



## Check list

1.	Is there anyone in this household aged 2 years or younger? .....	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
2.	Does any member of this household use alcoholic beverages?.....	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
3.	Does any member of this household use tobacco or tobacco products? .....	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
4.	How many dwelling units are owned by members of this household? .....				
5.	Does any member of the household own a cellular phone? .....	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
6.	Does the household own or make use of a functional telephone? .....	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
7.	Does the household have access to electricity for cooking, lighting and/or heating? .....	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
8.	Does anyone in this household make use of public transport to go to school or work? .....	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
9.	Does anyone in this household make use of private transport to go to school or work? .....	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
10.	Does anyone in this household own a car?.....	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
11.	Does anyone in this household attend an educational institution? .....	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
12.	Is there anyone in this household who is covered by medical aid or health insurance?.....	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
13.	Are there any valid TV licenses for TV sets owned by this household? .....	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
14.	Does anyone in this household subscribe to any kind of magazine or newspaper?.....	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
15.	Does anyone in this household subscribe to DStv, internet, etc.?.....	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
16.	Does anyone in this household have a bank account? .....	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

### Does anyone in the household have debit orders, such as ...

17.	Medical aid or health insurance .....	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
18.	Car insurance .....	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
19.	Other insurance .....	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
20.	Subscription to DStv .....	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
21.	Subscription to the internet .....	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
22.	Subscription to magazines and newspapers .....	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
23.	TV license .....	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
24.	Parking .....	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
25.	Other debit orders .....	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

### List all deductions from salaries/wages of household members:

26.	
27.	
28.	
29.	
30.	

## **LIVING CONDITIONS SURVEY 2008/09**

### **GUIDELINE FOR FILLING IN DAILY ACQUISITIONS**

#### **TO BE RECORDED DAILY IN:**

##### **Form 1 (page 5-10)**

- All food and non-food items purchased by any member of the household, such as bread, milk, rice, furniture, electric appliances, wood, pre-paid electricity cards, etc. for the household's consumption as well as to give away as a gift or maintenance.  
To be recorded when the item was purchased by the household.
- All items acquired by the household without paying for them, such as items from own production, e.g. from own garden or kraal, from nature (e.g. items from hunting, fishing and gathering of vegetables).  
To be recorded when the item was consumed by the household.
- All items received as gifts or maintenance from someone who is not a household member.  
To be recorded when received.

##### **Form 2 (page 11-16)**

- All food and beverages acquired at restaurants, canteens and other food outlets, such as a hamburger, fruit bought at the street market for lunch, etc.
- "Small" acquisitions by individual household members, like cigarettes, newspapers.  
To be recorded when purchased/acquired.

##### **Form 3 (page 17-22)**

- All payments made by household members on services such as medical aid, car insurance, telephone bills, DSTv, bus and taxi fares, etc., whether paid when receiving the service or monthly.  
To be recorded when making the payment.

#### **SEE ALSO THE EXAMPLES ON THE NEXT TWO PAGES**

#### **NOT TO BE RECORDED IN THE DIARY:**

- Items purchased for business purposes.

### **HOW TO GO ABOUT COMPLETING THE DIARY**

#### **Instruction to the main respondent:**

- The household member who knows the most about the households acquisitions should take responsibility for completing the Household Diary.
- A Personal Diary should be issued to individual household members to be carried when away from home, in order to record acquisitions which take place during the day. There is one sheet for each of the four weeks in the personal diary. After completion of a week, the sheet should be torn out, put in the envelope provided, the envelope be sealed and given to the interviewer at his/her next visit.
- Ask each member of the household about any transactions for the day which have not been recorded in the personal diary.
- Please use the checklist as a reminder regarding items which are easily forgotten.

In order to ensure a complete recording, please keep receipts from all purchases.

**FORM 1**ITEMS **PURCHASED** BY THE HOUSEHOLD, OR **RECEIVED** AS GIFTS OR MAINTENANCE, OR **CONSUMED****Note:** Items purchased from restaurants, fast food outlets, etc. should be recorded in Form 2

Payments for services (medical aid, telephone bills, internet and DStv subscriptions, insurance premiums,

FOR OFFICE USE													Day	Description	Quantity	Unit	
I	S	D	COICOP														
													101	0 1	Brown bread	500	g
													102	0 1	Long life full cream milk	1	l
													103	0 1	Newspaper	1	
													104	0 1	Milk chocolate	40	g
													105	0 2	Rice	2	kg
													106	0 5	Women's skirt		
													107	0 5	Fresh potatoes	1	kg
													108	0 6	Fish caught by household	1	kg

**FORM 2**FOOD, BEVERAGES AND SMALL ITEMS **ACQUIRED** (PURCHASED, RECEIVED AS GIFT, ETC.) FROM

FOR OFFICE USE													Day	Description	Quantity	Unit	
I	S	D	COICOP														
													201	0 5	Burger and chips		
													202	0 5	Rooibos tea	250	ml
													203	0 6	Smoked beef chips	40	g
													204	0 6	Apple	1	
													205	0 7	Pap and meat	1	plate
													206	0 7	Cigarette	1	

**FORM 3**PAYMENTS FOR **SERVICES** (e.g. for Medical Aid, telephone bills, internet and DStv subscriptions, insurance)

FOR OFFICE USE													Day	Description	
I	S	D	COICOP												
													301	0 1	Medical aid premium in public sector
													302	0 1	Return taxi fare to the shopping mall
													303	0 2	Pre-primary school fee
													304	0 2	Transport to school
													305	3 1	Parking at work
													306	3 1	DStv payment
													307	3 1	Magazine subscription

**BY THE HOUSEHOLD FROM OWN PRODUCE OR FROM NATURE**

*taxi fares, etc. should be recorded in Form 3*

	Value		Source										Was this for this household's own consumption?			FOR OFFICE USE								
	Rand	Cent	1 = Shop	2 = Own business	3 = Gift received	4 = Maintenance received	5 = Own produce (from own garden, livestock, etc.)	6 = Nature (hunted, gathered, fished, etc.)	7 = Other	1 = Yes	2 = No, gift given away	3 = No, maintenance given away	Q	U										
101	8	5 0	X	1		2		3		4		5		6		7	X	1		2		3		
102	7	0 0	X	1		2		3		4		5		6		7	X	1		2		3		
103	4	5 0	X	1		2		3		4		5		6		7	X	1		2		3		
104	11	9 5	X	1		2		3		4		5		6		7		1	X	2		3		
105	17	9 5		1		2	X	3		4		5		6		7	X	1		2		3		
106	299	9 5	X	1		2		3		4		5		6		7	X	1		2		3		
107	7	0 0		1		2		3		4		5		6		7	X	1		2		3		
108	20	0 0		1		2		3		4		5	X	6		7	X	1		2		3		

**RESTAURANTS, FAST FOOD OUTLETS, KIOSKS, ETC.**

	Value		Source										Was this for this household's own consumption?			FOR OFFICE USE										
	Rand	Cent	1 = Restaurant/Hotel/ Canteen/ Fast food outlet	2 = Shebeen/Tavern	3 = Convenience store, e.g. at a Petrol station	4 = Shop, Kiosk/Tuck shop	5 = Informal and/or Street trading	6 = Gift received	7 = Maintenance received	8 = Other, e.g. Vending	1 = Yes	2 = No, gift given away	3 = No, maintenance given away	Q	U											
201	16	9 9		1	X	2		3		4		5		6		7		8	X	2		3		3		
202	7	9 9	X	1		2		3		4		5		6		7		8	X	2		3		3		
203	3	0 0		1		2		3		4	X	5		6		7		8	X	2		3		3		
204	1	0 0		1		2		3		4		5	X	6		7		8	X	2		3		3		
205	20	0 0	X	1		2		3		4		5		6		7		8		2	X	3		3		
206	0	5 0		1		2		3		4		5	X	6		7		8	X	2		3		3		

*premiums, taxi fares, etc.)*

	Value		Method of payment										Was this for this household's own consumption?					
	Rand	Cent	1 = Debit order	2 = Deducted from salary	3 = Internet payments	4 = Cash (receives a monthly statement)	5 = Other	1 = Yes	2 = No, gift given away	3 = No, maintenance given away								
301	2000	0 0		1	X	2		3		4		5	X	1		2		3
302	10	0 0		1		2		3	X	4		5	X	1		2		3
303	1500	0 0		1		2		3		4		5		1		2	X	3
304	400	0 0		1		2		3		4		5		1		2	X	3
305	250	5 0		1	X			3		4		5	X	1		2		3
306	499	9 9	X	1		2		3		4		5	X	1		2		3
307	357	4 9	X	1		2		3		4		5	X	1		2		3

# FORM 1

ITEMS **PURCHASED** BY THE HOUSEHOLD, OR **RECEIVED** AS GIFTS OR MAINTENANCE, OR **CONSUMED**

**Note:** *Items purchased from restaurants, fast food outlets, etc. should be recorded in Form 2*

*Payments for services (medical aid, telephone bills, internet and DStv subscriptions, insurance premiums,*

FOR OFFICE USE										Day	Description	Quantity	Unit
I	S	D	COICOP										
										101			
										102			
										103			
										104			
										105			
										106			
										107			
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										129			
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										133			
										134			
										135			



# FORM 1

ITEMS **PURCHASED** BY THE HOUSEHOLD, OR **RECEIVED** AS GIFTS OR MAINTENANCE, OR **CONSUMED**

**Note:** *Items purchased from restaurants, fast food outlets, etc. should be recorded in Form 2*

*Payments for services (medical aid, telephone bills, internet and DStv subscriptions, insurance premiums,*

FOR OFFICE USE										Day	Description	Quantity	Unit
I	S	D	COICOP										
										136			
										137			
										138			
										139			
										140			
										141			
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										168			
										169			
										170			

**BY THE HOUSEHOLD FROM OWN PRODUCE OR FROM NATURE**

*taxi fares, etc. should be recorded in Form 3*

	Value		Source 1 = Shop 2 = Own business 3 = Gift received 4 = Maintenance received 5 = Own produce (from own garden, livestock, etc.) 6 = Nature (hunted, gathered, fished, etc.) 7 = Other							Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No, maintenance given away			FOR OFFICE USE	
	Rand	Cent											Q	U
136			1	2	3	4	5	6	7	1	2	3		
137			1	2	3	4	5	6	7	1	2	3		
138			1	2	3	4	5	6	7	1	2	3		
139			1	2	3	4	5	6	7	1	2	3		
140			1	2	3	4	5	6	7	1	2	3		
141			1	2	3	4	5	6	7	1	2	3		
142			1	2	3	4	5	6	7	1	2	3		
143			1	2	3	4	5	6	7	1	2	3		
144			1	2	3	4	5	6	7	1	2	3		
145			1	2	3	4	5	6	7	1	2	3		
146			1	2	3	4	5	6	7	1	2	3		
147			1	2	3	4	5	6	7	1	2	3		
148			1	2	3	4	5	6	7	1	2	3		
149			1	2	3	4	5	6	7	1	2	3		
150			1	2	3	4	5	6	7	1	2	3		
151			1	2	3	4	5	6	7	1	2	3		
152			1	2	3	4	5	6	7	1	2	3		
153			1	2	3	4	5	6	7	1	2	3		
154			1	2	3	4	5	6	7	1	2	3		
155			1	2	3	4	5	6	7	1	2	3		
156			1	2	3	4	5	6	7	1	2	3		
157			1	2	3	4	5	6	7	1	2	3		
158			1	2	3	4	5	6	7	1	2	3		
159			1	2	3	4	5	6	7	1	2	3		
160			1	2	3	4	5	6	7	1	2	3		
161			1	2	3	4	5	6	7	1	2	3		
162			1	2	3	4	5	6	7	1	2	3		
163			1	2	3	4	5	6	7	1	2	3		
164			1	2	3	4	5	6	7	1	2	3		
165			1	2	3	4	5	6	7	1	2	3		
166			1	2	3	4	5	6	7	1	2	3		
167			1	2	3	4	5	6	7	1	2	3		
168			1	2	3	4	5	6	7	1	2	3		
169			1	2	3	4	5	6	7	1	2	3		
170			1	2	3	4	5	6	7	1	2	3		

# FORM 1

ITEMS **PURCHASED** BY THE HOUSEHOLD, OR **RECEIVED** AS GIFTS OR MAINTENANCE, OR **CONSUMED**

**Note:** *Items purchased from restaurants, fast food outlets, etc. should be recorded in Form 2*

*Payments for services (medical aid, telephone bills, internet and DStv subscriptions, insurance premiums,*

FOR OFFICE USE										Day	Description	Quantity	Unit
I	S	D	COICOP										
										171			
										172			
										173			
										174			
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										011			
										012			
										013			
										014			
										015			

BY THE HOUSEHOLD FROM OWN PRODUCE OR FROM NATURE

taxi fares, etc. should be recorded in Form 3

	Value		Source 1 = Shop 2 = Own business 3 = Gift received 4 = Maintenance received 5 = Own produce (from own garden, livestock, etc.) 6 = Nature (hunted, gathered, fished, etc.) 7 = Other							Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No, maintenance given away			FOR OFFICE USE	
	Rand	Cent											Q	U
171			1	2	3	4	5	6	7	1	2	3		
172			1	2	3	4	5	6	7	1	2	3		
173			1	2	3	4	5	6	7	1	2	3		
174			1	2	3	4	5	6	7	1	2	3		
175			1	2	3	4	5	6	7	1	2	3		
176			1	2	3	4	5	6	7	1	2	3		
177			1	2	3	4	5	6	7	1	2	3		
178			1	2	3	4	5	6	7	1	2	3		
179			1	2	3	4	5	6	7	1	2	3		
180			1	2	3	4	5	6	7	1	2	3		
181			1	2	3	4	5	6	7	1	2	3		
182			1	2	3	4	5	6	7	1	2	3		
183			1	2	3	4	5	6	7	1	2	3		
184			1	2	3	4	5	6	7	1	2	3		
185			1	2	3	4	5	6	7	1	2	3		
186			1	2	3	4	5	6	7	1	2	3		
187			1	2	3	4	5	6	7	1	2	3		
188			1	2	3	4	5	6	7	1	2	3		
189			1	2	3	4	5	6	7	1	2	3		
190			1	2	3	4	5	6	7	1	2	3		
191			1	2	3	4	5	6	7	1	2	3		
192			1	2	3	4	5	6	7	1	2	3		
193			1	2	3	4	5	6	7	1	2	3		
194			1	2	3	4	5	6	7	1	2	3		
195			1	2	3	4	5	6	7	1	2	3		
196			1	2	3	4	5	6	7	1	2	3		
197			1	2	3	4	5	6	7	1	2	3		
198			1	2	3	4	5	6	7	1	2	3		
199			1	2	3	4	5	6	7	1	2	3		
010			1	2	3	4	5	6	7	1	2	3		
011			1	2	3	4	5	6	7	1	2	3		
012			1	2	3	4	5	6	7	1	2	3		
013			1	2	3	4	5	6	7	1	2	3		
014			1	2	3	4	5	6	7	1	2	3		
015			1	2	3	4	5	6	7	1	2	3		

# FORM 2

FOOD, BEVERAGES AND SMALL ITEMS **ACQUIRED** (PURCHASED, RECEIVED AS GIFT, ETC.) FROM

FOR OFFICE USE										Day	Description	Quantity	Unit
I	S	D	COICOP										
										201			
										202			
										203			
										204			
										205			
										206			
										207			
										208			
										209			
										210			
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										234			
										235			

**RESTAURANTS, FAST FOOD OUTLETS, KIOSKS, ETC.**

	Value		Source								Was this for this household's own consumption?			FOR OFFICE USE	
	Rand	Cent	1	2	3	4	5	6	7	8	1	2	3	Q	U
201			1	2	3	4	5	6	7	8	1	2	3		
202			1	2	3	4	5	6	7	8	1	2	3		
203			1	2	3	4	5	6	7	8	1	2	3		
204			1	2	3	4	5	6	7	8	1	2	3		
205			1	2	3	4	5	6	7	8	1	2	3		
206			1	2	3	4	5	6	7	8	1	2	3		
207			1	2	3	4	5	6	7	8	1	2	3		
208			1	2	3	4	5	6	7	8	1	2	3		
209			1	2	3	4	5	6	7	8	1	2	3		
210			1	2	3	4	5	6	7	8	1	2	3		
211			1	2	3	4	5	6	7	8	1	2	3		
212			1	2	3	4	5	6	7	8	1	2	3		
213			1	2	3	4	5	6	7	8	1	2	3		
214			1	2	3	4	5	6	7	8	1	2	3		
215			1	2	3	4	5	6	7	8	1	2	3		
216			1	2	3	4	5	6	7	8	1	2	3		
217			1	2	3	4	5	6	7	8	1	2	3		
218			1	2	3	4	5	6	7	8	1	2	3		
219			1	2	3	4	5	6	7	8	1	2	3		
220			1	2	3	4	5	6	7	8	1	2	3		
221			1	2	3	4	5	6	7	8	1	2	3		
222			1	2	3	4	5	6	7	8	1	2	3		
223			1	2	3	4	5	6	7	8	1	2	3		
224			1	2	3	4	5	6	7	8	1	2	3		
225			1	2	3	4	5	6	7	8	1	2	3		
226			1	2	3	4	5	6	7	8	1	2	3		
227			1	2	3	4	5	6	7	8	1	2	3		
228			1	2	3	4	5	6	7	8	1	2	3		
229			1	2	3	4	5	6	7	8	1	2	3		
230			1	2	3	4	5	6	7	8	1	2	3		
231			1	2	3	4	5	6	7	8	1	2	3		
232			1	2	3	4	5	6	7	8	1	2	3		
233			1	2	3	4	5	6	7	8	1	2	3		
234			1	2	3	4	5	6	7	8	1	2	3		
235			1	2	3	4	5	6	7	8	1	2	3		

# FORM 2

FOOD, BEVERAGES AND SMALL ITEMS **ACQUIRED** (PURCHASED, RECEIVED AS GIFT, ETC.) FROM

FOR OFFICE USE													Day	Description	Quantity	Unit		
I	S	D	COICOP															
													236					
														237				
														238				
														239				
														240				
														241				
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														270				

**RESTAURANTS, FAST FOOD OUTLETS, KIOSKS, ETC.**

	Value		Source								Was this for this household's own consumption?			FOR OFFICE USE	
	Rand	Cent	1	2	3	4	5	6	7	8	1	2	3	Q	U
236			1	2	3	4	5	6	7	8	1	2	3		
237			1	2	3	4	5	6	7	8	1	2	3		
238			1	2	3	4	5	6	7	8	1	2	3		
239			1	2	3	4	5	6	7	8	1	2	3		
240			1	2	3	4	5	6	7	8	1	2	3		
241			1	2	3	4	5	6	7	8	1	2	3		
242			1	2	3	4	5	6	7	8	1	2	3		
243			1	2	3	4	5	6	7	8	1	2	3		
244			1	2	3	4	5	6	7	8	1	2	3		
245			1	2	3	4	5	6	7	8	1	2	3		
246			1	2	3	4	5	6	7	8	1	2	3		
247			1	2	3	4	5	6	7	8	1	2	3		
248			1	2	3	4	5	6	7	8	1	2	3		
249			1	2	3	4	5	6	7	8	1	2	3		
250			1	2	3	4	5	6	7	8	1	2	3		
251			1	2	3	4	5	6	7	8	1	2	3		
252			1	2	3	4	5	6	7	8	1	2	3		
253			1	2	3	4	5	6	7	8	1	2	3		
254			1	2	3	4	5	6	7	8	1	2	3		
255			1	2	3	4	5	6	7	8	1	2	3		
256			1	2	3	4	5	6	7	8	1	2	3		
257			1	2	3	4	5	6	7	8	1	2	3		
258			1	2	3	4	5	6	7	8	1	2	3		
259			1	2	3	4	5	6	7	8	1	2	3		
260			1	2	3	4	5	6	7	8	1	2	3		
261			1	2	3	4	5	6	7	8	1	2	3		
262			1	2	3	4	5	6	7	8	1	2	3		
263			1	2	3	4	5	6	7	8	1	2	3		
264			1	2	3	4	5	6	7	8	1	2	3		
265			1	2	3	4	5	6	7	8	1	2	3		
266			1	2	3	4	5	6	7	8	1	2	3		
267			1	2	3	4	5	6	7	8	1	2	3		
268			1	2	3	4	5	6	7	8	1	2	3		
269			1	2	3	4	5	6	7	8	1	2	3		
270			1	2	3	4	5	6	7	8	1	2	3		

# FORM 2

FOOD, BEVERAGES AND SMALL ITEMS **ACQUIRED** (PURCHASED, RECEIVED AS GIFT, ETC.) FROM

FOR OFFICE USE													Day	Description	Quantity	Unit		
I	S	D	COICOP															
													271					
														272				
														273				
														274				
														275				
														276				
														277				
														278				
														279				
														280				
														281				
														282				
														283				
														284				
														285				
														286				
														287				
														288				
														289				
														290				
														291				
														292				
														293				
														294				
														295				
														296				
														297				
														298				
														299				
														020				
														021				
														022				
														023				
														024				
														025				

**RESTAURANTS, FAST FOOD OUTLETS, KIOSKS, ETC.**

	Value		Source										Was this for this household's own consumption?			FOR OFFICE USE	
	Rand	Cent	1	2	3	4	5	6	7	8	1	2	3	Q	U		
271			1	2	3	4	5	6	7	8	1	2	3				
272			1	2	3	4	5	6	7	8	1	2	3				
273			1	2	3	4	5	6	7	8	1	2	3				
274			1	2	3	4	5	6	7	8	1	2	3				
275			1	2	3	4	5	6	7	8	1	2	3				
276			1	2	3	4	5	6	7	8	1	2	3				
277			1	2	3	4	5	6	7	8	1	2	3				
278			1	2	3	4	5	6	7	8	1	2	3				
279			1	2	3	4	5	6	7	8	1	2	3				
280			1	2	3	4	5	6	7	8	1	2	3				
281			1	2	3	4	5	6	7	8	1	2	3				
282			1	2	3	4	5	6	7	8	1	2	3				
283			1	2	3	4	5	6	7	8	1	2	3				
284			1	2	3	4	5	6	7	8	1	2	3				
285			1	2	3	4	5	6	7	8	1	2	3				
286			1	2	3	4	5	6	7	8	1	2	3				
287			1	2	3	4	5	6	7	8	1	2	3				
288			1	2	3	4	5	6	7	8	1	2	3				
289			1	2	3	4	5	6	7	8	1	2	3				
290			1	2	3	4	5	6	7	8	1	2	3				
291			1	2	3	4	5	6	7	8	1	2	3				
292			1	2	3	4	5	6	7	8	1	2	3				
293			1	2	3	4	5	6	7	8	1	2	3				
294			1	2	3	4	5	6	7	8	1	2	3				
295			1	2	3	4	5	6	7	8	1	2	3				
296			1	2	3	4	5	6	7	8	1	2	3				
297			1	2	3	4	5	6	7	8	1	2	3				
298			1	2	3	4	5	6	7	8	1	2	3				
299			1	2	3	4	5	6	7	8	1	2	3				
020			1	2	3	4	5	6	7	8	1	2	3				
021			1	2	3	4	5	6	7	8	1	2	3				
022			1	2	3	4	5	6	7	8	1	2	3				
023			1	2	3	4	5	6	7	8	1	2	3				
024			1	2	3	4	5	6	7	8	1	2	3				
025			1	2	3	4	5	6	7	8	1	2	3				



premiums, taxi fares, etc.)

	Value		Method of payment					Was this for this household's own consumption?		
	Rand	Cent	1 = Debit order	2 = Deducted from salary	3 = Internet payments	4 = Cash (receives a monthly statement)	5 = Other	1 = Yes	2 = No, gift given away	3 = No, maintenance given away
301			1	2	3	4	5	1	2	3
302			1	2	3	4	5	1	2	3
303			1	2	3	4	5	1	2	3
304			1	2	3	4	5	1	2	3
305			1	2	3	4	5	1	2	3
306			1	2	3	4	5	1	2	3
307			1	2	3	4	5	1	2	3
308			1	2	3	4	5	1	2	3
309			1	2	3	4	5	1	2	3
310			1	2	3	4	5	1	2	3
311			1	2	3	4	5	1	2	3
312			1	2	3	4	5	1	2	3
313			1	2	3	4	5	1	2	3
314			1	2	3	4	5	1	2	3
315			1	2	3	4	5	1	2	3
316			1	2	3	4	5	1	2	3
317			1	2	3	4	5	1	2	3
318			1	2	3	4	5	1	2	3
319			1	2	3	4	5	1	2	3
320			1	2	3	4	5	1	2	3
321			1	2	3	4	5	1	2	3
322			1	2	3	4	5	1	2	3
323			1	2	3	4	5	1	2	3
324			1	2	3	4	5	1	2	3
325			1	2	3	4	5	1	2	3
326			1	2	3	4	5	1	2	3
327			1	2	3	4	5	1	2	3
328			1	2	3	4	5	1	2	3
329			1	2	3	4	5	1	2	3
330			1	2	3	4	5	1	2	3
331			1	2	3	4	5	1	2	3
332			1	2	3	4	5	1	2	3
333			1	2	3	4	5	1	2	3
334			1	2	3	4	5	1	2	3
335			1	2	3	4	5	1	2	3



premiums, taxi fares, etc.)

	Value		Method of payment					Was this for this household's own consumption?		
	Rand	Cent	1 = Debit order	2 = Deducted from salary	3 = Internet payments	4 = Cash (receives a monthly statement)	5 = Other	1 = Yes	2 = No, gift given away	3 = No, maintenance given away
336			1	2	3	4	5	1	2	3
337			1	2	3	4	5	1	2	3
338			1	2	3	4	5	1	2	3
339			1	2	3	4	5	1	2	3
340			1	2	3	4	5	1	2	3
341			1	2	3	4	5	1	2	3
341			1	2	3	4	5	1	2	3
343			1	2	3	4	5	1	2	3
344			1	2	3	4	5	1	2	3
345			1	2	3	4	5	1	2	3
346			1	2	3	4	5	1	2	3
347			1	2	3	4	5	1	2	3
348			1	2	3	4	5	1	2	3
349			1	2	3	4	5	1	2	3
350			1	2	3	4	5	1	2	3
351			1	2	3	4	5	1	2	3
352			1	2	3	4	5	1	2	3
353			1	2	3	4	5	1	2	3
354			1	2	3	4	5	1	2	3
355			1	2	3	4	5	1	2	3
356			1	2	3	4	5	1	2	3
357			1	2	3	4	5	1	2	3
358			1	2	3	4	5	1	2	3
359			1	2	3	4	5	1	2	3
360			1	2	3	4	5	1	2	3
361			1	2	3	4	5	1	2	3
362			1	2	3	4	5	1	2	3
363			1	2	3	4	5	1	2	3
364			1	2	3	4	5	1	2	3
365			1	2	3	4	5	1	2	3
366			1	2	3	4	5	1	2	3
367			1	2	3	4	5	1	2	3
368			1	2	3	4	5	1	2	3
369			1	2	3	4	5	1	2	3
370			1	2	3	4	5	1	2	3



premiums, taxi fares, etc.)

	Value		Method of payment					Was this for this household's own consumption?		
	Rand	Cent	1 = Debit order	2 = Deducted from salary	3 = Internet payments	4 = Cash (receives a monthly statement)	5 = Other	1 = Yes	2 = No, gift given away	3 = No, maintenance given away
371			1	2	3	4	5	1	2	3
372			1	2	3	4	5	1	2	3
373			1	2	3	4	5	1	2	3
374			1	2	3	4	5	1	2	3
375			1	2	3	4	5	1	2	3
376			1	2	3	4	5	1	2	3
377			1	2	3	4	5	1	2	3
378			1	2	3	4	5	1	2	3
379			1	2	3	4	5	1	2	3
380			1	2	3	4	5	1	2	3
381			1	2	3	4	5	1	2	3
382			1	2	3	4	5	1	2	3
383			1	2	3	4	5	1	2	3
384			1	2	3	4	5	1	2	3
385			1	2	3	4	5	1	2	3
386			1	2	3	4	5	1	2	3
387			1	2	3	4	5	1	2	3
388			1	2	3	4	5	1	2	3
389			1	2	3	4	5	1	2	3
390			1	2	3	4	5	1	2	3
391			1	2	3	4	5	1	2	3
392			1	2	3	4	5	1	2	3
393			1	2	3	4	5	1	2	3
394			1	2	3	4	5	1	2	3
395			1	2	3	4	5	1	2	3
396			1	2	3	4	5	1	2	3
397			1	2	3	4	5	1	2	3
398			1	2	3	4	5	1	2	3
399			1	2	3	4	5	1	2	3
030			1	2	3	4	5	1	2	3
031			1	2	3	4	5	1	2	3
032			1	2	3	4	5	1	2	3
033			1	2	3	4	5	1	2	3
034			1	2	3	4	5	1	2	3
035			1	2	3	4	5	1	2	3

**CONFIRMATION OF THE PREVIOUS WEEK'S ACQUISITIONS, ETC.**

		Y = YES OR YES ALL OF IT N = NO OR NOT AT ALL S = SOME								
		1		2			3			
		Y	N	Y	S	N	Y	S	N	
1.	During the past week did the household acquire any of the following?									
2.	<i>If YES,</i> Was it fully recorded, was some of it recorded or was it not recorded at all?									
3.	<i>If only some was recorded or it was not recorded at all,</i> Can it be recorded now?									
1	Bread									
2	Milk									
3	Flour, mealie meal									
4	Sugar									
5	Meat									
6	Fish									
7	<b>Food items from own production</b>									
8	<b>Other food and beverage items</b>									
9	<b>Alcoholic beverages</b>									
10	<b>Tobacco</b>									
11	<b>Meals away from home for any household member</b>									
12	<b>Soft drinks</b>									
13	<b>Snacks</b>									
14	<b>Newspapers, magazines</b>									
15	<b>Clothing</b>									
16	<b>Footwear</b>									
17	<b>Payments for any licenses, TV, DStv</b>									
18	<b>Transport costs for any household members</b>									
19	<b>Fuel (petrol, diesel) for private use</b>									
20	<b>Parking expenses</b>									
21	<b>Payments for any maintenance, etc. for the dwelling</b>									
22	<b>Admittance charges, like cinema, sports events</b>									
23	<b>Lotto or other expenditures for gambling</b>									
24	<b>Airtime for cellphone/Phone cards for landline telephone</b>									
Were there other items that the household acquired during the past week, which have not been recorded?										
<i>If Yes, have they now been recorded?</i>										

		1		2		
		Y	N	Y	O	N
1.	Did each household members make use of the Personal Diary (PD)?					
2.	<i>If YES,</i> Have the recordings of each person been: Handed in ( <b>Y</b> ), Otherwise reported ( <b>O</b> ) or Not reported at all ( <b>N</b> )?					
P No	Name	Y	N	Y	O	N
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						



**FIELDWORK**

	Name	Number	Date completed/Checked
Interviewer			
Supervisor			
DSC			
PQM			

**PROCESSING**

	Name	Number	Date completed/Checked		
			HQ Sample	HQ Check	

LCS 2000/09