

Survey of Employers & Self-Employed 2009

A. Particulars of dwelling

A1. PSU number

A2. Dwelling unit number

A3. Assignment number

A4. Survey date

A5. Physical identification of the dwelling unit

A6. Telephone no. of enumerated household

A7. Household number for this household

Q8. Questionnaire number

A9. Total number of questionnaires for this household

A10. Person number (column no. from QLFS questionnaire)

A11. Respondent name

B. Field staff

B1. SO

Persal no.

Int. date

B2. DSC

Persal no.

Date chkd

B3. PQM

Persal no.

Date chkd

Unique no.

C. Response details

Visit no

Date (actual)

Result
code

Next visit (planned)

d d m m y y y y

d d m m y y y y

C1.

C2.

C3.

C4.

C5. FINAL RESULT

C6. Comments and full details for result code 02 – 11

RESULT CODES

- 1 Completed
- 2 Non-contact
- 3 Refused
- 4 Partly completed
- 5 No usable information
- 6 Vacant /unoccupied dwelling
- 7 Listing error
- 8 Demolished
- 9 Change of status
- 10 Other non response
- 11 Ended at question 1

Comment in C6 giving full
details for result code 02 - 11

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Person no.

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h	h	m	m

INTERVIEW START TIME

INTRODUCTION

Read out: The last time we spoke to you or a member of your household, we found out that you were engaged in some business activities. Statistics South Africa has a great deal of information about medium and large-sized businesses but very little information about small businesses like yours. More information about such businesses is needed for better government planning. All information you provide will be held strictly confidential and will not be made available to anyone else inside or outside of government.

1	Do you run any kind of business, big or small, for yourself or with one or more partners? 1 = YES 2 = No → <i>End of interview</i>	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td></td><td>2</td></tr> </table>		1		2
	1					
	2					
2	Do you run more than one business? 1 = YES 2 = No → <i>Go to Q4</i>	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td></td><td>2</td></tr> </table>		1		2
	1					
	2					
3	How many businesses do you run?	<table border="1"> <tr><td></td><td></td><td></td></tr> </table>				

If more than one business, ask which business has normally the highest turnover. Record that business as Business 1. Record the business with the second highest turnover as Business 2, etc. If only one business, complete the column for Business 1.

		Business 1	Business 2	Business 3												
4	Is your business registered for VAT? (repeat for each business) 1 = YES 2 = No → <i>End of interview for this business</i>	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td></td><td>2</td></tr> </table>		1		2	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td></td><td>2</td></tr> </table>		1		2	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td></td><td>2</td></tr> </table>		1		2
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5	Is your business registered for income tax? (repeat for each business) 1 = YES 2 = No	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td></td><td>2</td></tr> </table>		1		2	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td></td><td>2</td></tr> </table>		1		2	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td></td><td>2</td></tr> </table>		1		2
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6	Do you have any licenses or permits to operate this business? 1 = YES 2 = No → <i>Go to Q8</i>	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td></td><td>2</td></tr> </table>		1		2	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td></td><td>2</td></tr> </table>		1		2	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td></td><td>2</td></tr> </table>		1		2
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Person no.

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		Business 1	Business 2	Business 3
12	Is the business owned by you as a single owner? 1 = YES → <i>Go to Q18</i> 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
13	Is the business owned in partnership with other members of your household? 1 = YES 2 = No → <i>Go to Q15</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
14	How many household members, including you, are partners in the business?	<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"/>
15	Are there any business partners living in other households? 1 = YES 2 = No → <i>Go to Q17</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
16	How many of those partners live in other households?	<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"/>
17	Who is the main owner of this business? 1 = Yourself 2 = Another family or household member 3 = Another person in the partnership or cooperative, not a household member 4 = The ownership is equally shared between two or more owners 5 = Other, <i>specify</i> <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

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Questions about the site for operation

		Business 1	Business 2	Business 3
18	Does this business operate 01 = Within the owner's dwelling/s – with its own space (e.g. a separate room) 02 = Within the owner's dwelling/s – without its own space (e.g. a family room) 03 = In a structure attached to owner's dwelling/s or on the same plot (e.g. a workshop in the back yard) 04 = Within another person's dwelling (e.g. a neighbour's dwelling) 05 = In a non-residential building (e.g. an office block or factory) 06 = From a taxi rank / bus station / train station 07 = On a footpath, street or open space 08 = At a market 09 = No fixed location/mobile → Go to Q22 10 = At customer's homes or offices → Go to Q22 11 = Other, <i>specify</i> <input type="text"/>	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11
19	Is the location of the business a permanent (e.g. over a period of time) or a temporary arrangement? 1 = PERMANENT 2 = TEMPORARY 3 = NOT APPLICABLE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
20	Do you pay for use of this location for business purposes? 1 = YES 2 = No 3 = NOT APPLICABLE <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> } → Go to Q22 </div>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
21	How much did you pay in the last calendar month? (Rands)	<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"/>
22	What records do you keep for this business? 1 = Simple informal records of sales and/or expenditures 2 = Some accounts but not full (for example expenditures) 3 = Full annual accounts 4 = No accounts kept → Go to Q24	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

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Person no.

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		Business 1	Business 2	Business 3																																				
23	Are the expenditures for the business recorded separately from expenditures for the household? 1 = YES, THEY ARE ALL RECORDED SEPARATELY 2 = SOME ARE RECORDED SEPARATELY, SOME TOGETHER 3 = NO, THEY ARE ALL RECORDED TOGETHER 4 = NO, BUSINESS EXPENDITURES ARE NOT RECORDED	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																																				
24	How many months in the last twelve months did the business operate? <i>If <u>12 months</u> go to Q25</i> <i>If <u>less than 12 months</u> go to Q26</i>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>					<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>					<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																												
25	In the last 12 months, how much money came into the business through sales or services offered, before any deductions (turnover)? (Rands) → Go to Q27	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>													<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>													<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>												
26	Ask if less than 12 months in Q24, otherwise go to Q27 What was the main reason that the business had no activity in some months? 01 = SEASONAL FACTORS 02 = FAMILY REASONS (E.G. SICK CHILD) 03 = NON PAYMENT OF GOVERNMENT CHARGES/TAXES 04 = NO CUSTOMERS 05 = SICKNESS OF YOURSELF OR STAFF 06 = OTHER PERSONAL REASONS THAN SICKNESS (PREGNANCY, ETC) 07 = LACK OF RAW MATERIALS 08 = LACK OF FUNDS TO BUY SUPPLIES 09 = NO ONE TO HELP DURING OWNER'S ABSENCE 10 = BUSINESS CREATED DURING THE PAST 12 MONTHS 11 = DUE TO VIOLENCE OR CRIMINAL INCIDENT/S 12 = OTHER, <i>specify</i> <table border="1" style="display: inline-table; width: 250px; height: 20px; vertical-align: bottom;"></table>	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12																																				

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		Business 1	Business 2	Business 3
27	When did this business start operating? 1 = LESS THAN A YEAR AGO 2 = 1 BUT LESS THAN 3 YEARS AGO 3 = 3 BUT LESS THAN 5 YEARS AGO 4 = 5 BUT LESS THAN 10 YEARS AGO 5 = 10 OR MORE YEARS AGO 6 = 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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
28	What was the main reason you started in this business? 01 = INHERITED/FAMILY TRADITION 02 = UNEMPLOYED/HAVE NO ALTERNATIVE INCOME SOURCE 03 = RETRENCHED 04 = INADEQUATE INCOME FROM THE OTHER SOURCE 05 = I LIKE THE ACTIVITY 06 = I HAVE THE SKILLS FOR THIS BUSINESS 07 = I HAVE THE EQUIPMENT FOR THIS BUSINESS 08 = ACTIVITY BRINGS HIGH INCOME 09 = SMALL INVESTMENT NEEDED 10 = UNHAPPINESS WITH PREVIOUS WORK 11 = OTHER, <i>specify</i> <input type="text"/>	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11
29	Did you need any money to start the business? 1 = YES 2 = NO → <i>Go to Q40</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
30	Did you use your own money to start the business? 1 = YES 2 = NO → <i>Go to Q33</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2

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Person no.

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		Business 1	Business 2	Business 3																																																
31	What was the main source of your own money? 01 = PREVIOUS AND/OR PRESENT WAGE EMPLOYMENT 02 = OTHER BUSINESS 03 = SALE OF LIVESTOCK/CROPS 04 = SALES OF OTHER ASSETS 05 = INHERITANCE 06 = PENSION FROM WORK 07 = RETIREMENT/SEVERANCE PAY 08 = A POLICY THAT MATURED 09 = MONEY PAID OUT FROM A STOKVEL 10 = OTHER SAVINGS, <i>specify</i> <input type="text"/>	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10																																																
32	What was the total amount used from your own money to start the business? (Rands)	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																
33	Did you borrow any money to start the business? 1 = YES 2 = No → Go to Q38	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																
34	From where did you get the loan? 1 = Loans from commercial banks 2 = Loans from friends/relatives 3 = Loans from credit societies/ stokvels..... 4 = Loans from moneylenders/mashonisas 5 = Loans from (business) partners..... 6 = Loans from business association..... 7 = Loans from NGO/CBO..... 8 = Loans from others, <i>specify</i> <input type="text"/>	<table border="0"> <tr> <td>YES</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2</td> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2</td> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2</td> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2</td> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1 <input 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35	What was the total amount of the money that you borrowed to start the business? (Rands)	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																

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		Business 1	Business 2	Business 3
36	<p>Are you presently paying off any money for the loan/s you took to start the business?</p> <p>1 = YES</p> <p>2 = No → <i>Go to Q38</i></p>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>
37	How much did you pay off in the last calendar month? (Rands)	<div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>	<div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>	<div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>
38	<p>Did you obtain a business grant to start this business?</p> <p>1 = YES</p> <p>2 = No → <i>Go to Q40</i></p>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>
39	<p>From where did you obtain the business grant?</p> <p>1 = From government.....</p> <p>2 = From a non-governmental organisation / CBO.....</p> <p>3 = Other, <i>specify</i> <input type="text"/></p>	<div>YES NO</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div>	<div>YES NO</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div>	<div>YES NO</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2</div>

		Business 1	Business 2	Business 3
40	<p>Does the business use any raw materials, e.g. wood for furniture or steel for making gates?</p> <p><i>Raw material is something that you change in some way before selling it.</i></p> <p>1 = YES</p> <p>2 = No → Go to Q42</p>	<div>1</div> <div>2</div>	<div>1</div> <div>2</div>	<div>1</div> <div>2</div>
41	In the last calendar month, how much was spent on raw materials? (Rands)			
42	<p>Does the business use any supplies, e.g. beverages or fruit?</p> <p><i>Supply is something that you <u>do not</u> change before reselling it.</i></p> <p>1 = YES</p> <p>2 = No → Go to Q44</p>	<div>1</div> <div>2</div>	<div>1</div> <div>2</div>	<div>1</div> <div>2</div>
43	In the last calendar month, how much was spent on these supplies? (Rands)			
44	In the last calendar month, how much money came into the business through sales or services offered, before any deductions (turnover)? (Rands)			
45	In the last calendar month, how much money came into the business from other sources, e.g. loans? (Rands)			
46	<p>Does the business need assistance with any of the following?</p> <p>1 = Provision of an alternative site</p> <p>2 = Better access to loans</p> <p>3 = Assistance with marketing</p> <p>4 = Better access to raw materials/supplies</p> <p>5 = Easing in government regulations</p> <p>6 = Access to modern technology</p> <p>7 = Forming contacts with others in similar businesses for cooperation.....</p> <p>8 = Other, <i>specify</i> </p>	<div>YES No</div> <div>1 2</div> <div>1 2</div> <div>1 2</div> <div>1 2</div> <div>1 2</div> <div>1 2</div> <div>1 2</div> <div>1 2</div>	<div>YES No</div> <div>1 2</div> <div>1 2</div> <div>1 2</div> <div>1 2</div> <div>1 2</div> <div>1 2</div> <div>1 2</div> <div>1 2</div>	<div>YES No</div> <div>1 2</div> <div>1 2</div> <div>1 2</div> <div>1 2</div> <div>1 2</div> <div>1 2</div> <div>1 2</div> <div>1 2</div>
47	<p>Ask if more than one YES in Q46, otherwise go to Q48</p> <p>Which of the above mentioned forms of assistance is the most important?</p> <p><i>Give response category number from Q46</i></p>			

People employed and labour costs

		Business 1	Business 2	Business 3																								
48	Does the business employ any people, paid or unpaid, to work in this business, including household members, but excluding yourself? 1 = YES 2 = No → Go to Q55	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																								
49	How many paid and unpaid workers (anyone working more than 1 hour per week) were there at this business, including other household members: 1 = At this time last year 2 = During the last calendar month 3 = During the last week	<table border="1"> <thead> <tr> <th>Paid</th> <th>Unpaid</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>	Paid	Unpaid							<table border="1"> <thead> <tr> <th>Paid</th> <th>Unpaid</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>	Paid	Unpaid							<table border="1"> <thead> <tr> <th>Paid</th> <th>Unpaid</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>	Paid	Unpaid						
Paid	Unpaid																											
Paid	Unpaid																											
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Please note that the reference period for Q50 to Q53 is the last week

		Business 1	Business 2	Business 3																																				
50	In the last week, how many of these workers were: 1 = Full time workers (35 hours or more per week) 2 = Part-time workers (less than 35 hours per week)	<table border="1"> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>					<table border="1"> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>					<table border="1"> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>																												
51	In the last week, how many of these workers were: 1 = Male 2 = Female	<table border="1"> <thead> <tr> <th>Paid</th> <th>Unpaid</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>	Paid	Unpaid					<table border="1"> <thead> <tr> <th>Paid</th> <th>Unpaid</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>	Paid	Unpaid					<table border="1"> <thead> <tr> <th>Paid</th> <th>Unpaid</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>	Paid	Unpaid																						
Paid	Unpaid																																							
Paid	Unpaid																																							
Paid	Unpaid																																							
52	In the last week, how many of these workers were: 1 = African/Black 2 = Coloured 3 = Indian/Asian 4 = White 5 = Other, specify <input type="text"/>	<table border="1"> <thead> <tr> <th>Paid</th> <th>Unpaid</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>	Paid	Unpaid											<table border="1"> <thead> <tr> <th>Paid</th> <th>Unpaid</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>	Paid	Unpaid											<table border="1"> <thead> <tr> <th>Paid</th> <th>Unpaid</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>	Paid	Unpaid										
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Person no.

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		Business 1				Business 2				Business 3			
53	In the last week, how many of these workers were:	Paid		Unpaid		Paid		Unpaid		Paid		Unpaid	
	1 = Aged 15 – 64 years												
	2 = Aged more than 64 years												
	3 = Under 15 years of age												

54	What were the total wages, salaries and other benefits paid to all the employees during the last calendar month?												
	1 = Wages and salaries, including overtime, bonuses, etc. (Rands)												
	2 = Payment in kind (food, clothing, drinks, etc). Give an estimated value (Rands)												
	3 = Refund of transport costs (Rands)												
	4 = Other, <i>specify</i> <input type="text"/>												

Remuneration for employers and own-account workers

55	How much was withdrawn from the business by you during the last calendar month as ...												
	1 = Wages and salaries, including overtime, bonuses, etc for yourself? (Rands)												
	2 = Payment in kind (food, clothing, drinks, etc)? Give an estimated value (Rands).												
	3 = Refund of transport costs?												
	4 = Other, <i>specify</i> <input type="text"/>												

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Expenditures on fuels, materials and services

56	How much did the business spend on each of the following items in the last calendar month? <i>State if the amount can not be separated from that of the household and give the full amount.</i>	Business 1		Business 2		Business 3	
		Not separated	Rands	Not separated	Rands	Not separated	Rands
	01 = Electricity	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	02 = Water	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	03 = Fuel and lubricants	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	04 = Spare parts	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	05 = Rental of premises	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	06 = Rental of machinery and equipment	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	07 = Postage, telephone, printing and stationery	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	08 = Transport of raw materials/supplies	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	09 = Repairs and maintenance.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	10 = Business services (accounting, legal, advertisement, etc)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	11 = Licences, permits	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	12 = Interest on loans	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	13 = Repayment of loans	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	14 = Insurance premiums, mortgages/bonds.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	15 = Income tax/ levies	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	16 Protection agencies.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	17 = Other, <i>specify</i> <input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

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Fixed capital formation

		Business 1		Business 2		Business 3	
		No, did not buy in the past year	Yes, did buy in the past year Rands	No, did not buy in the past year	Yes, did buy in the past year Rands	No, did not buy in the past year	Yes, did buy in the past year Rands
57	In the past year, did the business buy any of the following? If YES, what was the cost?						
	1 = Machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2 = Equipment and tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	3 = Vehicles, trailers, etc. for transporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	4 = Buildings and other structures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	5 = Furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	6 = Other capital items, <i>specify</i> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
58	How much money did the business make in the last calendar month after deductions (net profit)? (Rands)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
59	On average, how much money does the business make in a month after deductions (net profit)? (Rands)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
60	Does the business have any debts at present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 = No → Go to Transport section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61	How much money does the business owe at this point of time? (Rands)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Transport

To be answered by those offering a transport service. For others → Go to Q64

		Business 1	Business 2	Business 3
62	What transport services does the business offer? 1 = PASSENGER TRANSPORT WITH COMBIS/MINI-BUSES → Go to Q64 2 = PASSENGER TRANSPORT WITH CABS → Go to Q64 3 = TRANSPORT OF GOODS 4 = BOTH PASSENGER TRANSPORT AND TRANSPORT OF GOODS 5 = OTHER, <i>specify</i> <input type="text"/> → Go to Q64	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
63	What type of goods does the business normally carry? 1 = SAND AND GRAVEL 2 = OTHER CONSTRUCTION MATERIALS 3 = GROCERIES 4 = OTHER, <i>specify</i> <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

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Now I am going to ask you about the registration of your business(es)

		Business 1	Business 2	Business 3
64	<p>You indicated that your business is not registered for VAT, why is it not registered? <i>(Repeat for each business)</i></p> <p>1 = THE BUSINESS DOES NOT MEET REGISTRATION REQUIREMENTS 2 = DIDN'T KNOW THAT THE BUSINESS HAS TO BE REGISTERED 3 = OTHER, <i>specify</i> <input type="text"/></p>	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3
65	<p>Refer to Q5 before asking this question</p> <p>You indicated that your business is not registered for income tax, why is it not registered? <i>(Repeat for each business)</i></p> <p>1 = THE BUSINESS DOES NOT MEET REGISTRATION REQUIREMENTS 2 = DIDN'T KNOW THAT THE BUSINESS HAS TO BE REGISTERED 3 = OTHER, <i>specify</i> <input type="text"/></p>	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3

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INTERVIEW END TIME

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End of the interview.

Thank the respondent for his/her participation

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