB (CASH OR IN KIND) Central government 01 Local government 02 Parastatal sector 03 Private sector 04 Non-govt organization 05 Private household 06 Ipeleleng 07 SELF-EMPLOYED/HOUSEHOLD AGRICULTURE Self-employment OR In own non-farm enterprise/income activity, paid or unpaid 08 Worked in own or household farm/ cattle post, paid or unpaid 09 Other (specify) 98	Was this work...? Permanent 1 Temporary 2 Contract 3 Casual/ Piece job 4 Seasonal (temporary but available 5 at same time each year)	How many days per week did you usually work in this activity?	How many hours per day did you usually work in this activity?	How many months in the last 12 months did you do this work? IF LESS THAN ONE MONTH, WRITE '0'	How many years did you do this work at this place? PROBE: IF LESS THAN ONE YEAR, WRITE THE NUMBER OF MONTHS AND ZERO YEARS IF ONE YEAR OR MORE, WRITE ONLY THE NUMBER OF YEARS AND LEAVE MONTHS IN BLANK	What type of work did you do in this activity? To be precise, what are your main tasks or duties? PROBE AS NECESSARY. USE TWO OR MORE WORDS TO DESCRIBE THE OCCUPATION.
	Yes 1 No 2 ► 478			Days per week	Hours per day	Number of months	Years Months	Occupation description
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4. EMPLOYMENT (all persons age 12 and older)

WORK IN THE LAST 12 MONTHS																															
	467	468	469	470	471	472	473	474	475																						
SERIAL NUMBER	What is the main product, service or type of activity of this place of work?	<p>ENUMERATOR: CHECK QUESTION 460 AND WRITE THE PROPER CONDITION CODE BELOW</p> <p>EMPLOYEE IN A WAGE JOB (options 01-07 in Q 460) 1</p> <p>SELF-EMPLOYMENT OR NON-FARM ENTERPRISE OR HOUSEHOLD FARM/ LIVESTOCK (options 08 or 09 in Q 460) 2</p> <p style="text-align: right;">▶478</p>	Does your employer contribute to any pension/ retirement fund/ gratuity for you?	Are/were you entitled to any ...	In the last twelve months, did you take paid sick leave?	In the last twelve months, did you take paid maternity / paternity leave?	Did your employer deduct income tax from your salary/wage?	Were you employed on the basis of...	Was the contract / agreement of a...																						
	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> PROBE AS NECESSARY. USE TWO OR MORE WORDS TO DESCRIBE THE INDUSTRY. </div> <p>Industry description</p>	<p>Check and Code all that apply</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 12.5%; text-align: center;">1</td> <td style="width: 12.5%; text-align: center;">2</td> <td style="width: 12.5%; text-align: center;">3</td> <td style="width: 12.5%; text-align: center;">4</td> </tr> <tr> <td style="text-align: center;">Paid vacation leave?</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Paid sick leave?</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Paid Maternity / paternity leave?</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Medical aid benefits from his/her employer?</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		1	2	3	4	Paid vacation leave?					Paid sick leave?					Paid Maternity / paternity leave?					Medical aid benefits from his/her employer?					<p>Yes 1</p> <p>No 2</p> <p>Don't know 3</p>	<p>Yes 1</p> <p>No 2</p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know 3</p>	<p>A written contract 1</p> <p>A verbal agreement 2</p>
	1	2	3	4																											
Paid vacation leave?																															
Paid sick leave?																															
Paid Maternity / paternity leave?																															
Medical aid benefits from his/her employer?																															
01																															
02																															
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10																															
11																															
12																															

4. EMPLOYMENT (all persons age 12 and older)

EARNINGS FROM WAGE JOB (LAST PAYMENT AND TOTAL IN LAST 12 MONTHS)					Trade Union										
SERIAL NUMBER	476				477		478		479				480		
	What was your last payment received, and for which of the following time units, for this main wage job in the past 12 months?				Who in your household decides on the use of these earnings?		ENUMERATOR : DID RESPONDENT WORK AT ANY WAGE JOB IN THE PAST 7 DAYS (CHECK QUESTIONS 428 AND 447) OR IN THE PAST 12 MONTHS (CHECK Q468)		What are the estimated total earnings received in the last 12 months from <u>all</u> wage jobs?				Are you a member of a trade union or other workers' organization?		
	1	2	3	4					1	2	3	4			
	Basic Salary	Cash Allowance (e.g. bonuses)	In Kind Payment	Payment period					Basic Salary	Cash Allowance (e.g. bonuses)	In Kind Payment	"Total Earnings. INCLUDE PAYMENTS IN CASH OR IN KIND."			
	Pula	Pula	Value in Pula	Year	Day 1	Week 2	Fortnight 3	Month 4	Year 5	SERIAL #1	SERIAL #2	Yes 1	No 2	► 480	
													Yes 1	No 2	Don't know 3
01															
02															
03															
04															
05															
06															
07															
08															
09															
10															
11															
12															

5. WAGE EARNERS: INCOME, DEDUCTIONS AND EMPLOYEE BENEFITS

500	LOOK AT QUESTION 428	Are there any household members who are employees in their primary activity in the past 7 days	<div style="border: 1px dashed black; padding: 2px; display: inline-block;">Yes 1</div> <div style="border: 1px dashed black; padding: 2px; display: inline-block;">No 2</div>	SECTION 6
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USE ONE COLUMN TO RECORD ONE PERSON'S EARNINGS. AT THE TOP OF EACH COLUMN ENTER THE PERSON'S SERIAL NUMBER FROM THE HOUSEHOLD ROSTER, ALONG WITH THE SERIAL NUMBER OF THE PERSON PROVIDING THE INFORMATION.

Now let's talk about the members of your household who are employed with a wage job. I will need details of total earnings and deductions from the main work they did in the past 30 days. RECORD AMOUNTS IN PULA AND THEBE USING A DECIMAL POINT. IF RESPONDENT DOES NOT KNOW THE DETAILS, SET AN APPOINTMENT WITH THE MOST KNOWLEDGEABLE PERSON.

502	a. PERSON'S SERIAL NUMBER b. SERIAL NUMBER OF PERSON PROVIDING INFORMATION	a	b	a	b	a	b	a	b	a	b
What was your INCOME IN THE PAST 30 DAYS for...		PULA.THEBE (P.t)									
503	Basic salary or wage										
504	Car allowance										
505	Value of all other allowances in cash										
What was the VALUE OF WAGES IN-KIND for ...											
506	Mealie meal										
507	Other food										
508	Clothing										
509	Blankets										
510	Value of all other wage and allowances in-kind										
What were your EMPLOYMENT EARNINGS DURING THE PAST 12 MONTHS for...											
511	Back pay										
512	Bonus										
513	Overtime										
514	Travel leave concession										
515	Leave encashment										
516	Amount of any other earnings from this employment										
What were the DEDUCTIONS FROM WAGE/SALARY DURING THE LAST 30 DAYS for...											
517	Income tax										
518	Home rent										
519	Car insurance										
520	Repayment of loans or leave(s)										
521	Educational bond										
522	Pension contribution										
523	Trade Union dues/subscription										
524	Contribution to medical aid scheme										
525	Amount of all other deductions										

5. WAGE EARNERS: INCOME, DEDUCTIONS AND EMPLOYEE BENEFITS

		FIRST HH MEMBER			2ND HH MEMBER			3RD HH MEMBER			4TH HH MEMBER		
526		527	528	529	530	531	532	533	534	535	536	537	538
Is any of these items or services provided (or is paid for) by your employer or the employer of any other household member, or is provided for a reduced or nominal amount?		Provided to which HH member ?	Approx. monthly payments by you (if any)	What would you/ the household have to pay for this item/ service if it were not free or subsidized?	Provided to which HH member?	Approx. monthly payments by you (if any)	What would you/ the household have to pay for this item/ service if it were not free or subsidized?	Provided to which HH member?	Approx. monthly payments by you (if any)	What would you/ the household have to pay for this item/ service if it were not free or subsidized?	Provided to which HH member?	Approx. monthly payments by you (if any)	What would you/ the household have to pay for this item/ service if it were not free or subsidized?
ITEM/ SERVICE		SERIAL no.	PULA	PULA	SERIAL no.	PULA	PULA	SERIAL no.	PULA	PULA	SERIAL no.	PULA	PULA
		YES 1											
		NO 2											
1	Accommodation/ housing allowance												
2	Car or other vehicle												
3	A second car or other vehicle												
4	Fuel for car												
5	Services of: Security guard												
6	Services of: Maid												
7	Services of: Gardener												
8	Swimming pool												
9	Water												
10	Electricity												
11	Medical aid subscription												
12	School fees												
13	Leave Concession												

6. SERVICES WITHIN THE VILLAGE/ COMMUNITY

HOUSEHOLD HEAD OR SPOUSE

600 RECORD THE RESPONDENT (THE SERIAL NUMBER OF THE PERSON PROVIDING THIS INFORMATION)

PART A. HEALTH SERVICES

- 601 What is the distance to the nearest health facility from this household, in kilometers? IF LESS THAN 1 KM, WRITE '0'
- 602 Normally, how long does it take to travel from here to this nearest health facility? minutes
- 603 What is the usual method for the travel to this nearest health facility?
- | | | | |
|----------------|---|----------------|---|
| WALKING | 1 | BY BICYCLE | 3 |
| BY CAR/BUS | 2 | BY DONKEY/CART | 4 |
| OTHER, SPECIFY | | 98 | |
- 604 What type of facility is this?
- | | | | |
|---------------|---|----------------|----|
| CLINIC | 1 | PRIVATE | 5 |
| HEALTH POST | 2 | PHARMACY | 6 |
| HOSPITAL | 3 | OTHER, SPECIFY | 98 |
| MOBILE CLINIC | 4 | | |
- 605 Who runs this facility?
- | | | | |
|-------------------|---|---------------|----|
| GOVERNMENT. | 1 | NON-GOV'T ORG | 4 |
| PRIVATE | 2 | MISSION | 5 |
| EMPLOYER-PROVIDED | 3 | OTHER SPECIFY | 98 |
- 606 Does your household normally use this facility when it needs health services?
- | | |
|------------------------------|---------|
| YES-USES THIS FACILITY | 1 |
| NO-USES A DIFFERENT FACILITY | 2 ▶ 610 |
| NO-USES NO FACILITY | 3 ▶ 610 |
- 607 Overall, what is your opinion about the quality of this facility?
- | | | | |
|--------------|---|------------|---|
| EXCELLENT | 1 | POOR | 4 |
| SATISFACTORY | 2 | DON'T KNOW | 9 |
| FAIR | 3 | | |

- 608 What do you think are the problems with this facility, if any? Please start with the most serious problem.
PROMPT FOR OTHER PROBLEMS, UP TO 3 PROBLEMS IN TOTAL
IF NO PROBLEMS, PUT '00' IN FIRST BOX

FACILITY IS TOO FAR	01	<input type="text"/>
LONG WAITING TIME	02	<input type="text"/>
FACILITIES NOT CLEAN OR IN POOR CONDITION	03	2nd
FEW TRAINED PROFESSIONAL STAFF	04	<input type="text"/>
STAFF FREQUENTLY ABSENT	05	<input type="text"/>
STAFF DISRESPECTFUL	06	3rd
TOO EXPENSIVE	07	<input type="text"/>
LACK OF DRUGS/ MEDICINE	08	
OFFERS LIMITED SERVICES	09	
LIMITED HOURS OPEN	10	
OTHER SPECIFY	98	

- 609 How does the quality of this facility today compare with a year ago?
- | | | | |
|----------|---|-----------------|---|
| BETTER | 1 | FACILITY IS NEW | 4 |
| WORSE | 2 | DON'T KNOW | 9 |
| THE SAME | 3 | | |

▶ 611

- 610 If household members are not using this facility in question, why are they not using it?
PROMPT FOR OTHER PROBLEMS, UP TO 3 PROBLEMS IN TOTAL
IF NO PROBLEMS, PUT '00' IN FIRST BOX

FACILITY IS TOO FAR	01	<input type="text"/>
LONG WAITING TIME	02	2nd
FACILITIES NOT CLEAN OR IN POOR CONDITION	03	<input type="text"/>
FEW TRAINED PROFESSIONALS ON STAFF	04	<input type="text"/>
STAFF FREQUENTLY ABSENT	05	3rd
STAFF DISRESPECTFUL	06	<input type="text"/>
TOO EXPENSIVE	07	
LACK OF DRUGS/ MEDICINE	08	
OFFERS LIMITED SERVICES	09	
LIMITED HOURS OPEN	10	
OTHER SPECIFY	98	

6. SERVICES WITHIN THE VILLAGE/ COMMUNITY

HOUSEHOLD HEAD OR SPOUSE

PART B. SCHOOLS

I would like to ask you questions about the nearest primary, junior secondary and senior secondary schools to your household. Please note I am asking about the nearest schools even though your child may attend a different school or not be in school, or you may not have any children.

PRIMARY SCHOOL

611 ENUMERATOR: IS THERE A CHILD AT OR CLOSE TO PRIMARY SCHOOL AGE (5-16) IN THIS HOUSEHOLD?

YES	1	□
NO	2	

612 What is the distance in kilometers to the nearest primary school from this household? (EXCLUDING NON_FORMAL SCHOOLS) IF LESS THAN 1 KM, WRITE '0'

kms □

613 Normally, how long does it take from here to this nearest primary school?

min □

614 What is the usual method to get to the school?

WALKING	1	BY BICYCLE	3
BY CAR/BUS	2	BY DONKEY/CART	4
OTHER, SPECIFY		98	

□

615 What type of school is this?

GOVERNMENT	1	MISSION	4
PRIVATE	2	OTHER SPECIFY 98	
NON-GOV'T ORG	3		

□

616 Has any child in this household attended this school in the last 12 months?

YES	1
NO	2

□

617 Overall, what is your opinion about the quality of this school, as far as you know?

EXCELLENT	1	POOR	4
SATISFACTORY	2	DON'T KNOW 9	
FAIR	3		

□

618 What do you think are the problems with this school, if any? Please start with the most serious problem.

PROMPT FOR UP TO 3 PROBLEMS

IF NO PROBLEMS, PUT '0' IN FIRST BOX

SCHOOL IS TOO FAR	01	□
LACK OF BOOKS/SUPPLIES	02	
POOR TEACHING	03	2nd □
NOT ENOUGH TRAINED TEACHERS	04	□
TEACHERS FREQUENTLY ABSENT	05	
TEACHERS DISRESPECTFUL	06	3rd □
TOO EXPENSIVE	07	□
FACILITY IN POOR CONDITION	08	
LIMITED HOURS /OFTEN CLOSED	09	
OTHER SPECIFY	98	

619 How does the quality of this school today compare with a year ago?

BETTER	1	SCHOOL IS NEW	4
WORSE	2	DON'T KNOW 9	
THE SAME	3		

□

JUNIOR SECONDARY SCHOOL

620 ENUMERATOR: IS THERE A CHILD AT OR CLOSE TO JUNIOR SECONDARY SCHOOL AGE (12-20) IN THIS HOUSEHOLD?

YES	1
NO	2

□

621 What is the distance in kilometers to the nearest junior secondary school from this household? IF LESS THAN 1 KM, WRITE '0'

kms □

622 Normally, how long does it take from here to the nearest junior secondary school?

mins □

6. SERVICES WITHIN THE VILLAGE/ COMMUNITY

HOUSEHOLD HEAD OR SPOUSE

623 What is the usual method to get to the school?

WALKING	1	BY BICYCLE	3
BY CAR/BUS	2	BY DONKEY/CART	4
OTHER, SPECIFY _____		98	

624 What kind of school is this?

GOVERNMENT	1	MISSION	4
PRIVATE	2	OTHER SPECIFY _____	98
NON-GOV'T ORG	3		

625 Has any child in this household attended this school in the last 12 months?

YES	1
NO	2

626 Overall, what is your opinion about the quality of this school, as far as you know?

EXCELLENT	1	POOR	4
SATISFACTORY	2	DON'T KNOW	9
FAIR	3		

627 What do you think are the problems with this school, if any? Please start with the most serious problem.

PROMPT FOR UP TO 3 PROBLEMS
IF NO PROBLEMS, PUT '0' IN FIRST BOX
(USE CODES FROM QUESTION 636)

1st

2nd

3rd

628 How does the quality of this school today compare with a year ago?

BETTER	1	SCHOOL IS NEW	4
WORSE	2	DON'T KNOW	9
THE SAME	3		

SENIOR SECONDARY SCHOOL

629 ENUMERATOR: IS THERE A CHILD AT OR CLOSE TO SENIOR SECONDARY SCHOOL AGE (14-22) IN THIS HOUSEHOLD?

YES	1
NO	2

630 What is the distance to the nearest senior secondary school from this household? (kms) IF LESS THAN 1 KM, WRITE '0'

631 Normally, how long does it take from here to the nearest senior secondary school? (mins)

632 What is the usual method to get to the school?

WALKING	1	BY BICYCLE	3
BY CAR/BUS	2	BY DONKEY/CART	4
OTHER, SPECIFY _____		98	

633 What kind of school is this?

GOVERNMENT	1	MISSION	4
PRIVATE	2	OTHER SPECIFY _____	98
NON-GOV'T ORG	3		

634 Has any child in this household attended this school in the last 12 months?

YES	1
NO	2

635 Overall, what is your opinion about the quality of this school, as far as you know?

EXCELLENT	1	POOR	4
SATISFACTORY	2	DON'T KNOW	9
FAIR	3		

636 What do you think are the problems with this school, if any? Please start with the most serious problem. PROMPT FOR UP TO 3 PROBLEMS

(IF NO PROBLEMS, PUT '0' IN FIRST BOX)

SCHOOL IS TOO FAR	01
LACK OF BOOKS/SUPPLIES	02
POOR TEACHING	03
NOT ENOUGH TRAINED TEACHERS	04
TEACHERS FREQUENTLY ABSENT	05
TEACHERS DISRESPECTFUL	06
TOO EXPENSIVE	07
FACILITY IN POOR CONDITION	08
LIMITED HOURS /OFTEN CLOSED	09
OTHER SPECIFY _____	98

1st

2nd

3rd

637 How does the quality of this school today compare with a year ago?

BETTER	1	SCHOOL IS NEW	4
WORSE	2	DON'T KNOW	9
THE SAME	3		

7. SELF-ASSESSED WELL-BEING AND SECURITY

HOUSEHOLD HEAD OR SPOUSE

Now I would like to ask you some questions about your household's well being.

700 RECORD THE SERIAL NUMBER OF THE PERSON PROVIDING THIS INFORMATION

701 How safe is your household from crime and violence (external)?

VERY SAFE	1
FAIRLY SAFE	2
SOMEWHAT UNSAFE	3
VERY UNSAFE	4
UNSURE	5

702 How well does the government protect your household from crime and violence?

PROVIDES NO PROTECTION AT ALL	1
PROVIDES A LITTLE PROTECTION	2
PROVIDES MORE THAN A LITTLE, BUT NOT ENOUGH	3
PROVIDES A LOT OF PROTECTION/ ENOUGH PROTECTION	4
UNSURE	5

703 Have you or any member of your household been the victim of violence or a crime in the last 12 months?

YES	1
NO	2 ▶ 708

704 Did you or any member of your household report this violence or crime that occurred in the last 12 months?

YES	1
NO	2 ▶ 708

705 Where did you report the violence or crime?

BOTSWANA POLICE	1
KGOTLA	2
NEIGHBOURS	3
OTHER SPECIFY	98

IF MORE THAN ONE PUT AS THE MAIN THE FINAL PLACE REPORTED TO

MAIN

2nd

706 Are you satisfied with the services rendered after reporting this matter?

YES	1 ▶ 714
NO	2

707 Why do you think the service rendered is not satisfactory?

SLOW TO REACT	1	POOR RECEPTION	4
PROVIDE NO PROTECTION	2	OTHER SPECIFY	98
FAVOURITISM	3		

708 Do you or any member of your household participate in Kgotla activities?

YES	1 ▶ 710
NO	2

709 Why do you not participate in Kgotla activities?

FIND IT UNNECESSARY	1
FAR FROM HOME	2
HELD DURING WORKING HOURS	3
OTHER (specify)	98

710 What are the two most important sources of income for this household?

WAGES FROM EMPLOYMENT	01	
ENTERPRISE / BUSINESS INCOME	02	1st
AGRICULTURE /CATTLE/ FARM INCOME	03	
RENTAL INCOME/INTEREST EARNINGS	04	
PENSIONS	05	
REMITTANCES FROM INSIDE BOTSWANA	06	2nd
REMITTANCES FROM OUTSIDE BOTSWANA	07	
ASSISTANCE FROM GOVERNMENT (INCLUDING RELIEF STUDENT ALLOWANCE, ETC.)	08	
ASSISTANCE FROM COMMUNITY	09	
OTHER SPECIFY	98	

711 How is the economic situation of your household today compared to one year ago?

MUCH WORSE NOW	1
A LITTLE WORSE NOW	2
THE SAME	3
A LITTLE BETTER NOW	4
MUCH BETTER NOW	5

712 Go ya ka wena, o bona go ka tlhokega bokae ka kgwedi mo lwapeng gore le kgone go itshetsa? Ke bua ka madi a eleng gore fa a nna ko tlase ga one, o bona ele gore le ka wela mo isong.

How much income do you, in your circumstances, consider to be the absolute minimum per month your household would need? That is to say, with less than that amount you could not make ends meet?

(AMOUNT TO THE NEAREST PULA)

7. SELF-ASSESSED WELL-BEING AND SECURITY

HOUSEHOLD HEAD OR SPOUSE

713 How is your household income currently compared to the amount you have just told me?

MUCH LESS	1	GREATER	4
LESS	2	MUCH GREATER	5
ABOUT THE SAME	3		

714 How would you describe the living conditions of your household compared to other households in this community/village?

AMONG THE WEALTHIEST	1
WEALTHIER THAN MOST	2
ABOUT AVERAGE	3
SOMEWHAT POORER THAN AVERAGE	4
MUCH POORER THAN AVERAGE	5

715 Does every member of this household have at least two sets of clothes?

YES	1
NO	2

716 Does every member of this household have at least two pairs of shoes?

YES	1
NO	2

717 Does every child under 18 in this household have a blanket?

YES	1
NO	2
NOT APPLICABLE	3

Now I would like to ask you some questions about your household's food needs and food consumption in the last four weeks.

Did [EVENT] happen?

EVENT

How often in the last four weeks?

Yes	1	RARELY (1-2 times)	1
No	2	SOMETIMES (2-10 times)	2
NEXT EVENT		OFTEN (more than 10 times)	3

718 In the past four weeks, did you worry that your household would not have enough food?		
719 In the past four weeks, were you or any household member unable to eat the kind of food you preferred because of a lack of resources, either income or your own production?		
720 In the past four weeks, did you or any household member have to eat a limited variety of foods due to lack of resources?		
721 In the past four weeks, were you or any household member forced to eat some foods you really did not want to eat because of a lack of resources to obtain other types of food?		
722 In the past four weeks, did you or any household member have to eat a smaller meal than you felt was needed because there was not enough food?		
723 In the past four weeks, did you or any household member have to eat fewer meals in a day because there was no enough food?		
724 In the past four weeks, was there ever no food to eat of any kind in your household because of a lack of resources to get food?		
725 In the past four weeks, did you or any household member go to sleep at night hungry because there was not enough food?		
726 In the past four weeks, did you or any household member go a whole day and night without eating ?		

727 How many days last week did the household eat meat, chicken or fish? Note I am asking about the last 7 days ending yesterday.
PROBE FOR EACH DAY OF THE LAST WEEK AND MARK TOTAL DAYS FROM 0 TO 7. (IF VEGETARIAN HOUSEHOLD WRITE '88')

days

8. SOURCES OF INCOME, SOCIAL PROTECTION AND OTHER GOVERNMENT ASSISTANCE

HOUSEHOLD HEAD, SPOUSE OR THE MOST KNOWLEDGEABLE PERSON		800 RECORD THE SERIAL NUMBER OF THE PERSON PROVIDING THIS INFORMATION <input style="width: 30px; height: 20px;" type="text"/>		IF YES IN THE CORRESPONDEING ROW, ASK AMOUNT RECEIVED:
<u>PART A. SOURCES OF HOUSEHOLD INCOME</u>				
<p>Before asking for specific details about your household income, we would like to know from which of the following sources your household derived income (Cash and In-kind a) during the last 30 days, and b) during the past 12 months.)</p> <p>ENUMERATOR: CHECK AND CODE YES(1) OR NO(2) FOR EACH OF THE FOLLOWING ITEMS</p>		(a)	(b)	(c)
SOURCE	During the last 30 days	During the past 12 months	What was the total amounts received by the household in the past 12 months from [SOURCE]	
	YES 1 NO 2	YES 1 NO 2	Pula	
801	Cash wage / Salary from employment			
802	Business income			
803	Rental income			P
804	Pension of retired persons			P
805	Contributory pensions - other			P
806	Interest on savings			P
807	Dividend payments			
808	Sale of own produce			
809	Sale of livestock			
810	Child support			P
811	Child maintenance			P
812	Apprenticeship/ Internship (Tirelo Sechaba)			P
813	Remittances from inside Botswana			
814	Remittances from outside Botswana			
815	Cash gifts received			
816	Inkind gifts received			
817	Cash loans received (incl. salary advance)			
818	Earnings in kind (e.g. food, clothing)			
819	Orphan Care Program (in-kind only)			
820	Destitute Persons Program			
821	World War II Veterans Allowance			
822	Old age pension			
823	Ipelegeng			
824	Livestock Management and Infrastructure Development (in-kind only)			
825	Bonus/backpay/overtime/leave encashment/leave concession			
826	Student allowance			
827	OTHER 1 , SPECIFY _____			

8. SOURCES OF INCOME, SOCIAL PROTECTION AND OTHER GOVERNMENT ASSISTANCE

HOUSEHOLD HEAD, SPOUSE OR THE MOST KNOWLEDGEABLE PERSON							
PART B. SOCIAL PROTECTION							
	828	829	830	831	832	833	
	In the last 12 months, did your household, or any of its members, receive any payments from this source?	Why did your household (or any member of your household) not benefit from [SOURCE]?	How much did your household receive in <u>food</u> assistance during the last 12 months from this source?	How much did your household receive <u>in-kind</u> (excluding <u>food</u>) during the last 12 months from this source?	Was this payment received by a specific household member, or by the household as a whole?	Who in the household was the principal recipient of this payment?	
		Never heard 1 Don't know how to enroll 2 Enrollment offices too far 3 Don't think can benefit 4 Applied but never received 5 Don't want to participate 6 No Omang card (or any form of identity) 7 Yes 1 ► 830 No 2 Not Eligible 8 Other (specify) 98	FOR SCHOOL FEEDING, WRITE ONLY THE NUMBER OF ELIGIBLE CHILDREN, NOT AMOUNT		Specific household member(s) 1 Household as a whole 2 ► NEXT SOURCE	WRITE SERIAL NUMBER FROM HH ROSTER	
	Source	► NEXT SOURCE		Total Cash Value PULA	Total Cash Value		
A	Orphan Care Programme						
B	Destitute Persons Programme						
C	Vulnerable Groups Feeding Program						
D	School Feeding (Primary or Secondary)		<u>number of eligible children</u>				
E	Needy student package						
F	Community Home-based Care						
G	Remote Area Development Program (RADP)						
H	Livestock Management and Infrastructure Development Specify project						
I	Poverty Eradication Programme Specify project						