



# LIVING CONDITIONS SURVEY 2008/09

## HOUSEHOLD QUESTIONNAIRE

<b>SURVEY (CALENDER) MONTH</b>											
<b>PARTICULARS OF SAMPLING UNIT</b>											
PSU Number											
Dwelling Unit Number											
Physical identification of the dwelling unit											
<b>HOUSEHOLDS AT THE DWELLING UNIT</b>											
Household number for this household											
Total number of households at the dwelling unit											
Telephone number (if any)											
Total number of persons in the household											
Name of main respondent											
Questionnaire number											
Total number of questionnaires											
<b>FIELD STAFF</b>											
Interviewer	Name										
	Number										
Supervisor	Name										
	Number										

<b>OFFICE USE</b>																			
<b>QID OF 1<sup>ST</sup> QUESTIONNAIRE</b> (for additional Q only)																			
<b>DETAILS ON COMPLETED ACTIVITIES</b>																			
Instrument/ Module	Date				Result code	Result codes													
	D	D	M	M															
HHQ Module 1 .....							1- Completed 2- Non-contact 3- Refused 4- Partly completed 5- No usable information 6- Vacant dwelling 7- Listing error 8- Change of status 9- Other <i>See back for 2<sup>nd</sup> digit</i>												
HHQ Module 2 .....																			
HHQ Module 3 .....																			
HHQ Module 4 .....																			
HHQ Module 5 .....																			
HHQ Module 6 .....																			
HHQ Module 7 .....																			
Diary Week 1 .....																			
Diary Week 2 .....																			
Diary Week 3 .....																			
Diary Week 4 .....																			
FINAL RESULT																			
<b>COMMENTS</b> (all non-response to be commented on)																			



MODULE 1		Date (ddmm)	Starting time		No of household members present		No of non-household members present				
<b>1 HOUSEHOLD COMPOSITION AND PARTICULARS OF EACH PERSON IN THE HOUSEHOLD</b> <i>Read out:</i> Please give the name and surname of every person who usually resides in this household at least four nights a week on average and has so done over the last four weeks. Do not forget to include babies, the bedridden and the elderly persons. By household I mean all persons who live together and provide themselves jointly with food or other essentials for living, or a single person living alone. Do not include persons in special dwellings, like boarding schools.											
		Person (respondent) number									
		1	2	3	4	5	6	7	8	9	0
1.1.a	<b>First name and surname</b> Write down first name and surname of each member of the household, starting with the Head of the Household. If the Head of Household is temporarily away, record the Acting Head of Household as the Head.  Treat the Head of Household as another household member in case he or she returns during the survey month.	<div>First name</div> <div>Surname</div>									
1.1.b	Is there any other person (or persons) who has/have resided in this household for at least 6 months in the past 11 months? 1 = YES 2 = NO If "YES", mark the box in the first empty column. Give person no 8x and ask Q1.1a – Q1.4 for such person/-persons. If necessary continue using 9x.	<div>1</div> <div>2</div>									
1.2	<b>Is ..... a male or a female?</b> 1 = MALE 2 = FEMALE	<div>1</div> <div>2</div>									
1.3	<b>What population group does ..... belong to?</b> 1 = AFRICAN/BLACK 2 = COLOURED 3 = INDIAN/ASIAN 4 = WHITE 5 = OTHER, specify	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div>									
1.4	<b>How old was ..... at his/her last birthday?</b> Two digits. Less than 1 year = 00, 95 and more = 95	<div>1</div> <div>2</div>									







**1.18 PAYMENTS IN THE PAST 12 MONTHS**

*Read out:* I am now going to ask you about payments for purchases of semi-durable and durable items and installments the household may have had in the 12 past months. Please give me the total value of the item and the total amount of installments. If an installment covers more than one item, please give all the items and the value of each.

	Day				Item	Total value of item	Total amount of installments in the past 12 months	Total value of items included in the installment	Total number of items	For this household? Y N	For Office Use COICOP																							
	d	d	m	m																														
1.18.1																																		
1.18.2																																		
1.18.3																																		
1.18.4																																		
1.18.5																																		
1.18.6																																		
1.18.7																																		
1.18.8																																		
1.18.9																																		
1.18.10																																		
1.18.11																																		
1.18.12																																		
1.18.13																																		
1.18.14																																		
1.18.15																																		
1.18.16																																		
1.19	<b>Would you say you and your household are at present ....</b> 1 = Wealthy 2 = Very comfortable 3 = Reasonably comfortable 4 = Just getting along 5 = Poor 6 = Very poor					<table border="1"> <tr><td></td><td>1</td></tr> <tr><td></td><td>2</td></tr> <tr><td></td><td>3</td></tr> <tr><td></td><td>4</td></tr> <tr><td></td><td>5</td></tr> <tr><td></td><td>6</td></tr> </table>																		1		2		3		4		5		6
	1																																	
	2																																	
	3																																	
	4																																	
	5																																	
	6																																	





## QUALITY CONTROL FORM

[illegible]

Abbreviations: Household Questionnaire = HHQ  
Question nr = Q (e.g. Q2.5)

Additional Questionnaire = HHQ2  
Page = Pg

Diary week 1, week 2, etc. = D1, D2, D3, D4  
Line no = Line (e.g. Line 221)

**Summary Questionnaire = SQ**

## HOUSEHOLD COMPOSITION CONTROL

*To be asked in 2<sup>nd</sup> – 5<sup>th</sup> week. Start from person no 1 and ask for all recorded persons. Don't forget to ask for persons with person numbers 5x, 8x and 9x.*

## PERSONS RECORDED IN Q1.1

[illegible]

### NOT PREVIOUSLY RECORDED PERSONS

			1	2	3	4	5	6	7	8	9	0
B	<b>Did any other person spend at least four (five) nights in this household during the following period?</b>											
1	Ask in week 2 1 = 1 <sup>st</sup> – 7 <sup>th</sup> of this month	No <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
2	Ask in week 3 2 = 8 <sup>th</sup> – 14 <sup>th</sup> of this month	No <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
3	Ask in week 4 3 = 15 <sup>th</sup> – 21 <sup>st</sup> of this month	No <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
4	Ask in week 5 4 = 22 <sup>nd</sup> – 28 <sup>th</sup> /30 <sup>th</sup> /31 <sup>st</sup> of this month	No <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
	Five nights in week 4 for all months except for February 2009.											
	If "YES" mark the box in the first column not used for any other household member (see Q1.1.a). Give the new person a person number starting with 5, e.g. 58, in Q1.1.a. Ask questions Q1.1.a to Q1.4 for the new person.											
	If no other person spent at least four (five) nights, mark "No" for that week.											

MODULE 2		Date ddmm	Starting time		No of household members present		No of non-household members present					
<b>2 HEALTH</b> <i>Ask individually of each person who is 15 years and above. For persons below 15 years, the main respondent may answer the questions. If a person or persons are not available, the main respondent may answer the questions, except for Q2.1. If a proxy respondent, replace "you" in the question with the name of the household member asked for.</i> <b>Read out: Now I am going to ask each household member health-related questions</b>												
		1	2	3	4	5	6	7	8	9	0	
2.1	<i>Q2.1 only to be answered individually</i> <b>How would you describe your health in general?</b> <b>Would you say it is ...</b> 1 = Very good 2 = Good 3 = Fair 4 = Poor 5 = NOT SURE 6 = Person not available to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2.2	<i>Interviewer to answer</i> <b>Is the person her-/himself answering to questions?</b> 1 = YES 2 = No <i>Give person number of proxy respondent</i>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
2.3	<b>Do you suffer from any chronic illness/long term illness or condition such as TB, AIDS, cancer, etc?</b> 1 = YES 2 = No 3 = DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	

→Go to Q2.7

		1	2	3	4	5	6	7	8	9	0
<b>2.4</b>	<b>Are you limited in any way due to this illness/condition (these illnesses/conditions) in the following activities?</b>										
		Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	1 = Looking for a job .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 = Being involved in any gainful work, such as working for a salary/wage, working in your own business or helping in a family business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3 = Work in and around the house .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4 = Being involved in community activities such as attending a meeting,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5 = Other general activities, such as climbing the steps, walking to a neighbour's house/a shop, school, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.5</b>	<b>Are you taking any medication for this illness/condition (these illnesses/conditions)?</b>										
	1 = Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 = No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3 = Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.6</b>	<b>How often does this illness/condition (do these illnesses/conditions) make you sick?</b>										
	1 = At least once a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 = At least once a fortnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3 = At least once a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4 = Less often than once a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3 = DON'T KNOW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.7</b>	<b>Are you covered by a medical aid or medical benefit scheme or any other private health insurance?</b>										
	1 = YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 = No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3 = DON'T KNOW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>















[illegible]













**This part covers economic activities for persons aged 15 years and above**





If Q4.1. = YES (i.e. running a business) → Go to Q4.8

		1	2	3	4	5	6	7	8	9	0
<b>4.6</b>	<b>Are or were you employed on the basis of....</b>										
	1 = A written contract	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = A verbal agreement	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	3 = DON'T KNOW	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<b>4.7</b>	<b>Is or was your contract/agreement of a ....</b>										
	1 = Limited duration	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = Permanent nature	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	3 = Unspecified duration	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	4 = DON'T KNOW	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<b>4.8</b>	<b>Is or was your place of work....</b>										
	1 = In the formal sector	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = In the informal sector	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	3 = Private household	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	4 = DON'T KNOW	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
	<p><i>Formal sector employment is where the business, institution or private individual is registered in some way with the government or statutory bodies to perform the activity. Registration may involve collecting taxes (e.g. PAYE), making UIF contributions or having a business license.</i></p> <p><i>Informal sector employment is where the business or private individual is not registered with government or any statutory body in any way.</i></p>										



[illegible]



		1	2	3	4	5	6	7	8	9	0
<b>4.13</b>	<b>How do you support yourself?</b> <i>Mark all applicable options</i>	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	a = Did you do odd jobs during the last week? → If Yes, go back to Q 4.9, otherwise continue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b = Are you supported by persons in the household?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c = Are you supported by persons not in the household?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d = Are you supported by charity, church, welfare, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e = Do you receive any money from unemployment Insurance Fund (UIF)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f = From savings or money previously earned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g = Do you receive old age or disability pension?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	h = Do you receive child support/ foster care grant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	i = Do you receive any other welfare grants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	j = Do you have other sources of support, e.g. bursary, study loan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.14</b>	<b>In the last week, ....</b>	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
<b>a1</b>	<b>Did you do any work on your own or the household's plot, farm, food garden, cattle post or kraal or help in growing farm produce or in looking after animals for the household's own consumption?</b> <i>Examples: ploughing, harvesting, looking after livestock</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b1</b>	<b>Did you fetch water or collect wood/dung for household use?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c1</b>	<b>Did you produce any other goods for household use?</b> <i>Examples: clothing, furniture, clay pots, etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d1</b>	<b>Did you do any construction or major repair work on your own home, plot, cattle post or business or those of the household?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e1</b>	<b>Did you catch any fish, collect prawns or shells, hunt wild animals or do anything to get other food for household consumption?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Read out:** I am now going to ask you about some items this household may have purchased, taken from own production, or received as gifts in the last month. Please tell me whether you acquired the item, and if “Yes”, the Quantity, the Value and whether it was consumed or intended to be consumed by this household.

[illegible][illegible]



[illegible]

**END OF MODULE 2**

Date     Ending time     Main respondent   No of household members present   No of non-household members present    
D D M M

Main language spoken during interview

01 Afrikaans	<input type="text"/>	02 English	<input type="text"/>	03 Isindebele	<input type="text"/>	04 Isixhosa	<input type="text"/>	05 Isizulu	<input type="text"/>	06 Sepedi	<input type="text"/>
07 Sesotho	<input type="text"/>	08 Setswana	<input type="text"/>	09 Siswati	<input type="text"/>	10 Tshivenda	<input type="text"/>	11 Xitsonga	<input type="text"/>	12 Other	<input type="text"/>

**INTERVIEW CIRCUMSTANCES****Was the interview interrupted by ...**

Y N

**Comment**

telephone ringing .....

<input type="text"/>	<input type="text"/>
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visitor/-s arriving .....

<input type="text"/>	<input type="text"/>
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baby/-ies, child/-ren, pet/-s disturbing .....

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other, *specify* .....

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**Were there other problems, e.g. ...**

disagreement within household .....

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disagreement with interview/interviewer ...

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Other, *specify* .....

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**PREPARATIONS FOR NEXT INTERVIEW**

Has appointment been made? .....

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Has it been noted in Appointments log?...

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Has respondent been briefed on Module 3?

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		1	2	3	4	5	6	7	8	9	0
<b>5.11</b>	<b>During the past 12 months, has any member of the household been a victim of crimes, such as pick-pocketing, car or cell phone theft in South Africa?</b>										
	1 = YES	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = No	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	3 = DON'T KNOW	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3

<b>5.12</b>	<b>During the past 12 months, has the household been a victim of housebreaking in South Africa?</b>	
	1 = YES	<input type="checkbox"/> 1
	2 = No	<input type="checkbox"/> 2
	3 = DON'T KNOW	<input type="checkbox"/> 3







		1	2	3	4	5	6	7	8	9	0	
<b>6.3</b>	<b>Who provides the social relief?</b> <i>If more than one source, mark the one which provides the greatest value of relief.</i> 1 = NEIGHBOURS 2 = CHURCHES, MOSQUES, ETC. 3 = NGOS/COMMUNITY BASED ORGANISATIONS 4 = LOCAL MUNICIPALITY 5 = PROVINCIAL GOVERNMENT 6 = OTHER, <i>specify</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>									

<b>7 INFORMATION REGARDING DWELLINGS AND SERVICES</b>			
The following questions cover information on dwellings and the services provided			
<b>7.1</b>	<b>Indicate the type of main dwelling and other dwelling that the household occupies on this piece of land.</b>		
	<i>Mark only two dwellings, even if the household occupies more than two dwellings</i>	Main dwelling	Other dwelling
	01 = DWELLING ON A SEPARATE STAND OR YARD OR ON A FARM	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = TRADITIONAL DWELLING, E.G HUT, RONDAVEL	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = FLAT OR APARTMENT IN A BLOCK OF FLATS	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	04 = TOWN-, CLUSTER- OR SEMI-DETACHED HOUSE (SIMPLEX, DUPLEX OR TRIPLEX)	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = UNIT IN RETIREMENT VILLAGE	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	06 = DWELLING, FLAT OR ROOM IN BACKYARD	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	07 = INFORMAL DWELLING IN BACKYARD, E.G. SHACK	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	08 = INFORMAL DWELLING NOT IN BACKYARD, E.G. IN AN INFORMAL/SQUATTER SETTLEMENT OR ON A FARM	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	09 = ROOM, FLATLET, A LARGER DWELLING, SERVANTS QUARTERS OR GRANNY FLAT	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = CARAVAN/TENT	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = WORKERS' HOSTEL	<input type="checkbox"/> 11	<input type="checkbox"/> 11
	12 = FAMILY UNIT (FORMERLY WORKERS' HOSTEL)	<input type="checkbox"/> 12	<input type="checkbox"/> 12
	13 = OTHER, <i>specify in the box below</i>	<input type="checkbox"/> 13	<input type="checkbox"/> 13
	Mark if no "Other dwelling" is occupied		<input type="checkbox"/>

<b>7.2 What type of dwelling/dwellings did this household occupy before moving to the current one?</b>			
	<i>Mark only two dwellings, even if the household occupied more than two dwellings</i>	Main dwelling	Other dwelling
	01 = DWELLING ON A SEPARATE STAND OR YARD OR ON A FARM	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	01 = DWELLING OR BRICK STRUCTURE ON A SEPARATE STAND OR YARD OR ON A FARM	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = TRADITIONAL DWELLING, E.G HUT, RONDAVEL	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = FLAT OR APARTMENT IN A BLOCK OF FLATS	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	04 = TOWN-, CLUSTER- OR SEMI-DETACHED HOUSE (SIMPLEX, DUPLEX OR TRIPLEX)	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = UNIT IN RETIREMENT VILLAGE	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	06 = DWELLING, FLAT OR ROOM IN BACKYARD	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	07 = INFORMAL DWELLING IN BACKYARD, E.G. SHACK	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	08 = INFORMAL DWELLING NOT IN BACKYARD, E.G. IN AN INFORMAL/SQUATTER SETTLEMENT OR ON A FARM	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	09 = ROOM, FLATLET, A LARGER DWELLING, SERVANTS QUARTERS OR GRANNY FLAT	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = CARAVAN/TENT	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = WORKERS' HOSTEL	<input type="checkbox"/> 11	<input type="checkbox"/> 11
	12 = FAMILY UNIT (FORMERLY WORKERS' HOSTEL)	<input type="checkbox"/> 12	<input type="checkbox"/> 12
	13 = OTHER, <i>specify in the box below</i>	<input type="checkbox"/> 13	<input type="checkbox"/> 13
	No other (second) dwelling was occupied before moving here		<input type="checkbox"/>
	The household has not moved from any previous dwelling → <b>Go to Q 7.4</b>		<input type="checkbox"/>

<b>7.3</b>	<b>How long ago did the household move to this dwelling unit?</b>	
1 = TWO YEARS OR LESS	<input type="checkbox"/>	1
2 = MORE THAN TWO YEARS, BUT LESS THAN FIVE YEARS	<input type="checkbox"/>	2
3 = MORE THAN FIVE YEARS	<input type="checkbox"/>	3
4 = DON'T KNOW	<input type="checkbox"/>	4
<b>7.4</b>	<b>What is the main material used for the walls and the roof of the main dwelling?</b>	
<i>Mark only one code in each column</i>		
01 = BRICKS .....	<input type="checkbox"/> 01	<input type="checkbox"/> 01
02 = CEMENT BLOCK/CONCRETE .....	<input type="checkbox"/> 02	<input type="checkbox"/> 02
03 = CORRUGATED IRON/ZINC .....	<input type="checkbox"/> 03	<input type="checkbox"/> 03
04 = WOOD .....	<input type="checkbox"/> 04	<input type="checkbox"/> 04
05 = PLASTIC .....	<input type="checkbox"/> 05	<input type="checkbox"/> 05
06 = CARDBOARD .....	<input type="checkbox"/> 06	<input type="checkbox"/> 06
07 = MIXTURE OF MUD AND CEMENT .....	<input type="checkbox"/> 07	<input type="checkbox"/> 07
08 = WATTLE AND DAUB .....	<input type="checkbox"/> 08	<input type="checkbox"/> 08
09 = TILE .....	<input type="checkbox"/> 09	<input type="checkbox"/> 09
10 = MUD .....	<input type="checkbox"/> 10	<input type="checkbox"/> 10
11 = THATCHING .....	<input type="checkbox"/> 11	<input type="checkbox"/> 11
12 = ASBESTOS .....	<input type="checkbox"/> 12	<input type="checkbox"/> 12
13 = OTHER, <i>specify in the box below</i> .....	<input type="checkbox"/> 13	<input type="checkbox"/> 13
	<input type="text"/>	<input type="text"/>
<b>7.5</b>	<b>In what condition are the roof and the walls of the main dwelling?</b>	
	<b>Walls</b>	<b>Roof</b>
1 = Weak, needs major repairs (e.g. not windproof, leaking)	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2 = Needs minor repairs	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 = Good	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<b>7.6</b>	<b>Interviewer to answer</b>	
<b>Does the household occupy more than one dwelling?</b>		
See Q7.1 and Q7.2.		
1 = YES	→ <b>Go to Q 7.7</b>	
2 = No	→ <b>Go to Q 7.9</b>	

<b>7.7</b>	<b>What is the main material used for the walls and the roof of the other dwelling?</b>		
<i>Mark only one code in each column</i>			
	<b>Walls</b>	<b>Roof</b>	
01 = BRICKS .....	<input type="checkbox"/> 01	<input type="checkbox"/> 01	
02 = CEMENT BLOCK/CONCRETE .....	<input type="checkbox"/> 02	<input type="checkbox"/> 02	
03 = CORRUGATED IRON/ZINC .....	<input type="checkbox"/> 03	<input type="checkbox"/> 03	
04 = WOOD .....	<input type="checkbox"/> 04	<input type="checkbox"/> 04	
05 = PLASTIC .....	<input type="checkbox"/> 05	<input type="checkbox"/> 05	
06 = CARDBOARD .....	<input type="checkbox"/> 06	<input type="checkbox"/> 06	
07 = MIXTURE OF MUD AND CEMENT .....	<input type="checkbox"/> 07	<input type="checkbox"/> 07	
08 = WATTLE AND DAUB .....	<input type="checkbox"/> 08	<input type="checkbox"/> 08	
09 = TILE .....	<input type="checkbox"/> 09	<input type="checkbox"/> 09	
10 = MUD .....	<input type="checkbox"/> 10	<input type="checkbox"/> 10	
11 = THATCHING .....	<input type="checkbox"/> 11	<input type="checkbox"/> 11	
12 = ASBESTOS .....	<input type="checkbox"/> 12	<input type="checkbox"/> 12	
13 = OTHER, <i>specify in the box below</i> .....	<input type="checkbox"/> 13	<input type="checkbox"/> 13	
	<input type="text"/>	<input type="text"/>	
<b>7.8</b>	<b>In what condition are the roof and the walls of the other dwelling?</b>		
	<b>Walls</b>	<b>Roof</b>	
1 = Weak, needs major repairs (e.g. not windproof, leaking)	<input type="checkbox"/> 1	<input type="checkbox"/> 1	
2 = Needs minor repairs	<input type="checkbox"/> 2	<input type="checkbox"/> 2	
3 = Good	<input type="checkbox"/> 3	<input type="checkbox"/> 3	
<b>7.9</b>	<b>Did any member of this household benefit from a government housing subsidy, such as RDP housing subsidy, to obtain this dwelling or any other dwelling?</b>		
<i>Do not include housing subsidies for government employees.</i>			
1 = For the main dwelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 = For a dwelling somewhere else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>7.10</b>	<b>What is this household's main source of or access to water for drinking and for other use?</b>		
	01 = PIPED (TAP) WATER IN DWELLING	} Go to Q7.13	
	02 = PIPED (TAP) WATER ON-SITE OR IN YARD		
	03 = BOREHOLE ON-SITE		
	04 = RAIN-WATER TANK ON-SITE		
	05 = NEIGHBOUR'S TAP		
	06 = PUBLIC TAP		
	07 = WATER-CARRIER/TANKER		
	08 = BOREHOLE OFF-SITE/COMMUNAL		
	09 = FLOWING WATER/STREAM/RIVER		
	10 = STAGNANT WATER/DAM/POOL		
	11 = WELL		
	12 = SPRING		
	13 = OTHER, <i>specify in the box below</i>		

Ask only if the household does not use piped water (i.e. for response categories 03-13 in Q7.10)

<b>7.11</b>	<b>Why is the household not using piped water in the dwelling or on-site as the main source of water for drinking and other purposes?</b>		
	1 = No water system in the area .....		
	2 = Cannot afford connection .....		
	3 = Quality of water from taps not good .....		
	4 = Prefer the source the household uses .....		
	5 = Other, <i>specify in the box below</i> .....		

Ask only if water is not in dwelling, yard or site (i.e. for response categories 05-13 in Q7.10)

<b>7.12</b>	<b>How far is the water source from the dwelling, yard or site?</b> (200 metres is the length of two soccer fields)	
	1 = Less than 200 metres	
	2 = Between 201 to 500 metres	
	3 = Between 501 metres to 1 kilometre	
	4 = More than 1 kilometre	
	5 = DON'T KNOW	
<b>7.13</b>	<b>What was this household's main source of or access to water for drinking and for other use before the current one?</b>	
	01 = PIPED (TAP) WATER IN DWELLING	
	02 = PIPED (TAP) WATER ON-SITE OR IN YARD	
	03 = BOREHOLE ON-SITE	
	04 = RAIN-WATER TANK ON-SITE	
	05 = NEIGHBOUR'S TAP	
	06 = PUBLIC TAP	
	07 = WATER-CARRIER/TANKER	
	08 = BOREHOLE OFF-SITE/COMMUNAL	
	09 = FLOWING WATER/STREAM/RIVER	
	10 = STAGNANT WATER/DAM/POOL	
	11 = WELL	
	12 = SPRING	
	13 = OTHER, <i>specify in the box below</i>	
	14 = THE HOUSEHOLD HAS ALWAYS HAD THIS SOURCE/ THESE SOURCES OF WATER	

**Go to Q7.15**

<b>7.14</b>	<b>How long ago did the household change to the current water source?</b>		
	1 = TWO YEARS OR LESS	<input type="checkbox"/>	1
	2 = MORE THAN TWO YEARS, BUT LESS THAN FIVE YEARS	<input type="checkbox"/>	2
	3 = MORE THAN FIVE YEARS	<input type="checkbox"/>	3
	4 = DON'T KNOW	<input type="checkbox"/>	4
<b>7.15</b>	<b>Is the water from this household's main source of drinking water ...</b>	Y	N
	1 = Clear (has no colour/free from mud) .....	<input type="checkbox"/>	<input type="checkbox"/>
	2 = Good in taste .....	<input type="checkbox"/>	<input type="checkbox"/>
	3 = Free from bad smells .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.16</b>	<b>Do household members treat the water used for drinking?</b>		
	1 = YES, ALWAYS	<input type="checkbox"/>	1
	2 = YES, SOMETIMES	<input type="checkbox"/>	2
	3 = No, never	<input type="checkbox"/>	3
<b>7.17</b>	<b>Does this household have access to piped water from a local municipality or any other water scheme?</b>		
	1 = YES	<input type="checkbox"/>	1
	2 = No → Go to Q 7.24	<input type="checkbox"/>	2
<b>7.18</b>	<b>How do you rate the water services provided?</b>		
	1 = Good	<input type="checkbox"/>	1
	2 = Average	<input type="checkbox"/>	2
	3 = Poor	<input type="checkbox"/>	3
<b>7.19</b>	<b>Does the household pay for water?</b>		
	1 = YES → Go to Q 7.21	<input type="checkbox"/>	1
	2 = No	<input type="checkbox"/>	2

<b>7.20</b>	<b>Why does the household not pay for water?</b>	Y	N
	01 = Metering system is irregular .....	<input type="checkbox"/>	<input type="checkbox"/>
	02 = No metering system is in place .....	<input type="checkbox"/>	<input type="checkbox"/>
	03 = Billing system is irregular .....	<input type="checkbox"/>	<input type="checkbox"/>
	04 = No billing system is in place .....	<input type="checkbox"/>	<input type="checkbox"/>
	05 = Meter is broken .....	<input type="checkbox"/>	<input type="checkbox"/>
	06 = Cannot afford to pay for water .....	<input type="checkbox"/>	<input type="checkbox"/>
	07 = Unhappy with the level of service provided .....	<input type="checkbox"/>	<input type="checkbox"/>
	08 = The government should provide all water for free .....	<input type="checkbox"/>	<input type="checkbox"/>
	09 = Others do not pay for water .....	<input type="checkbox"/>	<input type="checkbox"/>
	10 = The household only uses the free basic amount .....	<input type="checkbox"/>	<input type="checkbox"/>
	11 = OTHER, <i>specify</i> .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.21</b>	<b>How often do you get interruptions in your piped water supply?</b>		
	1 = DAILY	<input type="checkbox"/>	1
	2 = WEEKLY	<input type="checkbox"/>	2
	3 = MONTHLY	<input type="checkbox"/>	3
	4 = 6 MONTHLY	<input type="checkbox"/>	4
	5 = YEARLY	<input type="checkbox"/>	5
	6 = ALMOST NEVER → Go to Q 7.24	<input type="checkbox"/>	6

<b>7.22</b>	<b>What normally causes the interruption?</b>		
	01 = BURST PIPES	<input type="checkbox"/>	01
	02 = PUMP NOT WORKING	<input type="checkbox"/>	02
	03 = GENERAL MAINTENANCE (OF WATER SYSTEM)	<input type="checkbox"/>	03
	04 = NOT ENOUGH WATER IN THE SYSTEM (DEMAND TOO HIGH)	<input type="checkbox"/>	04
	05 = WATER ONLY DELIVERED AT FIXED TIMES	<input type="checkbox"/>	05
	06 = NON-PAYMENT FOR SERVICES (CUT OFF)	<input type="checkbox"/>	06
	07 = VANDALISM	<input type="checkbox"/>	07
	08 = CONSTRUCTION WORK IN THE AREA (NOT OF THE WATER SYSTEM)	<input type="checkbox"/>	08
	09 = PRE-PAID WATER RUN OUT	<input type="checkbox"/>	09
	10 = OTHER, <i>specify</i> <input type="text"/>	<input type="checkbox"/>	10
	11 = DON'T KNOW	<input type="checkbox"/>	11
<b>7.23</b>	<b>The last time it happened, when was the problem rectified?</b>		
	1 = THE SAME DAY	<input type="checkbox"/>	1
	2 = WITHIN TWO DAYS	<input type="checkbox"/>	2
	3 = WITHIN A WEEK	<input type="checkbox"/>	3
	4 = AFTER MORE THAN A WEEK	<input type="checkbox"/>	4
	5 = AFTER MORE THAN A MONTH, <i>specify</i> <input type="text"/>	<input type="checkbox"/>	5
	6 = DON'T KNOW	<input type="checkbox"/>	6
<b>7.24</b>	<b>What type of toilet facility is available for this household?</b>		
	<i>Mark only one code</i>		
	1 = FLUSH TOILET WITH OFF-SITE DISPOSAL	<input type="checkbox"/> 11	<input type="checkbox"/> 13
	2 = FLUSH TOILET WITH ON-SITE DISPOSAL (SEPTIC TANK)	<input type="checkbox"/> 21	<input type="checkbox"/> 22
	3 = CHEMICAL TOILET	<input type="checkbox"/> 32	<input type="checkbox"/> 33
	4 = PIT LATRINE WITH VENTILATION PIPE	<input type="checkbox"/> 42	<input type="checkbox"/> 43
	5 = PIT LATRINE WITHOUT VENTILATION PIPE	<input type="checkbox"/> 52	<input type="checkbox"/> 53
	6 = BUCKET TOILET	<input type="checkbox"/> 62	<input type="checkbox"/> 63
	7 = NONE	<input type="checkbox"/> 73	
	→ Go to Q 7.27		

Ask if the toilet is not in the dwelling, otherwise go to Q7.26

<b>7.25</b>	<b>Is the toilet facility shared with other households?</b>	
	1 = YES	<input type="checkbox"/> 1
	2 = NO	<input type="checkbox"/> 2

Ask if answer to Q 7.24 is Bucket toilet. Otherwise go to Q7.27

<b>7.26</b>	<b>How frequently is it removed?</b>	
	1 = ONCE A WEEK OR MORE OFTEN	<input type="checkbox"/> 1
	2 = ABOUT ONCE A FORTNIGHT	<input type="checkbox"/> 2
	3 = ABOUT ONCE A MONTH	<input type="checkbox"/> 3
	4 = LESS OFTEN THAN ONCE A MONTH	<input type="checkbox"/> 4

Ask all households

<b>7.27</b>	<b>What type of toilet facility was available for this household before the current one?</b>			
	<i>Mark only one code</i>			
	1 = FLUSH TOILET WITH OFF-SITE DISPOSAL	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13
	2 = FLUSH TOILET WITH ON-SITE DISPOSAL (SEPTIC TANK)	<input type="checkbox"/> 21	<input type="checkbox"/> 22	<input type="checkbox"/> 23
	3 = CHEMICAL TOILET	<input type="checkbox"/> 32	<input type="checkbox"/> 33	<input type="checkbox"/> 34
	4 = PIT LATRINE WITH VENTILATION PIPE	<input type="checkbox"/> 42	<input type="checkbox"/> 43	<input type="checkbox"/> 44
	5 = PIT LATRINE WITHOUT VENTILATION PIPE	<input type="checkbox"/> 52	<input type="checkbox"/> 53	<input type="checkbox"/> 54
	6 = BUCKET TOILET	<input type="checkbox"/> 62	<input type="checkbox"/> 63	<input type="checkbox"/> 64
	7 = NONE	<input type="checkbox"/> 73	<input type="checkbox"/> 74	
	8 = THE HOUSEHOLD HAS ALWAYS HAD THIS TOILET FACILITY	<input type="checkbox"/> 80		
	→ Go to Q 7.29			
<b>7.28</b>	<b>How long ago did the household change to the current toilet facility?</b>			
	1 = TWO YEARS OR LESS	<input type="checkbox"/> 1		
	2 = MORE THAN TWO YEARS, BUT LESS THAN FIVE YEARS	<input type="checkbox"/> 2		
	3 = MORE THAN FIVE YEARS	<input type="checkbox"/> 3		
	4 = DON'T KNOW	<input type="checkbox"/> 4		
<b>7.29</b>	<b>Do you have any street lighting where you live?</b>			
	1 = YES	<input type="checkbox"/> 1		
	2 = NO	<input type="checkbox"/> 2		

<b>7.30</b>	<b>Does this household have a connection to the main electricity supply?</b> 1 = YES → Go to Q7.32 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																				
<b>7.31</b>	<b>Why does this household not have a connection to the mains electricity supply?</b> 1 = No cables in the area ..... 2 = Too expensive ..... 3 = No need ..... 4 = Not a reliable source (load shedding, interruptions, etc.) ..... 5 = Other, <i>specify in the box below</i> ..... → Go to Q7.33	<table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td></tr> </tbody> </table>		Y	N	1			2			3			4			5																																				
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<b>7.32</b>	Ask if YES in Q7.30 <b>Does this household receive free electricity?</b> 1 = YES 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																				
<b>7.33</b>	<b>What is the main source of energy/ fuel for this household for cooking, heating and lighting?</b> <i>Mark only one code per column</i>	<table border="1"> <thead> <tr> <th></th> <th>Cooking</th> <th>Heating</th> <th>Lighting</th> </tr> </thead> <tbody> <tr><td>01 = ELECTRICITY FROM MAINS</td><td><input type="checkbox"/> 01</td><td><input type="checkbox"/> 01</td><td><input type="checkbox"/> 01</td></tr> <tr><td>02 = ELECTRICITY FROM GENERATOR</td><td><input type="checkbox"/> 02</td><td><input type="checkbox"/> 02</td><td><input type="checkbox"/> 02</td></tr> <tr><td>03 = GAS</td><td><input type="checkbox"/> 03</td><td><input type="checkbox"/> 03</td><td><input type="checkbox"/> 03</td></tr> <tr><td>04 = PARAFFIN</td><td><input type="checkbox"/> 04</td><td><input type="checkbox"/> 04</td><td><input type="checkbox"/> 04</td></tr> <tr><td>05 = WOOD</td><td><input type="checkbox"/> 05</td><td><input type="checkbox"/> 05</td><td></td></tr> <tr><td>06 = COAL</td><td><input type="checkbox"/> 06</td><td><input type="checkbox"/> 06</td><td></td></tr> <tr><td>07 = CANDLES</td><td></td><td></td><td><input type="checkbox"/> 07</td></tr> <tr><td>08 = ANIMAL DUNG</td><td><input type="checkbox"/> 08</td><td><input type="checkbox"/> 08</td><td></td></tr> <tr><td>09 = SOLAR ENERGY</td><td><input type="checkbox"/> 09</td><td><input type="checkbox"/> 09</td><td><input type="checkbox"/> 09</td></tr> <tr><td>10 = OTHER, <i>specify</i></td><td><input type="checkbox"/> 10</td><td><input type="checkbox"/> 10</td><td><input type="checkbox"/> 10</td></tr> <tr><td>11 = NONE</td><td><input type="checkbox"/> 11</td><td><input type="checkbox"/> 11</td><td><input type="checkbox"/> 11</td></tr> <tr><td></td><td></td><td></td><td></td></tr> </tbody> </table>		Cooking	Heating	Lighting	01 = ELECTRICITY FROM MAINS	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	02 = ELECTRICITY FROM GENERATOR	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	03 = GAS	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	04 = PARAFFIN	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	05 = WOOD	<input type="checkbox"/> 05	<input type="checkbox"/> 05		06 = COAL	<input type="checkbox"/> 06	<input type="checkbox"/> 06		07 = CANDLES			<input type="checkbox"/> 07	08 = ANIMAL DUNG	<input type="checkbox"/> 08	<input type="checkbox"/> 08		09 = SOLAR ENERGY	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	10 = OTHER, <i>specify</i>	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	11 = NONE	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11				
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<b>7.34</b>	<b>What was the main source of energy/ fuel for this household for cooking, heating and lighting before the current one/s?</b> <i>Mark only one code per column</i>	<table border="1"> <thead> <tr> <th></th> <th>Cooking</th> <th>Heating</th> <th>Lighting</th> </tr> </thead> <tbody> <tr><td>01 = ELECTRICITY FROM MAINS</td><td><input type="checkbox"/> 01</td><td><input type="checkbox"/> 01</td><td><input type="checkbox"/> 01</td></tr> <tr><td>02 = ELECTRICITY FROM GENERATOR</td><td><input type="checkbox"/> 02</td><td><input type="checkbox"/> 02</td><td><input type="checkbox"/> 02</td></tr> <tr><td>03 = GAS</td><td><input type="checkbox"/> 03</td><td><input type="checkbox"/> 03</td><td><input type="checkbox"/> 03</td></tr> <tr><td>04 = PARAFFIN</td><td><input type="checkbox"/> 04</td><td><input type="checkbox"/> 04</td><td><input type="checkbox"/> 04</td></tr> <tr><td>05 = WOOD</td><td><input type="checkbox"/> 05</td><td><input type="checkbox"/> 05</td><td></td></tr> <tr><td>06 = COAL</td><td><input type="checkbox"/> 06</td><td><input type="checkbox"/> 06</td><td></td></tr> <tr><td>07 = CANDLES</td><td></td><td></td><td><input type="checkbox"/> 07</td></tr> <tr><td>08 = ANIMAL DUNG</td><td><input type="checkbox"/> 08</td><td><input type="checkbox"/> 08</td><td></td></tr> <tr><td>09 = SOLAR ENERGY</td><td><input type="checkbox"/> 09</td><td><input type="checkbox"/> 09</td><td><input type="checkbox"/> 09</td></tr> <tr><td>10 = OTHER, <i>specify</i></td><td><input type="checkbox"/> 10</td><td><input type="checkbox"/> 10</td><td><input type="checkbox"/> 10</td></tr> <tr><td>11 = NONE</td><td><input type="checkbox"/> 11</td><td><input type="checkbox"/> 11</td><td><input type="checkbox"/> 11</td></tr> <tr><td>12 = THE HOUSEHOLD HAS ALWAYS HAD THIS SOURCE</td><td><input type="checkbox"/> 12</td><td><input type="checkbox"/> 12</td><td><input type="checkbox"/> 12</td></tr> <tr><td></td><td></td><td></td><td></td></tr> </tbody> </table>		Cooking	Heating	Lighting	01 = ELECTRICITY FROM MAINS	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	02 = ELECTRICITY FROM GENERATOR	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	03 = GAS	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	04 = PARAFFIN	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	05 = WOOD	<input type="checkbox"/> 05	<input type="checkbox"/> 05		06 = COAL	<input type="checkbox"/> 06	<input type="checkbox"/> 06		07 = CANDLES			<input type="checkbox"/> 07	08 = ANIMAL DUNG	<input type="checkbox"/> 08	<input type="checkbox"/> 08		09 = SOLAR ENERGY	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	10 = OTHER, <i>specify</i>	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	11 = NONE	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	12 = THE HOUSEHOLD HAS ALWAYS HAD THIS SOURCE	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12				
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<b>7.35</b>	Ask for sources which have changed, i.e. where Q7.34 ≠ 12 <b>How long ago did the household change to the current source/sources of energy?</b>	<table border="1"> <thead> <tr> <th></th> <th>Cooking</th> <th>Heating</th> <th>Lighting</th> </tr> </thead> <tbody> <tr><td>1 = TWO YEARS OR LESS</td><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 1</td></tr> <tr><td>2 = MORE THAN TWO YEARS, BUT LESS THAN FIVE YEARS</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 2</td></tr> <tr><td>3 = MORE THAN FIVE YEARS</td><td><input type="checkbox"/> 3</td><td><input type="checkbox"/> 3</td><td><input type="checkbox"/> 3</td></tr> <tr><td>4 = DON'T KNOW</td><td><input type="checkbox"/> 4</td><td><input type="checkbox"/> 4</td><td><input type="checkbox"/> 4</td></tr> </tbody> </table>		Cooking	Heating	Lighting	1 = TWO YEARS OR LESS	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	2 = MORE THAN TWO YEARS, BUT LESS THAN FIVE YEARS	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	3 = MORE THAN FIVE YEARS	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	4 = DON'T KNOW	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4																																				
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7.36	<b>How is the refuse or rubbish of this household taken care of?</b>	
	1 = REMOVED BY LOCAL AUTHORITY AT LEAST ONCE A WEEK	<input type="text"/> 1
	2 = REMOVED BY LOCAL AUTHORITY LESS OFTEN THAN ONCE A WEEK	<input type="text"/> 2
	3 = REMOVED BY COMMUNITY MEMBERS AT LEAST ONCE A WEEK	<input type="text"/> 3
	4 = REMOVED BY COMMUNITY MEMBERS LESS OFTEN THAN ONCE A WEEK	<input type="text"/> 4
	5 = COMMUNAL REFUSE DUMP/COMMUNAL CONTAINER	<input type="text"/> 5
	6 = OWN REFUSE DUMP	<input type="text"/> 6
	7 = NO RUBBISH REMOVAL	<input type="text"/> 7
	8 = OTHER, <i>specify below</i>	<input type="text"/> 8
7.37	<b>How was the refuse or rubbish of this household taken care of before the current system?</b>	
	01 = REMOVED BY LOCAL AUTHORITY AT LEAST ONCE A WEEK	<input type="text"/> 01
	02 = REMOVED BY LOCAL AUTHORITY LESS OFTEN THAN ONCE A WEEK	<input type="text"/> 02
	03 = REMOVED BY COMMUNITY MEMBERS AT LEAST ONCE A WEEK	<input type="text"/> 03
	04 = REMOVED BY COMMUNITY MEMBERS LESS OFTEN THAN ONCE A WEEK	<input type="text"/> 04
	05 = COMMUNAL REFUSE DUMP/COMMUNAL CONTAINER	<input type="text"/> 05
	06 = OWN REFUSE DUMP	<input type="text"/> 06
	07 = NO RUBBISH REMOVAL	<input type="text"/> 07
	08 = OTHER, <i>specify below</i>	<input type="text"/> 08
	<div> 09 = DON'T KNOW </div> <div> 10 = THE SYSTEM HAS NOT CHANGED </div> <div> → Go to Q7.39 </div>	

7.38	<b>How long ago did the household change to the current system of refuse or rubbish removal?</b>	
	1 = TWO YEARS OR LESS	<input type="text"/> 1
	2 = MORE THAN TWO YEARS, BUT LESS THAN FIVE YEARS	<input type="text"/> 2
	3 = MORE THAN FIVE YEARS	<input type="text"/> 3
	4 = DON'T KNOW	<input type="text"/> 4
7.39	<b>How does the household receive most of its mail/post?</b>	
	1 = DELIVERED TO THE DWELLING	<input type="text"/> 1
	2 = DELIVERED TO A POST BOX/PRIVATE BAG	<input type="text"/> 2
	3 = THROUGH A FRIEND OR NEIGHBOUR	<input type="text"/> 3
	4 = THROUGH A SHOP	<input type="text"/> 4
	5 = THROUGH A SCHOOL	<input type="text"/> 5
	6 = THROUGH A WORKPLACE	<input type="text"/> 6
	7 = THROUGH A TRIBAL/LOCAL AUTHORITY OFFICE	<input type="text"/> 7
	8 = DO NOT RECEIVE MAIL	<input type="text"/> 8
	9 = OTHER, <i>specify below</i>	<input type="text"/> 9



7.40	<b>How did the household receive most of its mail/post before the current system?</b>		
	01 = DELIVERED TO THE DWELLING	<input type="checkbox"/> 01	
	02 = DELIVERED TO A POST BOX/PRIVATE BAG	<input type="checkbox"/> 02	
	03 = THROUGH FRIEND OR NEIGHBOUR	<input type="checkbox"/> 03	
	04 = THROUGH A SHOP	<input type="checkbox"/> 04	
	05 = THROUGH A SCHOOL	<input type="checkbox"/> 05	
	06 = THROUGH A WORKPLACE	<input type="checkbox"/> 06	
	07 = THROUGH A TRIBAL/LOCAL AUTHORITY OFFICE	<input type="checkbox"/> 07	
	08 = DID NOT RECEIVE MAIL	<input type="checkbox"/> 08	
	09 = OTHER, <i>specify below</i>	<input type="checkbox"/> 09	
7.41	10 = DON'T KNOW	} → Go to Q7.42	<input type="checkbox"/> 10
	11 = THE SYSTEM HAS NOT CHANGED		<input type="checkbox"/> 11
7.41	<b>How long ago did the household change to the current system of receiving mail?</b>		
	1 = TWO YEARS OR LESS	<input type="checkbox"/> 1	
	2 = MORE THAN TWO YEARS, BUT LESS THAN FIVE YEARS	<input type="checkbox"/> 2	
	3 = MORE THAN FIVE YEARS	<input type="checkbox"/> 3	
	4 = DON'T KNOW	<input type="checkbox"/> 4	

7.42		What means of transport are usually, or would be used by members of this household to get to the nearest of each of the following facilities? <i>If more than one means of transport is used, choose the one which is usually used for most of the trip.</i>									
	Facility	WALKING	TAXI	BUS (PUBLIC)	TRAIN	OWN TRANSPORT	NOT AVAILABLE	OTHER→	Specify		
A	Food market/Shop .....	<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			
B	(To) Public transport .....	<input type="checkbox"/> 1				<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7			
C	Pre-Primary/Pre-school centre .....	<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			
D	Primary school .....	<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			
E	Secondary school .....	<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			
F	Clinic/Community health centre .....	<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			
G	Hospital .....	<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			
H	Post office or post office agent .....	<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			
I	Welfare office .....	<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			
J	MPCC .....	<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			

7.43		What is the distance for this household to the nearest of each of the following facilities?							Comment
	Facility	LESS THAN 500 M	0.5- LESS THAN 1 KM	1- LESS THAN 2 KM	2-LESS THAN 10 KM	10 KM OR MORE -	DON'T KNOW		
A	Food market/Shop .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6		
B	(To) Public transport .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6		
C	Pre-Primary/Pre-school centre .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6		
D	Primary school .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6		
E	Secondary school .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6		
F	Clinic/Community health centre .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6		
G	Hospital .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6		
H	Post office or post office agent .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6		
I	Welfare office .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6		
J	MPCC .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6		

8 HOUSEHOLD ASSETS										
8.1	Does the household own or have access to any of the following?	OWNS	DOES NOT OWN, BUT HAS ACCESS	NEITHER OWNS NOR HAS ACCESS	If owns:					
					In what year did you acquire this item?	If you wanted to sell this item, how much do you think you would get?				
	01. Radio .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	02. Stereo/HiFi .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	03. Tape recorder .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	04. Television .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	05. DVD player .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	06. Video cassette recorder .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	07. Refrigerator/ Freezer .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	08. Stove (gas, electric or paraffin) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	09. Microwave oven .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10. Washing machine .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11. Motor vehicle .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12. Motor cycle/Scooter .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	13. Sewing/Knitting machine .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	14. Donkey cart/Ox cart .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	15. Plough .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	16. Tractor .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	17. Wheelbarrow .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	18. Grinding mill .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	19. Bicycle .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	20. Computer .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	21. Canoe/Boat .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	22. Generator .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	23. Camera .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	24. Bed If Owns, How many? .. <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	25. Cellular telephone .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the respondent does not know when the item was acquired, write **0000** for year.

If the respondent does not know how much the household would get for the item, write **9**.

If the household owns more than one of the same item, record the year when the latest item was required.

Record the total amount the respondent thinks the household would get for all of the same item.



8.4	<b>Please say whether the household members are able to do the following activity. If you don't do, say whether you cannot afford it or don't want to do it.</b>  1 = Being able to visit friends and family in hospital or other institutions	Do  <input type="checkbox"/> 1	DON'T DO, CANNOT AFFORD  <input type="checkbox"/> 2	DON'T DO, DON'T WANT  <input type="checkbox"/> 3	DON'T KNOW NOT APPLICABLE  <input type="checkbox"/> 4
8.5	<b>Please say whether your neighbourhood has each of the following features, or whether your household has access to them</b>  1 = Tarred roads close to the house ..... 2 = A place of worship (church/mosque/synagogue) in the local area ..... 3 = A neighbourhood without smoke or smog in the air ..... 4 = A neighbourhood without rubbish/refuse/garbage in the streets ..... 5 = Police on the streets in the local area ..... 6 = A large supermarket in the local area ..... 7 = Somewhere for children to play safely outside the house .....	HAVE OR HAVE ACCESS  <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 1	DON'T HAVE  <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	DON'T KNOW NOT APPLICABLE  <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3	
8.6	<b>Does the household have an adult at home at all times when children under ten are at home?</b>  1 = YES 2 = No 3 = NOT APPLICABLE 4 = DON'T KNOW	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			
8.7	<b>Does the household have someone to borrow money from in case of an emergency?</b>  1 = YES, R100 OR LESS 2 = YES, R500 OR LESS 3 = YES, R1 000 OR LESS 4 = YES, R5 000 OR LESS 5 = YES, R10 000 OR LESS 6 = YES, MORE THAN R10 000 7 = No 8 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8			
8.8	<b>Please imagine a 9-step ladder where on the bottom, the 1<sup>st</sup> step, stand the poorest people, and on the highest step, the 9<sup>th</sup>, stand the rich.</b>  <b>On which step would you consider you and your household to be?</b>	<input type="checkbox"/>			

**END OF MODULE 3**

Date     Ending time     Main respondent   No of household members present   No of non-household members present    
D D M M

Main language spoken during interview

01 Afrikaans	<input type="text"/>	02 English	<input type="text"/>	03 Isindebele	<input type="text"/>	04 Isixhosa	<input type="text"/>	05 Isizulu	<input type="text"/>	06 Sepedi	<input type="text"/>
07 Sesotho	<input type="text"/>	08 Setswana	<input type="text"/>	09 Siswati	<input type="text"/>	10 Tshivenda	<input type="text"/>	11 Xitsonga	<input type="text"/>	12 Other	<input type="text"/>

**INTERVIEW CIRCUMSTANCES****Was the interview interrupted by ...**

Y N

**Comment**

telephone ringing .....

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

visitor/-s arriving .....

baby/-ies, child/-ren, pet/-s disturbing .....

other, *specify* .....**Were there other problems, e.g. ...**

disagreement within household .....

disagreement with interview/interviewer ...

Other, *specify* .....

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**PREPARATIONS FOR NEXT INTERVIEW**

Has appointment been made? .....

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Has it been noted in Appointments log?...

Has respondent been briefed on Module 4?

Has a Recall form been introduced and handed out? .....

<input type="text"/>	<input type="text"/>
----------------------	----------------------



<b>MODULE 4</b>		Date		Starting time		No of household members present		No of non-household members present	
<i>Go through HOUSEHOLD COMPOSITION CONTROL on page 10</i>						<i>Mark here when it has been completed</i>			
<b>9 HOUSING</b> <i>Only expenditure in respect of the dwelling-unit occupied by this household should be given, except in the case of holiday dwellings, which must be shown against Q11.1.2</i> <i>The value of fringe benefits, including rent and interest subsidies, should be shown below.</i> <i>Amounts shown against 9.6.1 – 9.6.5 should relate to <u>one month</u> only, amounts relating to periods other than a month should be converted to show the estimated monthly value.</i> <i>If the household does not own the dwelling and does not pay rent, it should be regarded as rent received as a gift</i>									
<b>9.1</b>	<b>What is the total number of ...</b>	<b>...that this household occupies?</b>		<b>... in the dwelling unit in total?</b>					
	a. Bedrooms .....								
	b. Living rooms .....								
	c. Dining rooms .....								
	d. "Multipurpose" room								
	e. Kitchens .....								
	f. Bathrooms .....								
	g. Other .....								
<b>Total number of rooms in use (excl f. Bathrooms)</b>									
<i>In tribal areas, treat different huts as rooms according to what they are used for as indicated by the household</i>									
<b>9.2</b>	<b>Is there any garage that belongs to the dwelling unit that the household occupies?</b> <div style="text-align: right;"> <input type="checkbox"/> Y    <input type="checkbox"/> N         </div> <b>If YES, for how many cars?</b> <div style="text-align: right;"> <input type="checkbox"/>    <input type="checkbox"/> </div>								
<b>9.3</b>	<b>Area of the dwelling unit (in square metres, m<sup>2</sup>. Answer only one option)</b> a. Exact area (given by respondent) <div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> b. Estimated area of the dwelling unit <div style="display: flex; justify-content: space-between;"> <div> 1 = Very small, less than 30 m<sup>2</sup>  2 = Small, between 30 and 59 m<sup>2</sup>  3 = Medium, between 60 and 119 m<sup>2</sup>  4 = Large, between 120 and 239 m<sup>2</sup>  5 = Very large, 240 m<sup>2</sup> or more </div> <div style="text-align: right;"> <input type="text"/> 1  <input type="text"/> 2  <input type="text"/> 3  <input type="text"/> 4  <input type="text"/> 5 </div> </div> c. Sketch has been made at the back <div style="text-align: right;"> <input type="checkbox"/> Y    <input type="checkbox"/> N </div>								
<b>9.4</b>	<b>What is the value of the dwelling unit?</b>								
<b>9.5</b>	<b>Is the main dwelling ...</b> <div style="display: flex; justify-content: space-between;"> <div> 1 = Owned and fully paid off  2 = Owned, but not yet fully paid off, financed by a mortgage bond  3 = Owned, but not yet fully paid off, financed by another type of loan  4 = Rented as part of employment contract of household member  5 = Rented not as part of employment contract of household member  6 = Occupied rent-free as part of employment contract of household member  7 = Occupied rent-free not as part of employment contract of household member  8 = Occupied as a boarder/lodger  9 = Other, specify </div> <div style="text-align: right;"> <div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 10px;">}</div> <div> → Go to Q9.6.5.5  → Go to Q9.6.5  → Go to Q9.6.5  → Go to Q9.6.1  → Go to Q9.6.4 </div> </div> <input type="text"/> 1  <input type="text"/> 2  <input type="text"/> 3  <input type="text"/> 4  <input type="text"/> 5  <input type="text"/> 6  <input type="text"/> 7  <input type="text"/> 8  <input type="text"/> 9 </div> </div>								



## 9.6 MONTHLY HOUSING DURING THE MONTH PRIOR TO THE SURVEY MONTH

IF RENTED		
	Item	Cost for the month
9.6.1	<b>Rent paid for this dwelling unit</b>	
	a. Amount paid by the household .....	<input type="text"/>
	b. If the dwelling is occupied free, what is the estimated value of rent the household would pay if it had to pay rent (imputed rent) .....	<input type="text"/>
	c. Amount subsidised (e.g. by employer) .....	<input type="text"/>
	d. Rent paid for garage and/or domestic worker's room, if rented separately .....	<input type="text"/>
	e. Total rent paid, or, if rented free, the total rent the household would pay, for this dwelling Add (a or b) + c + d to confirm e .....	<input type="text"/>
	f. Does the total rent (or the free rental) include water, electricity, etc?	
	1 = YES	<input type="text"/> 1
	2 = No	<input type="text"/> 2
9.6.2	<b>Levy paid in the case of dwelling-units under sectional title or share-holding/ block scheme</b> .....	<input type="text"/>
9.6.3	<b>Insurance on contents of dwelling</b>	
	a. Insurance on contents of dwelling (excluding package insurance) .....	<input type="text"/>
	b. Package insurance .....	<input type="text"/>
9.6.4	<b>Boarding/Lodging paid</b> .....	<input type="text"/>
	<i>This item only covers permanent boarder/lodging. Include also amounts paid to family members if boarding with them.</i>	
	→ Go to 9.9	
<b>TOTAL COST (9.6.1 – 9.6.4)</b>		<input type="text"/>

IF OWNED		
	Item	Cost for the month
9.6.5	<b>Payment on dwelling (including additional payments for immovable improvements)</b> <i>Note: If the composition of the installment is not known, please ask the household to obtain the information from the bank/ financial institution or from the person or body who granted the loan.</i>	
9.6.5.1	<b>Total monthly installment for the last month</b> (incl. voluntary additional monthly payment) .....	<input type="text"/>
	a. Amount of the above installment which is Capital	<input type="text"/>
	b. Amount of the above installment which is Interest	<input type="text"/>
9.6.5.2	<b>Does this household receive any subsidy towards repayments for this dwelling unit or reduction in installments if loan is repaid at an installment lower than the normal?</b>	
	1 = YES	<input type="text"/> 1
	2 = No → Go to Q9.6.5.5	<input type="text"/> 2
9.6.5.3	<b>Does the amount (in Q9.6.5.1) include subsidy or value of reduction in installment?</b>	
	1 = YES → Go to Q9.6.5.5	<input type="text"/> 1
	2 = No	<input type="text"/> 2
9.6.5.4	<b>Subsidy and/or value of reduction in installment</b> <i>Must also be shown as income (Item 26.3.5 )</i> Amount received from e.g. employer or someone else, and/or value of reduction in installment if loan is repaid at an installment lower than the normal .....	<input type="text"/>
9.6.5.5	<b>Levy and other payments</b> .....	<input type="text"/>

Ask for all households

	Item	Cost for the month
9.6.5.6	<b>Insurance on property</b>	
	a. Insurance on buildings .....	
	b. Life insurance covering mortgage debt .....	
9.6.5.7	<b>Insurance on contents of dwelling</b>	
	a. Insurance on contents of dwelling ( <i>excluding package insurance</i> ) .....	
	b. Package insurance .....	
<b>TOTAL COST (9.6.5.1 – 9.6.5.7)</b>		
<b>9.7 SINGLE PAYMENTS FOR HOUSING IN THE 11 MONTHS PRIOR TO THE SURVEY MONTH</b>		
9.7.1	<b>Additional single amount paid regarding</b>	
	a. Capital payments (including deposit) .....	
	b. Other payments such as transfer duty and transfer costs and registration of mortgage bond .....	
<b>TOTAL COST (9.7.1 a – b)</b>		
<b>9.8 IMPUTED RENT</b>		
9.8.1	<b>If you were to rent this dwelling, how much would you pay for it per month? .....</b>	

<b>9.9 SERVICES FOR ALL HOUSEHOLDS IN THE MONTH PRIOR TO THE SURVEY MONTH</b>		
	Item	Cost for the month
9.9.1	<b>Payments for housing services</b>	
9.9.1.1	<b>Assessment rates and taxes</b> .....	
9.9.1.2	<b>Water</b> (including basic levies, water bought from tankers, kiosks and from neighbours, where applicable, pre-paid vouchers, etc.) ..	
9.9.1.3	<b>Electricity</b> (including basic levies where applicable) .....	
9.9.1.4	<b>Electricity</b> (pre-payment cards, "Koopkrag", E-cards) <i>Specify excluding VAT where applicable</i> .....	
9.9.1.5	<b>Water and electricity.</b> <i>If cost for electricity and water cannot be separated, give the total amount here</i> .....	
9.9.1.6	<b>Gas supplied by public networks</b> .....	
9.9.1.7	<b>Sanitary service</b> .....	
9.9.1.8	<b>Refuse removal</b> .....	
9.9.1.9	<b>Value Added Tax, VAT</b> ( <i>If not included above</i> ) .....	
9.9.1.10	<b>Value of free water</b> .....	
9.9.1.11	<b>Value of free electricity</b> .....	
9.9.1.12	<b>Value of free sanitation services</b> .....	
<b>TOTAL COST (9.9.1.1 – 9.9.1.12)</b>		

9.10 HOUSING DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH		
<i>Amounts shown against items 9.10.1 – 9.10.4 should relate to 11 months</i>		
	Item	Value for the 11 months
9.10.1	Contributions made towards communal provision of housing services, such as water facilities and electricity supply (e.g. communal tap) .....	
9.10.2	Payment for right to access a piece of land for housing purposes (tribal/shacks) .....	
9.10.3	Did the household do any repairs and improvements, including for security, to this dwelling unit of which payments were not included in the dwelling unit mortgage bond above (item 9.6.5)?	
	1 = YES	<input type="checkbox"/> 1
	2 = No → Go to Q9.11	<input type="checkbox"/> 2
	a. Maintenance and repair of dwelling (Existing buildings, swimming pools, etc. Including paints wall paper, etc.) .....	
	b. Services for maintenance and repair of dwelling (plumbers, electricians, carpenters, etc) .....	
	c. Labour and material for maintenance and repair of the dwelling .....	
	d. Improvements, additions and alterations (including built-in furniture, solar energy systems, swimming pools and garden layouts) .....	
	e. Services for improvements, additions and alterations (carpenters, electricians, etc) .....	
	f. Labour and material for improvements, additions and alterations .....	
	g. Security structures (including fences, electronic gates) .....	
	h. Security systems (including alarms, panic buttons) .....	
	i. Security services (including reaction services and neighbourhood watch) .....	
	j. Firearms and ammunition (for security purposes) .....	
9.10.4	Building materials not included in Q9.10.3 (a) or (c) (e.g. for building houses) .....	
TOTAL COST (9.10.1 – 9.10.4)		

9.11 COST OF OTHER DWELLINGS DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH		
	Item	Value for the 11 months
9.11.1	All costs of other dwellings the household owns (not for business purposes) .....	
TOTAL COST (9.11.1)		

<b>10</b>	<b>SWIMMING POOL AND GARDENING DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH</b>	
<b>10.1</b>	<b>SWIMMING POOL AND SWIMMING POOL MAINTENANCE</b>	
<b>10.1.1</b>	Did this household have access to private use of a swimming pool in the dwelling during the 11 months prior to the survey month?	
	1 = YES	<input type="checkbox"/> 1
	2 = No → Go to Q10.2	<input type="checkbox"/> 2
	<b>Item</b>	<b>Value for the 11 months</b>
<b>10.1.2</b>	a. Swimming pool equipment and repairs of equipment .....	
	b. Swimming pool maintenance (excluding wages of persons who maintain pools, see Section 12, but including chemicals ....	
<b>TOTAL COST (10.1.2)</b>		
<b>10.2</b>	<b>GARDEN EQUIPMENT AND REQUISITES</b>	
	<b>Item</b>	<b>Value for the 11 months</b>
<b>10.2.1</b>	Seeds, plants, shrubs and trees, fertilizer, plant and pest spray remedies .....	
<b>10.2.2</b>	Garden ornaments .....	
<b>10.2.3</b>	Garden water sprinklers .....	
<b>10.2.4</b>	Power driven garden tools .....	
<b>10.2.5</b>	Garden hand tools (such as spades) .....	
<b>10.2.6</b>	Bouquets and cut flowers for household use .....	
<b>10.2.7</b>	Other, specify ...	
<b>TOTAL COST (10.2.1 – 10.2.7)</b>		

<b>11 EXPENDITURE WHEN AWAY FROM HOME DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH</b>						
Ask for all households						
<b>11.1 EXPENDITURE WHEN AWAY FROM HOME</b>						
11.1.1	During the 11 months prior to the survey month, did one or more members of this household undertake any trip/s that lasted at least one night away from home, for holiday or for attending a funeral, a wedding or any other event? Excluding for business 1 = YES → Go to Q11.1.2 <input type="checkbox"/> 1 2 = No → Go to Q11.3 <input type="checkbox"/> 2					
<b>11.1.2 ACCOMMODATION WHEN AWAY FROM HOME DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH</b>						
	Item	Value for the 11 months				
		Domestic			International	
		Holidays	Funerals, weddings, other social events	Other events	Holidays	Funerals, weddings, other social events
11.1.2.1	Accommodation					
	a. Hotel, motel and/or boarding fees (paid for by the household)					
	b. Rent: Holiday flat or house, private house, caravan, (including site fees) etc. (paid for by the household)					
11.1.2.2	Holiday tour packages .....					
<b>TOTAL VALUE (11.1.2.1 – 11.1.2.2)</b>						

Ask this question if answer to Q11.1.1 is 'YES'

<b>11.2 TRANSPORT WHEN AWAY FROM HOME</b>							
<b>11.2.1</b> During the 11 months prior to the survey month, did this household make use of any public and/or hired transport for the purposes of holiday, funeral or any other event lasting at least one night away from home? Excluding for business							
1 = YES		→ Go to Q11.2.2		<input type="checkbox"/> 1			
2 = No		→ Go to Q11.3		<input type="checkbox"/> 2			
<b>11.2.2 TRANSPORT WHEN AWAY FROM HOME FOR THE PURPOSE OF HOLIDAY OR ANY OTHER EVENT DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH</b>							
	Item	Value for the 11 months					
		Domestic			International		
		Holidays	Funerals, weddings, other social events	Other events	Holidays	Funerals, weddings, other social events	Other events
11.2.2.1	Bus .....						
11.2.2.2	Train .....						
11.2.2.3	Aircraft .....						
11.2.2.4	Boat/ship .....						
11.2.2.5	Rented vehicle (Show fuel in Q21.1.6.2.a) .....						
11.2.2.6	Taxi						
	a. Metered cab .....						
	b. Minibus taxi / combi (incl. 30 seater, e.g. Iveco) .....						
11.2.2.7	Supporting services (e.g. parking services, port operators) .....						
11.2.2.8	Insurance paid for holiday purposes (life, luggage, medical) ....						
11.2.2.9	Other (e.g. cable car, horse, trailer) .....						
<b>TOTAL VALUE (11.2.2.1 – 11.2.2.9)</b>							

Ask for all

11.3 TIMESHARE													
11.3.1	<p>During the 11 months prior to the survey month, did the household own any timeshare or holiday accommodation?</p> <p>1 = YES <input type="checkbox"/> 1</p> <p>2 = No <input type="checkbox"/> 2 → Go to Section 12</p>												
	<table border="1"> <thead> <tr> <th>Item</th> <th>Value for the 11 months</th> </tr> </thead> <tbody> <tr> <td>11.3.1.1 Payment on timeshare</td> <td></td> </tr> <tr> <td>a. Purchase .....</td> <td></td> </tr> <tr> <td>b. Levy .....</td> <td></td> </tr> <tr> <td>11.3.1.2 Expenses incurred as owner of a holiday home i.e. after deduction of income received from letting .....</td> <td></td> </tr> <tr> <td colspan="2">TOTAL COST (11.3.1.1 – 11.3.1.2)</td> </tr> </tbody> </table>	Item	Value for the 11 months	11.3.1.1 Payment on timeshare		a. Purchase .....		b. Levy .....		11.3.1.2 Expenses incurred as owner of a holiday home i.e. after deduction of income received from letting .....		TOTAL COST (11.3.1.1 – 11.3.1.2)	
Item	Value for the 11 months												
11.3.1.1 Payment on timeshare													
a. Purchase .....													
b. Levy .....													
11.3.1.2 Expenses incurred as owner of a holiday home i.e. after deduction of income received from letting .....													
TOTAL COST (11.3.1.1 – 11.3.1.2)													





<b>13 INPUT COSTS FOR HOME PRODUCTION DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH</b>		
13.1	In the 11 months prior to the survey month has this household produced products and/or kept any livestock for own consumption or sale?	
	1 = YES	<input type="text"/> 1
	2 = No → Go to Section 14	<input type="text"/> 2
<b>13.2 INPUT VALUE</b>		
	Item	Value for the 11 months
13.2.1	Seeds .....	
13.2.2	Fertilizer .....	
13.2.3	Feed .....	
13.2.4	Large livestock such as cattle .....	
13.2.5	Medium livestock such as goats, sheep, pigs, etc .....	
13.2.6	Small livestock such as chickens, ducks, etc .....	
13.2.7	Services (e.g. ploughing, veterinary – not for pets) .....	
13.2.8	Processing (e.g. grinding, milling and slaughtering) .....	
13.2.9	Other, specify <input type="text"/>	
TOTAL COST (13.2.1 – 13.2.9)		

<b>14</b>	<b>CLOTHING AND FOOTWEAR DURING THE TWO MONTHS AND THE 11 MONTHS PRIOR TO THE SURVEY MONTH</b> <i>Include clothing and footwear purchased from shops</i> <i>Include clothing and footwear received as gifts or in kind</i> <i>Include uniforms and clothing for domestic workers who are household members</i> <i>Exclude special sports clothes and shoes (e.g. golf shoes, soccer boots, diving outfit, etc.). Record these in Section 17.1 item 17.1.2 (c)</i> <i>Infant                      Less than 3 years old</i> <i>Boy/Girl                  3-13 years old</i> <i>Man/Woman            More than 13 years old</i>		
<b>14.1</b>	<b>CLOTHING</b>		
	Item	Value for the two months	Value for the 11 months
14.1.1	Clothing accessories such as scarves, ties, belts, gloves, etc. ....		
14.1.2	Sports clothing .....		
14.1.3	Infants' clothing .....		
14.1.4	Girls' school uniforms .....		
14.1.5	Boys' school uniforms .....		
14.1.6	Girls' clothing .....		
14.1.7	Boys' clothing .....		
14.1.8	Women's clothing .....		
14.1.9	Men's clothing .....		
14.1.10	Other clothing .....		
<b>TOTAL VALUE (14.1.1 – 14.1.10)</b>			

<b>14.2 HOME-MADE AND SPECIALLY MADE-UP CLOTHES (NOT FOR RESALE), REPAIRS AND HIRE OF CLOTHING</b>			
	Item	Value for the two months	Value for the 11 months
14.2.1	Material for clothing .....		
14.2.2	Specially made-up clothes (e.g. clothes made by dressmakers and tailors) .....		
14.2.3	Knitting wool and yarns .....		
14.2.4	Patterns, trimming lace, sewing cotton, etc .....		
14.2.5	Scissors, needles, pins .....		
14.2.6	Labour cost for making or knitting of clothing and repairs / alterations to clothing outside the household .....		
14.2.7	Hire of clothing .....		
<b>TOTAL VALUE (14.2.1 – 14.2.7)</b>			

<b>14.3 FOOTWEAR AND REPAIR OF FOOTWEAR</b>			
	Item	Value for the two months	Value for the 11 months
14.3.1	Sports footwear .....		
14.3.2	Infants' footwear .....		
14.3.3	Girls' school footwear .....		
14.3.4	Boys' school footwear .....		
14.3.5	Girls' footwear .....		
14.3.6	Boys' footwear .....		
14.3.7	Women's footwear .....		
14.3.8	Men's footwear .....		
14.3.9	Other footwear .....		
14.3.10	Hire of footwear .....		
14.3.11	Repair of footwear .....		
<b>TOTAL VALUE (14.3.1 – 14.3.11)</b>			

<b>15 HOUSEHOLD TEXTILES</b> <i>Include materials for, and making of household textiles</i> <i>Materials for making clothes must be shown in Section 14.2, item 14.2.1</i> <i>Read out:</i> <b>Now I am going to ask you about household textiles such as blankets, pillows, sheets, etc</b>		
15.1	In the 11 months prior to the survey month did this household acquire any household textiles such as blankets, pillows, sheets, etc.  1 = YES <input type="checkbox"/> 1 2 = No <input type="checkbox"/> 2 → Go to Q15.3	
<b>15.2 VALUE OF HOUSEHOLD TEXTILES FOR THE 11 MONTHS PRIOR TO THE SURVEY MONTH</b>		
	Item	Value for the 11 months
15.2.1	Blankets and travelling rugs .....	
15.2.2	Sheets and pillow cases .....	
15.2.3	Duvets and duvet covers .....	
15.2.4	Duvet packs (e.g. package including pillow cases and sheets)	
15.2.5	Pillows and cushions .....	
15.2.6	Table and bathroom linen (e.g. tablecloths and napkins, towels and face-cloths, bathroom mats) .....	
15.2.7	Curtains (including making and hanging charges) and material for curtains .....	
15.2.8	Other household textiles, specify <input type="text"/>	
TOTAL COST (15.2.1 – 15.2.8.)		

15.3	In the 11 months prior to the survey month did this household have any repairs done to household textiles?  1 = YES <input type="checkbox"/> 1 2 = No <input type="checkbox"/> 2 → Go to Section 16	
<b>15.4 VALUE OF REPAIRS TO HOUSEHOLD TEXTILES FOR THE 11 MONTHS PRIOR TO THE SURVEY MONTH</b>		
	Item	Value for the 11 months
15.4.1	Repair of household textiles .....	
TOTAL COST (15.4.1.)		

<b>16</b>	<b>FURNITURE AND EQUIPMENT DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH</b> <i>Exclude expenditure on musical instrument and audio visual equipment</i> <i>Record these in section 16.7.</i> <i>Include delivery and installation charges where applicable.</i> <i>Appliances such as refrigerator, microwave, iron, etc. should be included in Q16.4.1.</i>	
<b>16.1</b>	<b>VALUE OF FURNITURE AND FLOOR COVERINGS</b>	
	<b>Item</b>	<b>Value for the 11 months</b>
<b>16.1.1</b>	<b>Furniture</b>	
	a. Beds, bases, mattresses .....	
	b. Other bedroom furniture .....	
	c. Dining-room furniture .....	
	d. Lounge furniture .....	
	e. Kitchen furniture and units (excluding appliances, e.g. refrigerators) .....	
	f. Study desks, bookshelves and other study furniture .....	
	g. Garden and patio furniture .....	
	h. Other furniture .....	

	<b>Item</b>	<b>Value for the 11 months</b>
<b>16.1.2</b>	<b>Furnishings</b>	
	a. Other loose items of furniture (e.g. beanbags, mirrors,) specify .....	
	b. Other (e.g. ornaments, paintings and other works of art) specify .....	
<b>16.1.3</b>	<b>Floor coverings</b> (fixtures to be recorded in Section 9.10)	
	a. Loose carpets and rugs .....	
	b. Other floor coverings, (excluding bathroom & door mats, see Q15.2.6) specify .....	
<b>16.1.4</b>	<b>Upholstering</b> .....	
<b>TOTAL COST (16.1.1 – 16.1.4)</b>		
<b>16.2</b>	<b>In the 11 months prior to the survey month did this household have any repairs done to furniture, furnishing and floor coverings?</b> <div style="display: flex; justify-content: space-between;"> <div> 1 = YES  2 = No </div> <div> <input type="checkbox"/> 1  <input type="checkbox"/> 2 </div> </div> <p style="text-align: right;">→ Go to Q16.4</p>	
<b>16.3</b>	<b>VALUE OF REPAIRS TO FURNITURE, FURNISHING AND FLOOR COVERINGS DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH</b> <i>Include repairs even if the items themselves were not acquired during the 11 months prior to the survey month.</i>	
	<b>Item</b>	<b>Value for the 11 months</b>
<b>16.3.1</b>	<b>Furniture</b> .....	
<b>16.3.2</b>	<b>Furnishings</b> .....	
<b>16.3.3</b>	<b>Floor coverings</b> .....	
<b>TOTAL VALUE (16.3.1 – 16.3.3)</b>		

16.4 VALUE OF APPLIANCES FOR THE 11 MONTHS PRIOR TO THE SURVEY MONTH		
<i>Expenditure on musical instruments, sound and video equipment must be shown in section 16.7.</i> <i>Include delivery and installation where applicable</i> <i>Exclude built-in appliances (to be shown in Section 9.10.3.d)</i>		
	Item	Value for the 11 months
16.4.1	<b>Electrical appliances</b>	
	a. Refrigerators, deep freezers and refrigerator/ deep-freezer combinations .....	
	b. Stoves and ovens, including microwave ovens .....	
	c. Hotplates .....	
	d. Kettles and percolators, coffee makers .....	
	e. Food mixers, processors and similar accessories .....	
	f. Frying pans and woks .....	
	g. Toasters, waffle pans and sandwich toasters .....	
	h. Sewing machines, over- lockers and knitting machines .....	
	i. Irons .....	
	j. Washing machines , dishwashers and tumble dryers .....	
	k. Vacuum cleaners, polishers and carpet cleaning machines .....	
	l. Heaters and air-conditioners .....	
	m. Power drills .....	
	n. Other electrical appliances (e.g. electric blankets, water pumps and fans) , <i>specify</i> .....	

	Item	Value for the 11 months
16.4.2	<b>Non-electrical appliances</b>	
	a. Refrigerators .....	
	b. Gas stoves and heaters .....	
	c. Coal, wood and anthracite stoves .....	
	d. Paraffin stoves and heaters .....	
	e. Sewing and knitting machines .....	
	f. Hand tools (such as screw drivers) .....	
	g. Other (e.g. drying cabinets and safes), <i>specify</i> .....	
<b>TOTAL VALUE (16.4.1 – 16.4.2)</b>		
<b>16.5 REPAIRS TO APPLIANCES</b>		
16.5.1	<b>In the 11 months prior to the survey month did this household have any repairs done to appliances?</b>	
	1 = YES	<input type="checkbox"/> 1
	2 = No → Go to Q16.7	<input type="checkbox"/> 2
	<b>Item</b>	<b>Value for the 11 months</b>
16.6.1	<b>Electrical appliances</b> .....	
16.6.2	<b>Non-electrical appliances</b> .....	
<b>TOTAL VALUE (16.6.1 – 16.6.2)</b>		

16.7 VALUE OF MUSICAL INSTRUMENTS, AUDIO VISUAL EQUIPMENT AND ACCESSORIES FOR THE 11 MONTHS PRIOR TO THE SURVEY MONTH		
<i>Include delivery and installation charges where applicable</i>		
	Item	Value for the 11 months
16.7.1	Musical instruments: pianos, organs and other musical instruments .....	
16.7.2	Audio visual equipment	
	a. Television sets, decoders, video recorders / DVD players .....	
	b. Aerials and satellite dishes .....	
	c. Television licences .....	
	d. Subscription to pay TV channels .....	
	e. Television rental .....	
	f. Rent for decoder, video equipment and tapes .....	
	g. Radios, tape recorders, compact disk players, sound systems and similar equipment (including for cars) .....	
	h. Magnetic tapes (excluding software and video games; but including pre-recorded and unrecorded music tapes) .....	
	i. Disks for photographic and cinematographic use .....	
	j. Compact disks – CDs (excl. software and video games; but including pre-recorded and unrecorded disks) .....	
	k. DVDs (excluding software and video games; but including pre-recorded and unrecorded DVDs) .....	
	l. VCDs (excluding software and video games; but including pre-recorded and unrecorded VCDs) .....	
	m. Other <i>specify</i> .....	
TOTAL VALUE (16.7.1 – 16.7.2)		

16.8 REPAIRS AND SERVICES TO INSTRUMENTS, EQUIPMENT AND ACCESSORIES		
16.8.1	In the 11 months prior to the survey month did this household have any repairs done to musical instruments, sound equipment and accessories? <i>Read items 16.7</i>	
	1 = YES	<input type="checkbox"/> 1
	2 = No	<input type="checkbox"/> 2
	→ Go to Q16.10	
	Item	Value for the 11 months
16.9	Repairs to and service charges for the above mentioned equipment .....	
TOTAL VALUE (16.9)		
16.10 VALUE OF OTHER HOUSEHOLD EQUIPMENT FOR THE 11 MONTHS PRIOR TO THE SURVEY MONTH		
	Item	Value for the 11 months
16.10.1	Glass and crystal ware, table-ware (including household or toilet articles of porcelain, ceramic, stoneware, china, etc.) .....	
16.10.2	Cutlery, flatware and silverware .....	
16.10.3	Kitchen and domestic utensils (non-electrical utensils such as frying pans, saucepans, etc.)	
	a. Enamel .....	
	b. Aluminium, iron, steel .....	
	c. Plastic .....	
16.10.4	Other (such as towel rails, bottle racks, etc), <i>specify</i> .....	
TOTAL VALUE (16.10.1 – 16.10.4)		

16.11 REPAIRS TO GLASSWARE, TABLEWARE AND HOUSEHOLD UTENSILS		
16.11.1	In the 11 months prior to the survey month did this household have any repairs done to glassware, tableware or household utensils?  1 = YES 2 = No  → Go to Q16.13	<div>1</div> <div>2</div>
	Item	Value for the 11 months
16.12 VALUE OF REPAIRS TO GLASSWARE, TABLEWARE AND HOUSEHOLD UTENSILS		
16.12.1	Repairs to glassware, tableware and household utensils	
TOTAL VALUE (16.12.1)		
16.13 VALUE OF MISCELLANEOUS GOODS FOR THE 11 MONTHS PRIOR TO THE SURVEY MONTH		
	Item	Value for the 11 months
16.13.1	Watches and personal jewellery .....	
16.13.2	Handbags, travelling bags, schoolbags, etc. ....	
16.13.3	Prams and push-carts .....	
16.13.4	Car seat for babies .....	
16.13.5	Carry-cots, toys, etc. ....	
16.13.6	Other (umbrellas, pocket-knives, sun- glasses, etc.), specify .....	
TOTAL VALUE (16.13.1 – 16.13.6)		

16.14 REPAIRS TO MISCELLANEOUS ITEMS		
16.14.1	In the 11 months prior to the survey month did this household have any repairs done to miscellaneous items? <i>Please read list provided in 16.13</i>  1 = YES 2 = No  → Go to Section 17	<div>1</div> <div>2</div>
	Item	Value for the 11 months
16.14.2	Repairs to miscellaneous items .....	
TOTAL VALUE (16.14.2)		



17 RECREATION, ENTERTAINMENT AND SPORT DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH		
17.1 VALUE OF RECREATION, ENTERTAINMENT AND SPORTS EQUIPMENT AND ACCESSORIES		
<i>Include delivery and installation charges where applicable</i>		
	Item	Value for the 11 months
17.1.1	<b>Photography</b>	
	a. Cameras, video cameras, projectors and flashes .....	
	b. Film development and photo prints .....	
17.1.2	<b>Sports equipment</b>	
	a. Firearms and ammunition (excluding those for security purposes) .....	
	b. Tennis rackets and balls, fishing rods, etc. ....	
	c. Special sports clothes and shoes .....	
17.1.3	<b>Toys and games, video games (including software games) ....</b>	
17.1.4	<b>Camping equipment (tents, sleeping bags, etc.) .....</b>	
17.1.5	<b>Boats (including outboard motors), aircrafts, go-carts, etc. ....</b>	
<b>TOTAL VALUE (17.1.1 – 17.1.5)</b>		
17.2 REPAIRS AND MAINTENANCE SERVICES TO RECREATION, ENTERTAINMENT AND SPORTS EQUIPMENT		
17.2.1	In the 11 months prior to the survey month did this household have any repairs or maintenance done to the recreation, entertainment and sports equipment? <i>Please read list provided in 17.1</i>	
	1 = YES	<input type="checkbox"/> 1
	2 = No → Go to Q17.4	<input type="checkbox"/> 2
	Item	Value for the 11 months
17.3.1	<b>Repairs and service charges for recreation, entertainment and sports equipment .....</b>	
<b>TOTAL VALUE (17.3.1)</b>		

17.4 VALUE OF OTHER RECREATION SERVICES IN THE 11 MONTHS PRIOR TO THE SURVEY MONTH		
	Item	Value for the 11 months
17.4.1	<b>Admission charges</b>	
	a. Cinema, theatres, concerts, festivals .....	
	b. Sports .....	
	c. Museums and zoos, etc. ....	
	d. Amusement parks, etc. ....	
17.4.2	<b>Fees for lessons related to recreation, entertainment and sport .For lessons in educational subjects, see Q18.2, item 18.2.1, and for motor vehicle driving lessons, see Q21.1.10 .....</b>	
17.4.3	<b>Hobbies .....</b>	
17.4.4	<b>Other, specify</b> <input type="text"/>	
<b>TOTAL VALUE (17.4.1 – 17.4.4)</b>		



**END OF MODULE 4**

Date     Ending time     Main respondent   No of household members present   No of non-household members present    
D D M M

Main language spoken during interview

01 Afrikaans	<input type="text"/>	02 English	<input type="text"/>	03 Isindebele	<input type="text"/>	04 Isixhosa	<input type="text"/>	05 Isizulu	<input type="text"/>	06 Sepedi	<input type="text"/>
07 Sesotho	<input type="text"/>	08 Setswana	<input type="text"/>	09 Siswati	<input type="text"/>	10 Tshivenda	<input type="text"/>	11 Xitsonga	<input type="text"/>	12 Other	<input type="text"/>

**INTERVIEW CIRCUMSTANCES****Was the interview interrupted by ...**

Y N

**Comment**

telephone ringing .....

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

visitor/-s arriving .....

baby/-ies, child/-ren, pet/-s disturbing .....

other, *specify* .....**Were there other problems, e.g. ...**

disagreement within household .....

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

disagreement with interview/interviewer ...

Other, *specify* .....**PREPARATIONS FOR NEXT INTERVIEW**

Has appointment been made? .....

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Has it been noted in Appointments log? ...

Has respondent been briefed on Module 5?

Has a Recall form been introduced and handed out? .....

<input type="text"/>	<input type="text"/>
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## QUALITY CONTROL FORM

[illegible]

**Abbreviations: Household Questionnaire = HHQ**  
**Question nr = Q (e.g. Q2.5)**

Additional Questionnaire = HHQ2  
Page = Pg

Diary week 1, week 2, etc. = D1, D2, D3, D4  
Line no = Line (e.g. Line 221)

**Summary Questionnaire = SQ**

<b>MODULE 5</b>	Date					Starting time					No of household members present			No of non-household members present		
Go through HOUSEHOLD COMPOSITION CONTROL on page 10											Mark here when it has been completed					
<b>18 EDUCATION AND TRAINING DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH</b> <i>Expenditure on the following must not be included:</i> <i>School bags: see Section 16, item 16.13.2</i> <i>Travelling expenses: see Section 21, appropriate items</i> <i>Clothing: see Section 14, appropriate items</i>																
18.1	<b>During the 11 months prior to the survey month did anyone in this household attend an educational institution (including training centres)?</b> 1 = YES <input type="checkbox"/> 1 2 = No <input type="checkbox"/> 2 → Go to Section 19															
<b>18.2 EDUCATION AND TRAINING FOR PUBLIC AND PRIVATE EDUCATIONAL INSTITUTIONS DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH</b>																
	Item										Value for the 11 months					
											Public institutions			Private institutions		
											Number of household members attending	Paid by you or by means of loans	Paid by means of grants, non-refundable bursaries, etc.	Number of household members attending	Paid by you or by means of loans	Paid by means of grants, non-refundable bursaries, etc.
18.2.1	<b>Tuition (including correspondence courses and school fees) and attendance fees (towards participation in conferences, etc.)</b>															
	a. Day-care mothers, crèches and play-groups .....															
	b. Pre-primary education .....															
	c. Primary education (includes literacy programmes for students too old for primary school).....															
	d. Secondary education (includes out-of-school secondary education for adults and young people).....															
	e. Tertiary education .....															
	f. Education not definable by level (excluding driving and music lessons, recreational, sport or tourist activities, etc.)															
	1. Vocational training .....															
	2. Computer certification schools .....															
	3. Other (including language classes) .....															
	g. Excursions, field trips ( <i>Other lessons, see Section 17, item 17.4.2</i> ) .....															
	h. Other, specify															

	Item	Value for the 11 months					
		Public institutions			Private institutions		
		Number of household members attending	Paid by you or by means of loans	Paid by means of grants, non-refundable bursaries, etc.	Number of household members attending	Paid by you or by means of loans	Paid by means of grants, non-refundable bursaries, etc.
<b>18.2.2</b>	<b>Boarding fees</b>						
	a. Schools .....						
	b. Teachers' training and technical colleges .....						
	c. Universities.....						
<b>18.2.3</b>	<b>Schools and other educational institutions</b>						
	Expenses incurred not normally regarded as tuition, e.g. contributions to sport grounds						
<b>18.2.4</b>	<b>Textbooks</b> .....						
<b>18.2.5</b>	<b>Stationery</b> (for academic purposes, excluding calculators) .....						
<b>18.2.6</b>	<b>Library fees and fines</b> (for academic purposes) .....						
<b>18.2.7</b>	<b>Other</b> (e.g. junior laptops, training and adult education), specify .....						
<b>TOTAL VALUE (18.2.1 – 18.2.7)</b>							

<b>19</b>	<b>READING MATERIAL AND STATIONERY DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH</b>	
<b>19.1</b>	<b>READING MATERIAL AND STATIONERY</b>	
	Item	Value for the 11 months
<b>19.1.1</b>	<b>Reading material</b>	
	a. Newspaper – daily and weekly .....	
	b. Magazines and periodicals .....	
	c. Books (excluding those included in Q18.2.4) .....	
	d. Library fees and fines (for non-academic purposes) .....	
<b>19.1.2</b>	<b>Stationery</b> (excluding that included in Q18.2.5) .....	
<b>19.1.3</b>	<b>Miscellaneous printed matter</b> (e.g. road maps, greeting cards, posters, etc.) .....	
<b>TOTAL VALUE (19.1.1 – 19.1.3)</b>		

20 HEALTH SERVICES AND MEDICAL REQUISITES FOR THE 11 MONTHS PRIOR TO THE SURVEY MONTH			
20.1 HEALTH SERVICES			
	Item	Private sector	Public sector
20.1.1	Subscriptions and premiums in connection with medical aid schemes and medical provident schemes		
	a. Paid by household member .....		
	b. Contribution by employer .....		
20.1.2	Flat rate in respect of services and medicine obtained at hospital/clinic .....		
TOTAL VALUE (20.1.1 – 20.1.2)			
20.2	In the past month, were there any medicines acquired by the household? 1 = YES 2 = No 3 = DON'T KNOW		
	} → Go to Q20.6		
20.3	How were the medicines acquired in the past month paid for? If included in a flat rate, mark the method of payment for the flat rate Y N DK 1 = Covered by medical aid ..... 2 = Paid for cash ..... 3 = Received from a friend, relative, etc. ....		
20.4	Who prescribed the medicines? Y N DK 1 = Doctor ..... 2 = Nurse ..... 3 = Self-prescription .....		

20.5	In the past 11 months, were there any medicines prescribed by a medical practitioner, which the household did not buy because the household did not have money to pay for them? 1 = YES 2 = No 3 = DON'T KNOW		
20.6 MEDICATION AND MEDICAL SERVICES NOT COVERED BY MEDICAL AID/INSURANCE SCHEMES, MEDICAL PROVIDENT SCHEME, ETC. OR FLAT RATE OBTAINED AT A HOSPITAL/CLINIC			
	Item	Private sector	Public sector
20.6.1	Actual cost paid by household member (not paid for by medical scheme and not covered in flat rate) A. Medical service 1. Doctors and other medical professional's fees (excluding dental service and x-ray and laboratory service) a. Out of hospital (out-patient)..... b. In hospital (in-patient)..... c. Surgical and procedure based interventions during doctor's consultation ..... 2. Consultations of traditional healers ..... B. Dental service (service of dentists and oral-hygienist ..... C. Medical analysis laboratories and x-ray service ..... D. Service of medical auxiliaries (freelance services by nurses and midwives, optometrists, physiotherapists, speech therapists, etc.) ..... E. Hospital service fees (e.g. wards, beds and theatre fees) exclude in-hospital doctor's fees..... F. Therapeutic appliances and equipment (like spectacles and hearing aids) ..... G. Non-hospital services (Ambulance service other than hospital) .....		

	Item	Private sector	Public sector
	H. Medicine and pharmacy fees		
	1. Medicine purchased with prescription .....		
	2. Dispensing and other service fees .....		
	3. Medicine purchased without a prescription .....		
	4. Traditional herbs/medicine .....		
	I. Other medical products (bandages, syringes, knee supports, etc.) .....		
	<b>TOTAL VALUE (20.6.1.a – 20.6.1.I)</b>		

## 21 TRANSPORT DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH

*Note that Q21.1.1 – Q21.1.4 deal only with private vehicles registered in the name of any member of the household*

*Vehicles for business purposes must not be included*

*Include delivery charges where applicable*

### 21.1 PRIVATE TRANSPORT FOR HOUSEHOLD'S OWN USE

**21.1** During the 11 months prior to the survey month did anyone in this household acquire any new or used vehicle(s) for private use (excluding hired vehicles)

- |                            |                 |                          |   |
|----------------------------|-----------------|--------------------------|---|
| 1 = YES, NEW ONLY          | → Go to Q21.1.1 | <input type="checkbox"/> | 1 |
| 2 = YES, USED ONLY         | → Go to Q21.1.2 | <input type="checkbox"/> | 2 |
| 3 = YES, BOTH NEW AND USED | → Go to Q21.1.1 | <input type="checkbox"/> | 3 |
| 4 = No                     | → Go to Q21.1.3 | <input type="checkbox"/> | 4 |

### 21.1.1 VALUE OF NEW PRIVATE VEHICLES ACQUIRED IN THE 11 MONTHS PRIOR TO THE SURVEY MONTH

	Item	Value for the 11 months
21.1.1	a. Motor cars, station wagons and mini buses (excluding vehicles for business purposes) .....	
	b. Bakkies (excluding four-wheel drive vehicles) .....	
	c. Four-wheel drive vehicles .....	
	d. Motor cycles and scooters .....	
	e. Bicycles .....	
	f. Caravans and trailers, including motorised caravans .....	
	g. Animal drawn vehicles .....	
	<b>TOTAL VALUE (21.1.1.a-g)</b>	



Ask only if "YES" in 21.1 = 2 or 3

21.1.2 VALUE OF USED PRIVATE VEHICLES ACQUIRED IN THE 11 MONTHS PRIOR TO THE SURVEY MONTH		
	Item	Value for the 11 months
21.1.2	a. Motor cars, station wagons and mini buses (excluding vehicles for business purposes) .....	
	b. Bakkies (excluding four-wheel drive vehicles) .....	
	c. Four-wheel drive vehicles .....	
	d. Motor cycles and scooters .....	
	e. Bicycles .....	
	f. Caravans and trailers, including motorised caravans .....	
	g. Animal drawn vehicles .....	
TOTAL VALUE (21.1.2.a-g)		

Ask for all

21.1.3 VALUE OF OTHER MODES OF TRANSPORT ACQUIRED IN THE 11 MONTHS PRIOR TO THE SURVEY MONTH		
	Item	Value for the 11 months
21.1.3	a. Horse .....	
	b. Donkey .....	
	c. Other, specify .....	
TOTAL VALUE (21.1.3.a-c)		

21.1.4 VALUE OF INSURANCE FOR TRANSPORT IN THE 11 MONTHS PRIOR TO THE SURVEY MONTH		
	Item	Value for the 11 months
21.1.4	a. Insurance of private transport (excluding package insurance)	
TOTAL VALUE (21.1.4)		
<b>21.1.5 TRANSPORT RUNNING COSTS DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH</b> <i>Amount spent on fuel and toll fees during holiday journeys must be included in Q21.1.6.2 item (a) and item (d) respectively.</i> <i>Expenditure in connection with the purchase and maintenance of aircraft, boats, etc. must be shown in section 17.1.5.</i> <i>Expenses incurred (except rent) in connection with vehicles not belonging to a household member (e.g. rented vehicles or company vehicles) should be included here, unless these expenses were recovered from your employer.</i>		
21.1.5.1	During the 11 months prior to the survey month did this household incur running costs for privately used vehicles? 1 = YES 2 = No → Go to Q21.1.7	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	Item	Value for the 11 months
21.1.6.1	Estimated value of private use of company or other vehicle, not owned by the household .....	
21.1.6.2	Other running costs	
	a. Motor vehicle fuel .....	
	b. Parking fees .....	
	c. Traffic fines .....	
	d. Toll fees .....	
	e. Oil and grease .....	

Item	Value for the 11 months
f. Tyres and tubes	
1. New .....	
2. Retreaded/Patched .....	
g. Batteries (new and used) .....	
h. Spare parts, maintenance and cleaning materials, accessories purchased for private repair and installation .....	
i. Maintenance and lubrication services .....	
j. Air conditioner for vehicles, including installation .....	
k. Security systems for vehicles, including installation .....	
l. Panel-beating repairs (including repairs to vehicles belonging to others)	
1. Paid for by the household or a member of the household ....	
2. Paid for by an insurance company or other party .....	
m. Other repair work (including repairs to vehicles belonging to others)	
1. Paid for by the household or a member of the household ....	
2. Paid for by an insurance company or other party .....	
n. Licence and registration fees (including that of motor cycles) .	
o. Car wash and valet services	
1. Car wash .....	
2. Valet services .....	
p. Other, <i>specify</i>	
<b>TOTAL VALUE (21.1.6 .1 - 21.1.6.2. a – p)</b>	

**21.1.7 OPERATIONAL VALUE OF OTHER MODES OF TRANSPORT  
DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH**

	Item	Value for the 11 months
21.1.7	a. Saddle .....	
	b. Horse shoes .....	
	c. Veterinary costs .....	
	d. Foods/feeds .....	
	e. Other, <i>specify</i> .....	

**TOTAL VALUE (21.1.7. a –e)**
**21.1.8 VALUE OF DRIVING LESSONS, DRIVING TESTS AND  
DRIVING LICENSES**

21.1.8	During the 11 months prior to the survey month did anyone in this household have driving lessons, driving tests or was issued a driving license?	
	1 = YES	<input type="checkbox"/> 1
	2 = No → Go to Q21.2	<input type="checkbox"/> 2

	Item	Value for the 11 months
21.1.9	Driving lessons, driving tests and driving licenses .....	
<b>TOTAL VALUE (21.1.9)</b>		

**21.2 VALUE OF PUBLIC AND HIRED TRANSPORT**

*Exclude transport for the purpose of holiday or any other event, which is covered in Q 11.2.2*

	Item	Value for the 11 months	
		Incurred in attending educational institutions	Other
21.2.1	Bus .....		
21.2.2	Train .....		
21.2.3	Aircraft .....		
21.2.4	Boat/Ship .....		
21.2.5	Rented vehicle .....		
21.2.6	Taxi		
	a. Metered taxi .....		
	b. Minibus taxi/combi (including 30 seaters, e.g. Iveco) .....		
21.2.7	Value of discounted fares .....		
21.2.8	Furniture removal and transport of goods (not for sale) .....		
21.2.9	Lift clubs .....		
21.2.10	Other (e.g. horse, trailer), <i>specify</i> .....		
<b>TOTAL VALUE (21.2.1. – 21.2.10)</b>			

<b>22 COMPUTER AND TELECOMMUNICATION EQUIPMENT DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH</b>			
<b>22.1 COMPUTER AND TELECOMMUNICATION EQUIPMENT</b> Excluding business use			
	Item	Value for the 11 months	
		New	Used
22.1.1	Personal desktop computers (excluding laptops)		
22.1.2	Parts and upgrading of computers .....		
22.1.3	Laptops and palm tops .....		
22.1.4	Software (excluding games, play-stations, etc)		
22.1.5	Calculators.....		
22.1.6	Diskettes, CDs, flash disks and other consumable goods .....		
22.1.7	Printers / scanners / copiers .....		
22.1.8	Modems .....		
22.1.9	Communication equipment		
	a. Cellular telephones .....		
	b. Telephones, cordless telephones, motor telephones .....		
	c. Fax machines and telephone answering machines for household purposes .....		
	d. Pager .....		
22.1.10	Two-way radios .....		
<b>TOTAL VALUE (22.1.1 – 22.1.10)</b>			

<b>22.2 REPAIRS TO TELECOMMUNICATION EQUIPMENT</b> Excluding business use		
22.2.1	During the 11 months prior to the survey month did this household have any repairs done to computers and communication equipment?	
	1 = YES	1
	2 = No → Go to Q22.4	2
	Item	Value for the 11 months
22.3.1	Repairs of computer and communication equipment .....	
<b>TOTAL COST (22.3.1)</b>		
<b>22.4 COMMUNICATION FOR HOUSEHOLD PURPOSES</b> Excluding expenses incurred for business purposes		
	Item	Value for the 11 months
22.4.1	Landline telephone fees	
	a. Telephone installation and rental	
	1. Installation .....	
	2. Rental .....	
	b. Telephone calls	
	1. Private .....	
	2. From public phones.....	
	c. Value Added Tax (VAT) <i>Only if telephone account is available</i>	
	d. Connection to the network .....	
22.4.2	Cellular telephone fees	
	a. Rental .....	
	b. Calls (including phone cards) .....	
	c. Value Added Tax (VAT) <i>Only if cell phone account is available</i>	
	d. Connection to the network .....	

	Item	Value for the 11 months
22.4.3	<b>Internet</b>	
	a. Subscription .....	
	b. Other .....	
22.4.4	<b>Postage</b>	
	a. Stamps .....	
	b. Packages .....	
	c. Courier services .....	
	d. Other .....	
22.4.5	<b>Post box rental</b> .....	
22.4.6	<b>Other (e.g. telegrams)</b> .....	
<b>TOTAL COST (22.4.1 – 22.4.6)</b>		

## 23 SUBSISTENCE

**Read out:** This section is about agricultural production and acquiring other food from nature, like from fishing and hunting, even if it is only on a small scale.

The questions are about anything you have planted, or any animals you have kept or used or taken care of on your or your household's fields and gardens or on land you have access to, and about fishing and hunting in the last 12 months. This does not include work you have done as a labourer or worker for others.

23.1	<b>Does anyone in this household participate in growing food, raising livestock, fishing and/or hunting?</b> <div style="text-align: right;">Y   N</div> 1 = Growing food ..... <input type="checkbox"/> <input type="checkbox"/> 2 = Raising livestock ..... <input type="checkbox"/> <input type="checkbox"/> 3 = Fishing ..... <input type="checkbox"/> <input type="checkbox"/> 4 = Hunting ..... <input type="checkbox"/> <input type="checkbox"/> <i>If 1 = YES → Go to Q 23.5, otherwise continue</i>		23.5	<b>How many square metres or hectares of land does the household have access to for agricultural purposes?</b> 1 = Less than 5 000 m <sup>2</sup> (i.e. less than a soccer field) <input type="checkbox"/> 1 2 = 5 000 – 9 999 m <sup>2</sup> <input type="checkbox"/> 2 3 = 1 but less than 5 hectares <input type="checkbox"/> 3 4 = 5 but less than 10 hectares <input type="checkbox"/> 4 5 = 10 but less than 20 hectares <input type="checkbox"/> 5 6 = 20 hectares or more <input type="checkbox"/> 6 7 = DON'T KNOW <input type="checkbox"/> 7
23.2	<b>Does this household own or have access to land that could be used for growing food or raising livestock?</b> Exclude communal grazing land 1 = YES <input type="checkbox"/> 1 2 = No <input type="checkbox"/> 2 → Go to Q.23.12		23.6	<b>On what basis does the household have access to the land?</b> 1 = OWNS THE LAND <input type="checkbox"/> 1 2 = RENTS THE LAND <input type="checkbox"/> 2 3 = SHARECROPPING <input type="checkbox"/> 3 4 = TRIBAL AUTHORITY <input type="checkbox"/> 4 5 = OTHER, specify <input type="text"/> <input type="checkbox"/> 5 6 = DON'T KNOW <input type="checkbox"/> 6
23.3	<b>Is the land used by the household for growing food or raising livestock?</b> 1 = YES <input type="checkbox"/> 1 2 = No <input type="checkbox"/> 2 → Go to Q 23.5		23.7	<b>How did the household get access to the land?</b> <div style="text-align: right;">Y   N</div> 1 = Accessed as the land commonage in a communal area ..... <input type="checkbox"/> <input type="checkbox"/> 2 = Allocated government land (incl. municipal commonage) in terms of a government or other project <input type="checkbox"/> <input type="checkbox"/> 3 = Through a land claim (restitution) ..... <input type="checkbox"/> <input type="checkbox"/> 4 = As a part of a land redistribution project ..... <input type="checkbox"/> <input type="checkbox"/>
23.4	<b>Why is it not used for growing food or raising livestock?</b> <div style="text-align: right;">Y   N</div> 1 = Lack of funds ..... <input type="checkbox"/> <input type="checkbox"/> 2 = Lack of expertise/skills ..... <input type="checkbox"/> <input type="checkbox"/> 3 = Lack of human resources ..... <input type="checkbox"/> <input type="checkbox"/> 4 = Lack of equipment ..... <input type="checkbox"/> <input type="checkbox"/> 5 = The land is too far away ..... <input type="checkbox"/> <input type="checkbox"/> 6 = Other, specify <input type="text"/> <input type="checkbox"/> <input type="checkbox"/>			

Ask only if "OWNS THE LAND" in Q23.6 and any "YES" in Q23.1

<b>23.8</b>	<b>How large a portion of the land is being used by the household for growing food or raising livestock?</b>	
1 = ALL		1
2 = HALF, OR MORE		2
3 = A QUARTER OR MORE, BUT LESS THAN HALF		3
4 = SOME, BUT LESS THAN A QUARTER		4
5 = DON'T KNOW		5
6 = Other, specify		6

Ask for all "YES" in Q23.1

<b>23.9</b>	<b>What farming activities take place on the land?</b>	Y	N
1 = Field crops .....			
2 = Horticulture, e.g. orchards, berries, vegetables .....			
3 = Livestock .....			
4 = Poultry .....			
5 = Other, specify			
If any YES to response categories 1, 2 and 5 continue, Otherwise go to 23.12			
<b>23.10</b>	<b>In the last 12 months, did the household sell any grown produce?</b>		
1 = YES		1	
2 = No	→ Go to Q 23.12	2	
<b>23.11</b>	<b>What is the value of the grown produce sold in the past 12 months?</b>		
<b>23.12</b>	<b>Does the household own any cattle or other large livestock?</b>		
1 = YES		1	
2 = No	→ Go to Q 23.15	2	
<b>23.13</b>	<b>How many heads of cattle and other large livestock are currently owned by the household?</b>		
<b>23.14</b>	<b>In the past 12 months, how many heads of cattle and other large livestock did the household sell, if any?</b>		

<b>23.15</b>	<b>Does the household own any sheep, goats and other medium size animals (exclude pets)?</b>	
1 = YES		1
2 = No	→ Go to Q 23.18	2
<b>23.16</b>	<b>How many sheep, goats and other medium size animals are currently owned by the household?</b>	
<b>23.17</b>	<b>In the past 12 months, how many medium size animals did the household sell, if any?</b>	
<b>23.18</b>	<b>Does the household own any poultry such as chickens, ducks, etc. (exclude chicks)?</b>	
1 = YES		1
2 = No	→ Go to Q23.21	2
<b>23.19</b>	<b>How many chicken, ducks, etc. are currently owned by the household?</b>	
<b>23.20</b>	<b>In the past 12 months, how many chicken, ducks, etc. did the household sell, if any?</b>	

Ask if "YES" in Q23.1 to category 3 = Fishing

<b>23.21</b>	<b>In the last 12 months did the household sell any fish caught by the household?</b>	
1 = YES		1
2 = No	→ Go to Q23.23	2
<b>23.22</b>	<b>What was the value of fish sold by the household in the past 12 months?</b>	

Ask if "YES" in Q23.1 to category 4 = Hunting

<b>23.23</b>	<b>In the last 12 months did the household sell any meat acquired through hunting (game)?</b>	
1 = YES		1
2 = No	→ Go to Section 24	2
<b>23.24</b>	<b>What was the total value of game sold by the household in the past 12 months?</b>	

24 LIVING CIRCUMSTANCES	
24.1	<p>In the past 12 months, did any adult (18 years and above) in this household go hungry because there was not enough food?</p> <p>1 = NEVER</p> <p>2 = SELDOM</p> <p>3 = OFTEN</p> <p>4 = ALWAYS</p> <p>5 = NOT APPLICABLE (NO ADULTS IN THE HOUSEHOLD)</p>
24.2	<p>In the past 12 months, did any child (17 years or younger) in this household go hungry because there was not enough food?</p> <p>1 = NEVER</p> <p>2 = SELDOM</p> <p>3 = OFTEN</p> <p>4 = ALWAYS</p> <p>5 = NOT APPLICABLE (NO CHILDREN IN THE HOUSEHOLD)</p>
24.3	<p>In the past 12 months, was there any young person, aged 5 -17 years, who left this household and whose whereabouts are unknown to you?</p> <p>1 = YES</p> <p>2 = No</p> <p>3 = DON'T KNOW</p>

24.4	Over the past month, was your household's standard of ....	Less than adequate	Just adequate	More than adequate	NOT APPLICABLE
	a. food consumption	1	2	3	4
	b. housing	1	2	3	4
	c. clothing	1	2	3	4
	d. health care	1	2	3	4
	e. your children's schooling	1	2	3	4
24.5	Which net household income per month in Rand would be the absolute minimum for your household? That is to say, that you would not be able to make ends meet if you earned less.				
24.6	Is the total monthly income of your household higher, lower or more or less the same as this figure (i.e. the figure given in Q24.5)?				
	1 = Much higher				1
	2 = Higher				2
	3 = More or less the same				3
	4 = Lower				4
	5 = Much lower				5



**END OF MODULE 5**

Date  Ending time  Main respondent  No of household members present  No of non-household members present

Main language spoken during interview	01 Afrikaans	<input type="text"/>	02 English	<input type="text"/>	03 Isindebele	<input type="text"/>	04 Isixhosa	<input type="text"/>	05 Isizulu	<input type="text"/>	06 Sepedi	<input type="text"/>
	07 Sesotho	<input type="text"/>	08 Setswana	<input type="text"/>	09 Siswati	<input type="text"/>	10 Tshivenda	<input type="text"/>	11 Xitsonga	<input type="text"/>	12 Other	<input type="text"/>

**INTERVIEW CIRCUMSTANCES****Was the interview interrupted by ...**

Y N

**Comment**

telephone ringing .....

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

visitor/-s arriving .....

baby/-ies, child/-ren, pet/-s disturbing .....

other, *specify* .....**Were there other problems, e.g. ...**

disagreement within household .....

disagreement with interview/interviewer ...

Other, *specify* .....

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**PREPARATIONS FOR NEXT INTERVIEW**

Has appointment been made? .....

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Has it been noted in Appointments log? ...

Has respondent been briefed on Module 6?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Has a Recall form been introduced and handed out? .....

<input type="text"/>	<input type="text"/>
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**QUALITY CONTROL FORM**

**Summary Questionnaire = SQ**

<b>MODULE 6</b>	Date					Starting time				No of household members present			No of non-household members present		
Go through HOUSEHOLD COMPOSITION CONTROL on page 10										Mark here when it has been completed					

<b>25 FINANCE CHARGES, INCOME TAX AND INVESTMENTS</b>			
<b>25.1 FINANCE AND BANKING IN THE MONTH PRIOR TO THE SURVEY MONTH</b>			
	Item	Value for the month	
25.1.1	<b>Finance and bank charges</b>		
	a. Bank charges (cheque books, service charges, etc.) .....		
	b. Interest/finance charges not shown elsewhere .....		
	c. Repayments on loans and overdraft (including repayments to money lenders, credit cards, but excluding installments shown elsewhere e.g. housing, furniture, studies, vehicles and recreational equipment) .....		
<b>TOTAL VALUE ( 25.1.1.a – 25.1.1.c)</b>			
<b>25.2 PROFESSIONAL AND MEMBERSHIP FEES IN THE PAST 12 MONTHS (INCLUDING THE SURVEY MONTH)</b>			
	Item	Value for the 12 months	
25.2.1	<b>Professional fees</b>		
	a. Legal fees, architects' and other professional fees not shown elsewhere .....		
25.2.2	<b>Membership fees, member's fees</b>		
	a. Trade unions and staff associations, professional associations scientific art and cultural societies .....		
	b. Gymnasiums, health, sports and social clubs .....		
25.2.3	<b>Donations to religious institutions</b> .....		
25.2.4	<b>Other, including donations to charity and political organisations, street collections</b> (including money given to beggars), etc .....		
<b>TOTAL VALUE ( 25.2.1 – 25.2.4)</b>			

<b>25.3 INCOME TAX IN THE PAST 12 MONTHS (INCLUDING THE SURVEY MONTH)</b>			
	Item	Value for the 12 months	
25.3.1	<b>Tax deductions</b>		
	a. SITE according to payslip .....		
	b. Pay as you earn (PAYE) according to payslip .....		
25.3.2	<b>Other payments according to assessment</b> (including preliminary tax payments, payments with regard to previous assessments) .....		
25.3.3	<b>Penalty for late submission of tax</b> .....		
25.3.4	<b>Amnesty tax</b> .....		
<b>TOTAL VALUE ( 25.3.1 – 25.3.4)</b>			
<b>25.4 PERSONAL INSURANCE AND OTHER INVESTMENTS IN THE PAST 12 MONTHS (INCLUDING THE SURVEY MONTH)</b>			
	Item	Value now	Paid in the 12 months
25.4.1	<b>Insurance premiums paid by you or your employer</b>		
	a. Life and endowment policies (including study policies).....		
	b. Funeral policies .....		
	c. Medical insurance .....		
	d. Unemployment Insurance Fund (UIF) .....		
<b>TOTAL VALUE ( 25.4.1.a - 25.4.1.d)</b>			

	Item	Value now	Paid in the 12 months
25.4.2	<b>Contributions to pension, provident and annuity funds</b>		
	a. Paid by you .....		
	b. Paid by your employer .....		
	c. Total value .....		
25.4.3	<b>Contributions to stokvel .....</b>		
25.4.4	<b>Investment</b>		
	a. Shares in		
	1. Listed companies .....		
	2. Unlisted companies .....		
	b. Unit Trusts .....		
	c. Investment plans .....		
	d. Offshore .....		
	e. Other, <i>specify</i> .....		
25.4.5	<b>Amount deposited into savings .....</b>		
<b>TOTAL VALUE ( 25.4.2 – 25.4.5)</b>			

## 25.5 REMITTANCES, GIFTS AND MAINTENANCE

### 25.5.1 REMITTANCES, GIFTS AND MAINTENANCE IN CASH IN THE PAST 12 MONTHS (INCLUDING THE SURVEY MONTH)

*Include amounts paid by means of stop or debit orders and employer Deductions*

	Item	Value for the 12 months
25.5.1	a. Maintenance of/remittance to family members and dependants living elsewhere (including alimony/ palimony paid to ex-wife/ ex-husband, children) .....	
	b. Gifts for persons who are not members of this household (excluding gifts in kind (25.5.2.b) ) .....	
	c. Tribal levies (not for housing) .....	
<b>TOTAL VALUE ( 25.5.1.a - 25.5.1.c)</b>		

### 25.5.2 REMITTANCES, GIFTS AND MAINTENANCE IN KIND IN THE 11 MONTHS PRIOR TO THE SURVEY MONTH

	Item	Value for the 11 months
25.5.2	a. Maintenance of/remittance to family members and dependants living elsewhere (including alimony/ palimony paid to ex-wife/ ex-husband, children) .....	
	b. Gifts for persons who are not members of this household (excluding cash) .....	
	c. Tribal levies (not for housing) .....	
<b>TOTAL VALUE OF (25.5.2 a – 25.5.2.c)</b>		

<b>25.6 OTHER EXPENDITURE</b>		
<b>25.6.1 CEREMONIES AND OTHER EXPENDITURE IN THE PAST 12 MONTHS (INCLUDING THE SURVEY MONTH)</b>		
<i>Include amounts paid by means of stop or debit orders and employer Deductions</i>		
	<b>Item</b>	<b>Value for the 12 months</b>
25.6.1.1	Lobola/dowry paid .....	
25.6.1.2	Funeral expenses .....	
25.6.1.3	Gravestones and maintenance of graves (excluding unveiling) .....	
25.6.1.4	Religious and traditional ceremonies (e.g. unveiling, barmitzwah, diwali, weddings).....	
25.6.1.5	Fines(e.g. fines for straying livestock), excluding traffic and library fines See Q21.1.6.2.c and Q19.1.1.d .....	
<b>25.6.2 GAMBLING IN THE 11 MONTHS PRIOR TO THE SURVEY MONTH</b>		
	<b>Item</b>	<b>Value for the 11 months</b>
25.6.2.1	<b>Gambling</b>	
	a. Lotto .....	
	b. Casinos .....	
	c. Other, such as horse racing, sports, etc. ....	
<b>TOTAL VALUE (25.6.1.1 - 25.6.2.1.c)</b>		

<b>25.7 EXPENDITURE INCURRED RUNNING A BUSINESS IN THE PAST 12 MONTHS (INCLUDING THE SURVEY MONTH)</b>		
	<b>Item</b>	<b>Value for the 12 months</b>
25.7.1	Expenditure incurred in obtaining income by working for your financial account, including part-time farming, but excluding expenditures on dwelling(s) (which should be shown in Section 9) .....	
<b>TOTAL VALUE (25.7.1)</b>		
<b>25.8 OTHER EXPENDITURE IN THE PAST 12 MONTHS (INCLUDING THE SURVEY MONTH)</b>		
	<b>Item</b>	<b>Value for the 12 months</b>
25.8.1	<b>All other expenditure, specify</b>	
	a.	
	b.	
	c.	
	d.	
	e.	
	f.	
<b>TOTAL VALUE (25.8.1.a - f)</b>		

**25.9 DEBTS**

This section is on outstanding amounts and debts incurred in the past 12 months, including hire purchase

	Item	Outstanding debts	Debts incurred in the 12 months
<b>25.9.1</b>	<b>Bank</b>		
	a. Bond (for the main dwelling unit) .....		
	b. Motor vehicle ( <i>check running costs in Section 21</i> ) .....		
	c. Bank overdraft/ credit card(s) .....		
	d. Other bank loans .....		
<b>25.9.2</b>	<b>Furniture and appliance shops</b> .....		
<b>25.9.3</b>	<b>Retail stores (clothes on account or lay-by)</b> .....		
<b>25.9.4</b>	<b>Loans from friends and family</b> (cash loans) .....		
<b>25.9.5</b>	<b>Loans from money lenders</b> (e.g. Mashonisa) .....		
<b>25.9.6</b>	<b>Arrears on municipal bills</b> .....		
<b>25.9.7</b>	<b>Other loans, specify</b> .....		
<b>TOTAL VALUE (25.9.1 – 25.9.7)</b>			











<b>26.3 OTHER INCOME FOR THE PREVIOUS 12 MONTHS, INCL. SURVEY MONTH</b>		
	<b>Item</b>	<b>Income during the 12 months</b>
26.3.1	Income from hobbies .....	
26.3.2	Income from side-lines and part-time activities .....	
26.3.3	Income derived from the sale of vehicles, property, etc .....	
26.3.4	Payments received from boarders and other non-members of the household .....	
26.3.5	Value of goods and services received by virtue of your occupation and shown as expenditure in the questionnaire (e.g. housing subsidies, transport subsidies, pension, annuity funds, etc.) .....	
26.3.6	Gratuities and other lump sum payments received from pension, provident and other insurance or from private persons .....	
26.3.7	Claims in respect of funeral funds, damage to fixed property, road traffic collision, etc. ....	
26.3.8	Stokvel .....	
26.3.9	Other income (not by virtue of occupation)	
	a. Withdrawals from savings <i>The surrender of insurance policies must be included here ....</i>	
	b. Non-refundable bursaries from all sources <i>See Section 18 .....</i>	
	c. Benefits, donations and gifts received from private persons (excluding from members of the household), welfare funds, clubs, the government etc, excluding food and clothing .....	
	d. Cash (including gifts and bonuses from buying associations) .....	
	e. Value of food received .....	
	f. Value of housing (including benefits, such as the value of rent deductions allowed by persons and organisations other than the employer) .....	

	<b>Item</b>	<b>Income during the 12 months</b>
	g. Value of clothing (not received from employer) .....	
	h. Value of transport (not received from employer) .....	
	i. Value of other benefits, donations, gifts, etc. ....	
26.3.10	Lobola/dowry received .....	
26.3.11	Income from gambling and lotto winnings .....	
26.3.12	Tax refunds received (according to assessment) .....	
26.3.13	Income not elsewhere specified, specify	
	a.	
	b.	
	c.	
	d.	
	e.	
	f.	
<b>TOTAL VALUE (26.3.1 – 26.3.13)</b>		

**END OF MODULE 6**

Date     Ending time     Main respondent   No of household members present   No of non-household members present

Main language spoken during interview	01 Afrikaans	<input type="text"/>	02 English	<input type="text"/>	03 Isindebele	<input type="text"/>	04 Isixhosa	<input type="text"/>	05 Isizulu	<input type="text"/>	06 Sepedi	<input type="text"/>
	07 Sesotho	<input type="text"/>	08 Setswana	<input type="text"/>	09 Siswati	<input type="text"/>	10 Tshivenda	<input type="text"/>	11 Xitsonga	<input type="text"/>	12 Other	<input type="text"/>

**INTERVIEW CIRCUMSTANCES****Was the interview interrupted by ...**

Y N

**Comment**

telephone ringing .....

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

visitor/-s arriving .....

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

baby/-ies, child/-ren, pet/-s disturbing .....

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

other, *specify* .....

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Were there other problems, e.g. ...**

disagreement within household .....

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

disagreement with interview/interviewer .....

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Other, *specify* .....

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## QUALITY CONTROL FORM

[illegible]

**Abbreviations:** Household Questionnaire = HHQ  
Question nr = Q (e.g. Q2.5)

Additional Questionnaire = HHQ2  
Page = Pg

Diary week 1, week 2, etc. = D1, D2, D3, D4  
Line no = Line (e.g. Line 221)

**Summary Questionnaire = SQ**



For all persons in the household

### 27.2 FIRST MEASUREMENT

		1	2	3	4	5	6	7	8	9	0
27.2.1	Weight (in kilograms, with one decimal)										
27.2.2	Height (in centimetres, no decimal)										
27.2.3	Waist (in centimetres, no decimal)										

### 27.3 SECOND MEASUREMENT

		1	2	3	4	5	6	7	8	9	0
27.3.1	Weight (in kilograms, with one decimal)										
27.3.2	Height (in centimetres, no decimal)										
27.3.3	Waist (in centimetres, no decimal)										

If differences between 1<sup>st</sup> and 2<sup>nd</sup> measurement, verify correct measurement below

### 27.4 THIRD MEASUREMENT

		1	2	3	4	5	6	7	8	9	0
27.4.1	Weight (in kilograms, with one decimal)										
27.4.2	Height (in centimetres, no decimal)										
27.4.3	Waist (in centimetres, no decimal)										

### COMMENTS


**END OF MODULE 7**

Date     Ending time     Main respondent   No of household members present   No of non-household members present    
D D M M

Main language spoken during interview

01 Afrikaans	<input type="text"/>	02 English	<input type="text"/>	03 Isindebele	<input type="text"/>	04 Isixhosa	<input type="text"/>	05 Isizulu	<input type="text"/>	06 Sepedi	<input type="text"/>
07 Sesotho	<input type="text"/>	08 Setswana	<input type="text"/>	09 Siswati	<input type="text"/>	10 Tshivenda	<input type="text"/>	11 Xitsonga	<input type="text"/>	12 Other	<input type="text"/>

**INTERVIEW CIRCUMSTANCES****Was the interview interrupted by ...**

Y N

**Comment**

telephone ringing .....

<input type="text"/>	<input type="text"/>
----------------------	----------------------

visitor/-s arriving .....

<input type="text"/>	<input type="text"/>
----------------------	----------------------

baby/-ies, child/-ren, pet/-s disturbing .....

<input type="text"/>	<input type="text"/>
----------------------	----------------------

other, *specify* .....

<input type="text"/>	<input type="text"/>
----------------------	----------------------

**Were there other problems, e.g. ...**

disagreement within household .....

<input type="text"/>	<input type="text"/>
----------------------	----------------------

disagreement with interview/interviewer ...

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Other, *specify* .....

<input type="text"/>	<input type="text"/>
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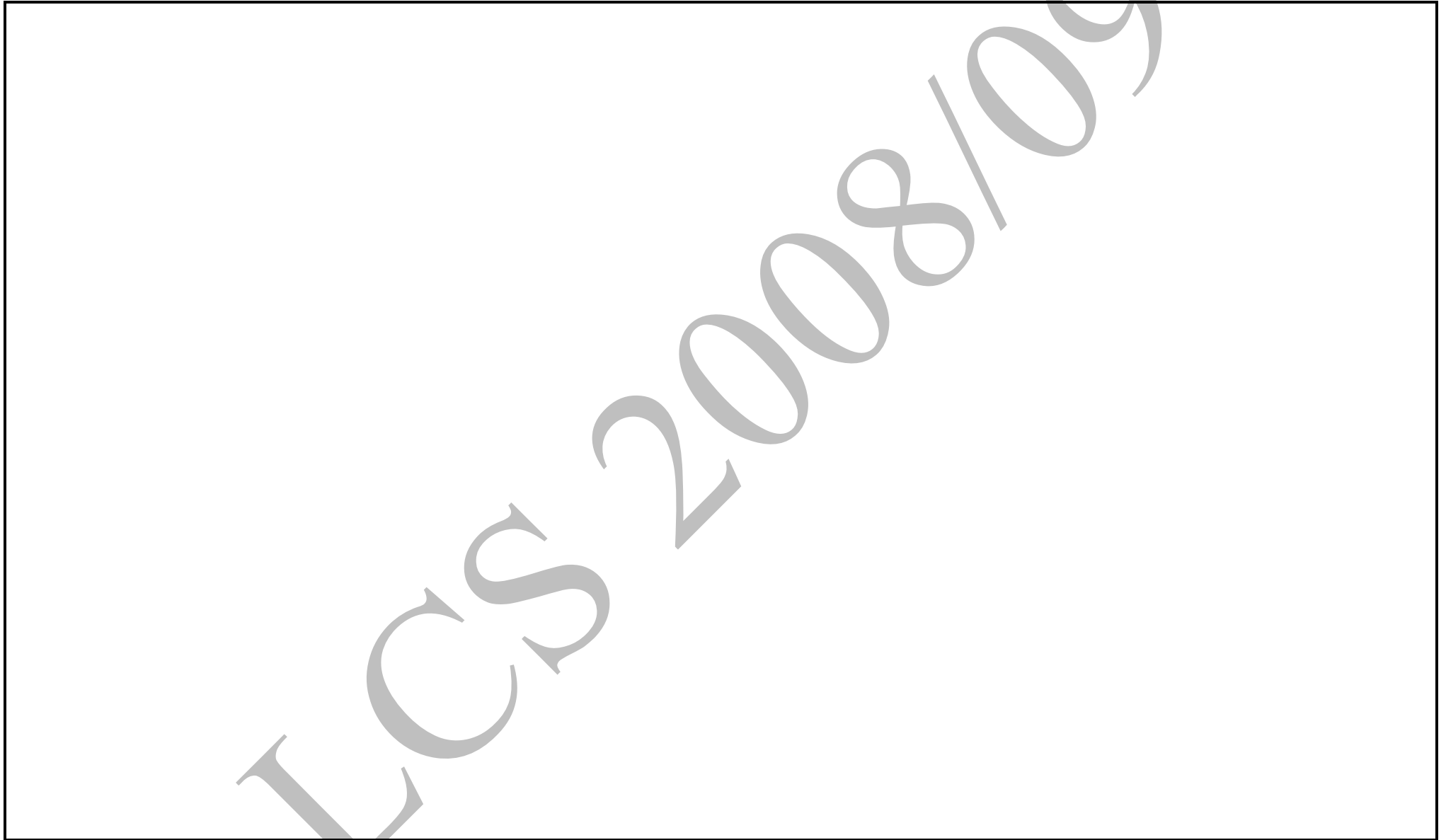






**SKETCH OF THE DWELLING/S AT THE SELECTED DWELLING UNIT**

*Give measures in metres*



**RESULT CODES****10 Completed****20 Non-contact**

- 21 Informed that household is away during data collection period
- 22 No one to be found, no info available

**30 Refused (unspecified/reason unknown)**

- 31 Do not have time
- 32 Political reason
- 33 Language issue
- 34 Race issue
- 35 Not interested
- 36 Do not believe in statistics/Do not participate in surveys
- 37 Do not trust the confidentiality
- 38 Do not regard the survey to be applicable to household
- 39 Unhappiness with survey staff

**40 Partly completed**

- 41 Interview partly completed
- 42 Whole interview or module missing
- 43 Diary not fully completed
- 44 Whole diary uncompleted

**50 No usable information**

- 51 Unreliable information provided unintentionally
- 52 Unreliable information provided intentionally
- 53 Respondent willing but unable to provide information

**60 Vacant dwelling**

- 61 Dwelling emptied from furniture
- 62 Furniture in dwelling, no one staying there

**70 Listing error**

- 71 Empty stand
- 72 Dwelling not a private dwelling
- 73 Dwelling does not exist

**80 Change of status**

- 81 Dwelling demolished
- 82 Transformed to a non-private dwelling

**90 Other**

- 91 Health related reason

