

# Volunteer Activities Survey 2018

## 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		d	d	m	m	y	y	y
C1	<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"/>
C2	<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"/>
C3	<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"/>
C4	<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"/>

C5: FINAL RESULT CODE

C6: Comments and full details for result codes 12-37

<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"/>
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<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"/>

### RESULT CODES

Comment in C6 giving full details for result code 12 - 37

11	Completed	32	Vacant dwelling
12	Partly completed	33	Demolished
21	Non-contact	34	New dwelling under construction
22	Refusal	35	Status change
23	Other non-response	36	Listing error
31	Unoccupied dwelling	37	Ended on Question 1.0

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	<p>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?</p> <p>01 = Community policing (e.g. combating crime)</p> <p>02 = Contributing to religious activities (e.g. ushering)</p> <p>03 = Fundraising (not for personal gain)</p> <p>04 = Raising awareness of issues in the community ( e.g. AIDS, Violence against women)</p> <p>05 = Organising, supervising or coordinating activities or events</p> <p>06 = Sitting as a member of a committee or board</p> <p>07 = Providing health care or support</p> <p>08 = Counselling</p> <p>09 = Coaching or refereeing or officiating on sporting events</p> <p>10 = Engaging in activities aimed at conservation or protection of environment or wildlife</p> <p>11 = Office or administrative work</p> <p>12 = Teaching or mentoring</p> <p>13 = Maintaining, repairing or building of facilities or grounds</p> <p>14 = Collecting, serving or delivering food or other goods</p> <p>15 = Helping someone with the running of a business or farm</p> <p>16 = Helping someone with housework, such as cleaning or cooking</p> <p>17 = Helping someone with shopping or driving someone to appointments or store</p> <p>18 = Helping at the funeral, weddings, parties or other social/cultural functions</p> <p>19 = Visiting or helping the sick or elderly</p> <p>20 = Babysitting / child care</p> <p>21 = Other, <i>specify</i></p> <div></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.

## MAIN ACTIVITIES

**Read out:** Now I will ask you a few questions about the main activity/activities (up to a maximum of 3) that you did in the last four weeks.

**If the respondent did more than one unpaid activity ask them to start with the activity on which they spent the most time.**

MAIN ACTIVITY 1	
1.1	<b>What kind of unpaid work did you do?</b> <div style="display: grid; grid-template-columns: repeat(20, 1fr); height: 100px; border: 1px solid black;"></div>
1.2	<b>Did you do this activity for ....</b> <div style="display: flex; justify-content: space-between;"> <div> 1 = A member of your household  → <b>if this is the only activity Go to Q4.0, otherwise Go to Activity 2</b>  2 = Other relatives outside your household (including immediate family)?  3 = Friend(s)?  4 = Member(s) of community/ neighbour(s)  5 = Other, <i>specify</i>  <div style="border: 1px solid black; height: 20px; width: 250px; margin-top: 5px;"></div> </div> <div style="text-align: right;"> <input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3  <input type="checkbox"/> 4  <input type="checkbox"/> 5 </div> </div>
1.3	<b>Some people are obliged by others to perform these activities: Was this activity mandatory, done under court order or required by employer or educational program?</b> <i>(Examples: required to complete a degree, serving a sentence, etc.)</i> <div style="display: flex; justify-content: space-between;"> <div> 1 = YES → <b>If last activity Go to Q4.0, otherwise Go to Activity 2</b>  2 = No </div> <div style="text-align: right;"> <input type="checkbox"/> 1  <input type="checkbox"/> 2 </div> </div>

MAIN ACTIVITY 1	
1.3a	<b>How did you become involved in this activity?</b> <div style="display: flex; justify-content: space-between;"> <div> 1 = Knew someone involved, decided to join  2 = Someone asked me, accepted to help  3 = Saw advertisement/report in media, decided to help  4 = Was searching for an opportunity to help  5 = Someone made me do it, although I didn't want to  6 = Did it to avoid tensions with neighbours or friends, etc.  7 = Other <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> </div> <div style="text-align: right;"> <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 </div> </div>
1.4	<b>How many hours did you spend on this activity in the last four weeks?</b> <div style="display: flex; justify-content: space-between;"> <div> HOURS <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> → <b>Go to Q1.7</b>  DON'T KNOW <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> → <b>Go to Q1.5</b> </div> </div>
1.5	<b>Could you perhaps recall how many times you did this unpaid activity in the last four weeks?</b> <div style="display: flex; justify-content: space-between;"> <div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> </div>
1.6	<b>And how many hours did you spend on this unpaid activity the last time you did it (or on average each time you did it)?</b> <div style="display: flex; justify-content: space-between;"> <div> HOURS <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> </div>
1.7	<b>Was this unpaid activity done within South Africa or in another country?</b> <div style="display: flex; justify-content: space-between;"> <div> 1 = WITHIN SOUTH AFRICA  2 = IN ANOTHER COUNTRY  3 = BOTH (WITHIN SOUTH AFRICA AND IN ANOTHER COUNTRY) </div> <div style="text-align: right;"> <input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3 </div> </div>

MAIN ACTIVITY 1					
<b>1.7a</b>	<b>What is your main reason for doing this activity?</b>			<input type="checkbox"/>	1
	1 = To HELP A CAUSE IN WHICH YOU PERSONALLY BELIEVE			<input type="checkbox"/>	2
	2 = BECAUSE YOUR FRIENDS VOLUNTEER.			<input type="checkbox"/>	3
	3 = To ACQUIRE SKILLS AND WORK EXPERIENCE			<input type="checkbox"/>	4
	4 = To FULFILL RELIGIOUS OBLIGATIONS OR BELIEFS.			<input type="checkbox"/>	5
	5 = To EXPLORE YOUR OWN STRENGTHS.			<input type="checkbox"/>	6
	6 = To USE YOUR SKILLS AND EXPERIENCES.			<input type="checkbox"/>	7
	7 = BECAUSE YOU HAVE BEEN PERSONALLY AFFECTED OR KNOW SOMEONE WHO HAS BEEN PERSONALLY AFFECTED BY THE CAUSE THE ORGANISATION SUPPORTS.			<input type="checkbox"/>	8
8 = OTHER, SPECIFY			<input type="checkbox"/>	9	
<b>1.8</b>	<b>Apart from the satisfaction that comes from helping, did you receive or do you expect to receive anything for your help?</b>			<input type="checkbox"/>	1
	1 = YES			<input type="checkbox"/>	2
	2 = No → Go to Q1.11				
<b>1.9</b>	<b>What did you receive or do you expect to receive for your help?</b>			<b>YES</b>	<b>No</b>
	1 = Out of pocket expenses (Cash)			<input type="checkbox"/> 1	<input type="checkbox"/> 2
	2 = Food			<input type="checkbox"/> 1	<input type="checkbox"/> 2
	3 = Transport			<input type="checkbox"/> 1	<input type="checkbox"/> 2
	4 = Clothes			<input type="checkbox"/> 1	<input type="checkbox"/> 2
	5 = Shelter			<input type="checkbox"/> 1	<input type="checkbox"/> 2
	6 = Experience or Skills			<input type="checkbox"/> 1	<input type="checkbox"/> 2
	7 = Other, specify			<input type="checkbox"/> 1	<input type="checkbox"/> 2

MAIN ACTIVITY 1	
1.10	<p><b>What is the approximate value of what you received or expect to receive for your help?</b>  <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> <p><b><i>If the value cannot be estimated write 999999 in the boxes allocated for the value in rands</i></b></p>
1.10.a	<p><b>Did the value of what you received or expect to receive for your help significantly influence your decision to engage in this activity?</b></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>
1.11	<p><b>Did you do this activity for or through an organisation or group or did you do it directly for individuals?</b></p> <p>1 = THROUGH AN ORGANISATION/GROUP → <b>Go to Q1.12</b></p> <p>2 = DIRECTLY FOR INDIVIDUAL</p> <p>3 = BOTH (THROUGH AN ORGANISATION/GROUP AND DIRECTLY FOR INDIVIDUALS)</p>

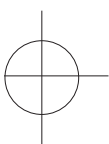
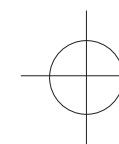




	MAIN ACTIVITY 1															
1.11a	<p>Ask if answer in Q1.11 is option 2 or 3</p> <p>(a) Did you do this activity by receiving instructions on when, where and what to do, from someone organizing this activity?</p> <p>1 = Yes, someone from an organisation/group <span style="float:right"><input type="checkbox"/> 1</span></p> <p>→ Go to Q1.12</p> <p>2 = Yes, from a person → If last activity Go to Q4.0, otherwise Go to Activity 2 <span style="float:right"><input type="checkbox"/> 2</span></p> <p>3 = No <span style="float:right"><input type="checkbox"/> 3</span></p> <p>(b) Did you organize this activity with other members of a group of people or did you do it individually?</p> <p>1 = With members of a group of people → Go to Q1.12 <span style="float:right"><input type="checkbox"/> 1</span></p> <p>2 = Individually → If last activity Go to Q4.0, otherwise Go to Activity 2 <span style="float:right"><input type="checkbox"/> 2</span></p>															
1.12	<p>What is the name of the organisation/group for which you did this unpaid work?</p> <div style="border: 1px solid black; height: 80px;"></div>															
1.13	<p>What does this organisation/group do (i.e. the main activity of the organisation)? (Type of service or goods produced by the organisation/group)</p> <div style="border: 1px solid black; height: 80px;"></div>															

MAIN ACTIVITY 1	
1.14	<p><b>What type of organisation/group is this?</b></p> <p>01 = CHARITY/ /NGO/CBO/CSO <input type="checkbox"/> 01</p> <p>02 = RELIGIOUS <input type="checkbox"/> 02</p> <p>03 = POLITICAL <input type="checkbox"/> 03</p> <p>04 = TRADE UNION/BUSINESS ORGANISATION <input type="checkbox"/> 04</p> <p>05 = PRIVATE BUSINESS <input type="checkbox"/> 05</p> <p>06 = EDUCATION INSTITUTION <input type="checkbox"/> 06</p> <p>07 = HEALTH INSTITUTION <input type="checkbox"/> 07</p> <p>08 = ECONOMIC, SOCIAL AND COMMUNITY DEVELOPMENT <input type="checkbox"/> 08</p> <p>09 = CULTURE AND RECREATION <input type="checkbox"/> 09</p> <p>10 = FUND-RAISING ORGANISATION <input type="checkbox"/> 10</p> <p>11 = NATURAL RESOURCE CONSERVATION AND PROTECTION <input type="checkbox"/> 11</p> <p>12 = LAW ENFORCEMENT <input type="checkbox"/> 12</p> <p>13 = OTHER GOVERNMENT ENTITY <input type="checkbox"/> 13</p> <p>14 = OTHER, SPECIFY <input type="checkbox"/> 14</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>15 = DON'T KNOW <input type="checkbox"/> 15</p>
1.15	<p><b>When did you start doing activities without pay to assist this organisation/group?</b></p> <p>m m y y y y</p> <div style="display: flex; justify-content: space-around;"> <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>
<p><b>If more than 1 activity go to Activity 2 otherwise go to Q4.0</b></p>	



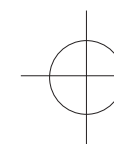


	ACTIVITY 2	
2.7a	<p><b>What is your main reason for doing this activity?</b></p> <p>1 = TO HELP A CAUSE IN WHICH YOU PERSONALLY BELIEVE</p> <p>2 = BECAUSE YOUR FRIENDS VOLUNTEER.</p> <p>3 = TO ACQUIRE SKILLS AND WORK EXPERIENCE</p> <p>4 = TO FULFILL RELIGIOUS OBLIGATIONS OR BELIEFS.</p> <p>5 = TO EXPLORE 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, SPECIFY</p> <div></div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div> <div><input type="checkbox"/> 4</div> <div><input type="checkbox"/> 5</div> <div><input type="checkbox"/> 6</div> <div><input type="checkbox"/> 7</div> <div><input type="checkbox"/> 8</div>
2.8	<p><b>Apart from the satisfaction that comes from helping, did you receive or do you expect to receive anything for your help?</b></p> <p>1 = YES</p> <p>2 = No → <b>Go to Q2.11</b></p>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>

	ACTIVITY 2																	
2.9	<p><b>What did you receive or do you expect to receive for your help?</b></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, specify</p> <div></div>	<table><tr><th>YES</th><th>NO</th></tr><tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr><tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr><tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr><tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr><tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr><tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr><tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr></table>	YES	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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<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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2.10	<p><b>What is the approximate value of what you received or expect to receive for your help?</b></p> <p>(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> <div></div> <p><b>If the value cannot be estimated write 999999 in the boxes allocated for the value in rands</b></p>																	





[illegible]

ACTIVITY 3		
3.4	<p><b>How many hours did you spend on this activity in the last four weeks?</b></p> <p>HOURS <input type="text"/> <input type="text"/> <input type="text"/> → <i>Go to Q3.7</i></p> <p>DON'T KNOW <input type="text"/> → <i>Go to Q3.5</i></p>	
3.5	<p><b>Could you perhaps recall how many times you did this unpaid activity in the last four weeks?</b></p> <p><input type="text"/> <input type="text"/></p>	
3.6	<p><b>And how many hours did you spend on this unpaid activity the last time you did it (or on average each time you did it)?</b></p> <p>HOURS <input type="text"/> <input type="text"/> <input type="text"/></p>	
3.7	<p><b>Was this unpaid activity done within South Africa or in another country?</b></p> <p>1 = WITHIN SOUTH AFRICA</p> <p>2 = IN ANOTHER COUNTRY</p> <p>3 = BOTH (WITHIN SOUTH AFRICA AND IN ANOTHER COUNTRY)</p>	<p><input type="text"/> 1</p> <p><input type="text"/> 2</p> <p><input type="text"/> 3</p>

	ACTIVITY 3	
3.7a	<p><b>What is your main reason for doing this activity?</b></p> <p>1 = TO HELP A CAUSE IN WHICH YOU PERSONALLY BELIEVE</p> <p>2 = BECAUSE YOUR FRIENDS VOLUNTEER.</p> <p>3 = TO ACQUIRE SKILLS AND WORK EXPERIENCE</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, SPECIFY</p> <div></div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div> <div><input type="checkbox"/> 4</div> <div><input type="checkbox"/> 5</div> <div><input type="checkbox"/> 6</div> <div><input type="checkbox"/> 7</div> <div><input type="checkbox"/> 8</div>
3.8	<p><b>Apart from the satisfaction that comes from helping, did you receive or do you expect to receive anything for your help?</b></p> <p>1 = YES</p> <p>2 = No → <b>Go to Q3.11</b></p>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>

	ACTIVITY 3																	
3.9	<p><b>What did you receive or do you expect to receive for your help?</b></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, specify</p> <div></div>	<table><tr><td>YES</td><td>NO</td></tr><tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr><tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr><tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr><tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr><tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr><tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr><tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr></table>	YES	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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
YES	NO																	
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3.10	<p><b>What is the approximate value of what you received or expect to receive for your help?</b> (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> <div></div> <p><b>If the value cannot be estimated write 999999 in the boxes allocated for the value in rands</b></p>																	



ACTIVITY 3					
<b>3.14</b>	<b>What type of organisation is this?</b>				
	01 = CHARITY/ /NGO/CBO/CSO				<input type="checkbox"/> 01
	02 = RELIGIOUS				<input type="checkbox"/> 02
	03 = POLITICAL				<input type="checkbox"/> 03
	04 = TRADE UNION/BUSINESS ORGANISATION				<input type="checkbox"/> 04
	05 = PRIVATE BUSINESS				<input type="checkbox"/> 05
	06 = EDUCATION INSTITUTION				<input type="checkbox"/> 06
	07 = HEALTH INSTITUTION				<input type="checkbox"/> 07
	08 = ECONOMIC, SOCIAL AND COMMUNITY DEVELOPMENT				<input type="checkbox"/> 08
	09 = CULTURE AND RECREATION				<input type="checkbox"/> 09
	10 = FUND-RAISING ORGANISATION				<input type="checkbox"/> 10
	11 = NATURAL RESOURCE CONSERVATION AND PROTECTION				<input type="checkbox"/> 11
	12 = LAW ENFORCEMENT				<input type="checkbox"/> 12
	13 = OTHER GOVERNMENT ENTITY				<input type="checkbox"/> 13
	14 = OTHER, SPECIFY <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>				<input type="checkbox"/> 14
	15 = DON'T KNOW				<input type="checkbox"/> 15
	<b>3.15</b>	<b>When did you start doing activities without pay to assist this organisation?</b>			
m		m	y	y	y
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Person no.   Age

[illegible][illegible]