

Volunteer Activities Survey 2014

A: Particulars of the dwelling

A1: PSU segment Number

A2: Dwelling Unit Number

A3: Assignment Number

A4: Survey Date

A5: Physical identification of the dwelling unit

A6: Telephone number of enumerated household (if any)

A7: Total number of questionnaires for this household

A8: Person number (column no. from QLFS questionnaire)

A9: Person Age

A10: Respondent's name and surname

D: Field staff

D1. DSC name Assignment Number

D2. PQM name Assignment Number

Unique No.

B: Households at selected dwelling unit

B1: Household number for this household

B2: Total number of households at selected dwelling unit

C: Response details

| Visit No. | Date (actual) | | | | Result Code | Next visit (planned) | | | |
|-----------|---------------|---|---|---|-------------|----------------------|---|---|---|
| | d | d | m | m | | y | y | y | y |

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| C1 | <input type="text"/> |
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| C2 | <input type="text"/> |
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| C3 | <input type="text"/> |
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| C4 | <input type="text"/> |
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C5: FINAL RESULT CODE

C6: Comments and full details for result codes 02-10

RESULT CODES

Comment in C6 giving full details for result code 02 - 10

| | | | |
|----|-----------------------|----|--------------------|
| 01 | Completed | 08 | Demolished |
| 02 | Non-contact | 09 | Change of status |
| 03 | Refused | 10 | Other non-response |
| 04 | Partly completed | | |
| 05 | No usable information | | |
| 06 | Vacant/unoccupied DU | | |

Date checked:

Date checked:

INTERVIEW START TIME h h m m

Person no. Age

Read out: This survey covers all those people aged 15 years or older who during the past four weeks performed any unpaid, non-compulsory activity to produce goods or provide services for others outside their own household

| | | Yes | No |
|---|---|----------------------------|----------------------------|
| 1.0 | In the last four weeks, did you spend at least one hour doing any of the following unpaid, non-compulsory activities either through an organization or directly for others outside your own household? | | |
| | 01 = Community policing (e.g. combating crime) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 02 = Contributing to religious activities (e.g. ushering) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 03 = Fundraising (not for personal gain) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 04 = Raising awareness of issues in the community (e.g. AIDS, Violence against women) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 05 = Organising, supervising or coordinating activities or events | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 06 = Sitting as a member of a committee or board | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 07 = Providing health care or support | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 08 = Counselling | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 09 = Coaching or refereeing or officiating on sporting events | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 10 = Engaging in activities aimed at conservation or protection of environment or wildlife | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 11 = Office or administrative work | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 12 = Teaching or mentoring | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 13 = Maintaining, repairing or building of facilities or grounds | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 14 = Collecting, serving or delivering food or other goods | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 15 = Helping someone with the running of a business or farm | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 16 = Helping someone with housework, such as cleaning or cooking | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 17 = Helping someone with shopping or driving someone to appointments or store | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 18 = Helping at the funeral, weddings, parties or other social/cultural functions | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 19 = Visiting or helping the sick or elderly | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 20 = Babysitting | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| | 21 = Other, <i>specify</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |
| <p>If No to all of Q 1.0 go to Q4.0, otherwise continue to Q 1.1</p> | | | |

Check if there are more than 3 activities, then only ask about the 3 main ones. Start with the activity on which most time was spent; ask all questions regarding that activity, then move to the second activity, etc. If only one activity, complete questions on Main activity 1 only.

Person no. Age

| MAIN ACTIVITY 1 | | |
|-----------------|---|--|
| 1.7a | <p>What is your main reason for doing this activity?</p> <p>1 = To HELP A CAUSE IN WHICH YOU PERSONALLY BELIEVE <input type="checkbox"/> 1</p> <p>2 = BECAUSE YOUR FRIENDS VOLUNTEER. <input type="checkbox"/> 2</p> <p>3 = To IMPROVE YOUR JOB OPPORTUNITIES <input type="checkbox"/> 3</p> <p>4 = To FULFILL RELIGIOUS OBLIGATIONS OR BELIEFS. <input type="checkbox"/> 4</p> <p>5 = To EXPLORE YOUR OWN STRENGTHS. <input type="checkbox"/> 5</p> <p>6 = To USE YOUR SKILLS AND EXPERIENCES. <input type="checkbox"/> 6</p> <p>7 = BECAUSE YOU HAVE BEEN PERSONALLY AFFECTED OR KNOW SOMEONE WHO HAS BEEN PERSONALLY AFFECTED BY THE CAUSE THE ORGANISATION SUPPORTS. <input type="checkbox"/> 7</p> <p>8 = OTHER, SPECIFY <input type="checkbox"/> 8</p> <p><input style="width: 250px; height: 20px;" type="text"/></p> | |
| 1.8 | <p>Apart from the satisfaction that comes from helping, did you receive or do you expect to receive anything for your help?</p> <p>1 = YES <input type="checkbox"/> 1</p> <p>2 = No <input type="checkbox"/> 2 → Go to Q1.11</p> | |
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| MAIN ACTIVITY 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1.9 | <p>What did you receive or do you expect to receive for your help?</p> <p>1 = Out of pocket expenses (Cash) <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>2 = Food <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>3 = Transport <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>4 = Clothes <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>5 = Shelter <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>6 = Experience or Skills <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>7 = Other, specify <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input style="width: 250px; height: 20px;" type="text"/></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.10 | <p>What is the approximate value of what you received or expect to receive for your help? (Record value in Rands)</p> <p>1 = Out of pocket expenses (Cash)</p> <p>2 = Food</p> <p>3 = Transport</p> <p>4 = Clothes</p> <p>5 = Shelter</p> <p>6 = Experience or Skills</p> <p>7 = Other</p> <table border="1" style="width: 100%; height: 100px; margin-top: 10px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>If the value cannot be estimated write 999999 in the boxes allocated for the value in rands</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ACTIVITY 2 | | |
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| 2.7a | <p>What is your main reason for doing this activity?</p> <p>1 = To HELP A CAUSE IN WHICH YOU PERSONALLY BELIEVE</p> <p>2 = BECAUSE YOUR FRIENDS VOLUNTEER.</p> <p>3 = To IMPROVE YOUR JOB OPPORTUNITIES</p> <p>4 = To FULFILL RELIGIOUS OBLIGATIONS OR BELIEFS.</p> <p>5 = To EXPLORE YOUR OWN STRENGTHS.</p> <p>6 = To USE YOUR SKILLS AND EXPERIENCES.</p> <p>7 = BECAUSE YOU HAVE BEEN PERSONALLY AFFECTED OR KNOW SOMEONE WHO HAS BEEN PERSONALLY AFFECTED BY THE CAUSE THE ORGANISATION SUPPORTS.</p> <p>8 = OTHER, <i>SPECIFY</i></p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> | <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> |
| 2.8 | <p>Apart from the satisfaction that comes from helping, did you receive or do you expect to receive anything for your help?</p> <p>1 = YES</p> <p>2 = No → Go to Q2.11</p> | <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> |
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| ACTIVITY 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2.9 | <p>What did you receive or do you expect to receive for your help?</p> <p>1 = Out of pocket expenses (Cash)</p> <p>2 = Food</p> <p>3 = Transport</p> <p>4 = Clothes</p> <p>5 = Shelter</p> <p>6 = Experience or Skills</p> <p>7 = Other, <i>specify</i></p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> | <table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> </tbody> </table> | YES | NO | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2.10 | <p>What is the approximate value of what you received or expect to receive for your help? <i>(Record value in Rands)</i></p> <p>1 = Out of pocket expenses (Cash)</p> <p>2 = Food</p> <p>3 = Transport</p> <p>4 = Clothes</p> <p>5 = Shelter</p> <p>6 = Experience or Skills</p> <p>7 = Other</p> | <table border="1"> <tbody> <tr><td></td><td></td><td></td><td></td><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><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><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><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><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><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><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><td></td><td></td><td></td><td></td></tr> </tbody> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p><i>If the value cannot be estimated write 999999 in the boxes allocated for the value in rands</i></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| ACTIVITY 3 | | |
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| 3.7a | <p>What is your main reason for doing this activity?</p> <p>1 = To HELP A CAUSE IN WHICH YOU PERSONALLY BELIEVE <input type="checkbox"/> 1</p> <p>2 = BECAUSE YOUR FRIENDS VOLUNTEER. <input type="checkbox"/> 2</p> <p>3 = To IMPROVE YOUR JOB OPPORTUNITIES <input type="checkbox"/> 3</p> <p>4 = To FULFILL RELIGIOUS OBLIGATIONS OR BELIEFS. <input type="checkbox"/> 4</p> <p>5 = To EXPLORE YOUR OWN STRENGTHS. <input type="checkbox"/> 5</p> <p>6 = To USE YOUR SKILLS AND EXPERIENCES. <input type="checkbox"/> 6</p> <p>7 = BECAUSE YOU HAVE BEEN PERSONALLY AFFECTED OR KNOW SOMEONE WHO HAS BEEN PERSONALLY AFFECTED BY THE CAUSE THE ORGANISATION SUPPORTS. <input type="checkbox"/> 7</p> <p>8 = OTHER, SPECIFY <input type="checkbox"/> 8</p> <p><input type="text"/></p> | |
| 3.8 | <p>Apart from the satisfaction that comes from helping, did you receive or do you expect to receive anything for your help?</p> <p>1 = YES <input type="checkbox"/> 1</p> <p>2 = No <input type="checkbox"/> 2 → Go to Q3.11</p> | |
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| ACTIVITY 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 3.9 | <p>What did you receive or do you expect to receive for your help?</p> <p>1 = Out of pocket expenses (Cash) <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>2 = Food <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>3 = Transport <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>4 = Clothes <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>5 = Shelter <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>6 = Experience or Skills <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p>7 = Other, specify <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="text"/></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.10 | <p>What is the approximate value of what you received or expect to receive for your help? (Record value in Rands)</p> <p>1 = Out of pocket expenses (Cash)</p> <p>2 = Food</p> <p>3 = Transport</p> <p>4 = Clothes</p> <p>5 = Shelter</p> <p>6 = Experience or Skills</p> <p>7 = Other</p> <p><input type="text"/></p> <p>If the value cannot be estimated write 999999 in the boxes allocated for the value in rands</p> | <table border="1"> <tr><td></td><td></td><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><td></td><td></td></tr> <tr><td></td><td></td><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><td></td><td></td></tr> <tr><td></td><td></td><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><td></td><td></td></tr> <tr><td></td><td></td><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><td></td><td></td></tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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