

Labour Force Survey 2002:1

5

Particulars of the household

PSU number

Dwelling unit number

Physical identification of the dwelling unit/household

Did the household stay here in September 2001? YES No

Telephone number of enumerated household (if any)

Total number of persons in the household

Questionnaire no. for this household (for persons no. 01 - 10 = 1, etc.)

Households at the selected dwelling unit

Household number for this household

Total number of households at the selected dwelling unit

Field staff

Interviewer Number Interview date

Supervisor Number Date checked

RSM Number Date checked

For office use

Response details

Visit no	Date (actual)	Result code	Next visit (planned)
1			
2			
3			
4			

FINAL RESULT

Comments and full details of all non-response / unusual circumstances

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RESULT CODES (for response details)

1	Completed	} Comment and give full details above of all non-response
2	Non-contact	
3	Refused	
4	Partly complete	
5	No usable information	
6	Vacant dwelling	
7	Listing error	
8	Other	

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Questionnaire id

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FLAP This section covers particulars of each person in the household

The following information must be obtained for every person who has stayed in this household for at least four nights on average per week during the last four weeks.

Do not forget babies. If there are more than 10 persons in the household, use a second questionnaire.

		Person (respondent) number									
Ask who the <u>head</u> (or the <u>acting head</u>) of the household is and record that person in column 01.		01 Head (or acting)	02	03	04	05	06	07	08	09	10
A	First name and surname Write down first name and surname of each member of the household, starting with the head or acting head.	First name:									
	If more than one head or acting head, take the oldest Write sideways if necessary	Surname:									
B.1	Has stayed here for at least four nights on average per week during the last four weeks? 1 = YES 2 = NO ? End of questions for this person	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
B.2	Did stay in this household in September 2001? 1 = YES 2 = NO	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
C	Is a male or a female? 1 = MALE 2 = FEMALE	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
D	How old is? (In completed years - In figures only) Less than 1 year = 00										
E	What population group does belong to? 1 = AFRICAN/BLACK 2 = COLOURED 3 = INDIAN/ASIAN 4 = WHITE 5 = OTHER, <i>specify</i>	<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	<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	<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	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
F	Is there any other person residing in this household, than those already mentioned, who is not presently here?	<input type="checkbox"/> YES <input type="checkbox"/> NO	? If "YES", Go back to A								

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Questionnaire id

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SECTION 1 This section covers particulars of each person in the household

		01	02	03	04	05	06	07	08	09	10
1.1.a	What is’s present marital status? 1 = MARRIED OR LIVING TOGETHER AS HUSBAND AND WIFE 2 = WIDOW/WIDOWER 3 = DIVORCED OR SEPARATED 4 = NEVER MARRIED	<input type="checkbox"/> 1									
	} ? Go to Q 1.2	<input type="checkbox"/> 2									
		<input type="checkbox"/> 3									
		<input type="checkbox"/> 4									
1.1.b	Does’s spouse/partner live in this household? 1 = YES 2 = NO	<input type="checkbox"/> 1									
	? Go to Q 1.2	<input type="checkbox"/> 2									
1.1.c	<i>If 1.1.b = 1</i> Which person is the spouse/partner of? <i>Give person number</i>										
1.2	Which language does speak most often at home? 01 = AFRIKAANS 02 = ENGLISH 03 = ISINDEBELE/SOUTH NDEBELE/NORTH NDEBELE 04 = ISIXHOSA/XHOSA 05 = ISIZULU/ZULU 06 = SEPEDI/NORTHERN SOTHO 07 = SESOTHO/SOUTHERN SOTHO/SOTHO 08 = SETSWANA/TSWANA 09 = SISWATI/SWAZI 10 = TSHIVENDA/VENDA 11 = XITSONGA/TSONGA 12 = OTHER, <i>specify in column</i>	<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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		01	02	03	04	05	06	07	08	09	10
1.3.a	What is the highest level of education that has completed?										
	00 = NO SCHOOLING	<input type="checkbox"/> 00									
	01 = GRADE R/0	<input type="checkbox"/> 01									
	02 = SUB A/GRADE 1	<input type="checkbox"/> 02									
	03 = SUB B/GRADE 2	<input type="checkbox"/> 03									
	04 = GRADE 3/STANDARD 1	<input type="checkbox"/> 04									
	05 = GRADE 4/STANDARD 2	<input type="checkbox"/> 05									
	06 = GRADE 5/STANDARD 3	<input type="checkbox"/> 06									
	07 = GRADE 6/STANDARD 4	<input type="checkbox"/> 07									
	08 = GRADE 7/STANDARD 5	<input type="checkbox"/> 08									
	09 = GRADE 8/STANDARD 6/FORM 1	<input type="checkbox"/> 09									
	10 = GRADE 9/STANDARD 7/FORM 2	<input type="checkbox"/> 10									
	11 = GRADE 10/STANDARD 8/FORM 3	<input type="checkbox"/> 11									
	12 = GRADE 11/STANDARD 9/FORM 4	<input type="checkbox"/> 12									
	13 = GRADE 12/STANDARD 10/FORM 5/MATRIC	<input type="checkbox"/> 13									
	14 = NTC I	<input type="checkbox"/> 14									
	15 = NTC II	<input type="checkbox"/> 15									
	16 = NTC III	<input type="checkbox"/> 16									
	17 = DIPLOMA/CERTIFICATE WITH LESS THAN GRADE 12/STD 10	<input type="checkbox"/> 17									
	18 = DIPLOMA/CERTIFICATE WITH GRADE 12/STD 10	<input type="checkbox"/> 18									
	19 = DEGREE	<input type="checkbox"/> 19									
	20 = POSTGRADUATE DEGREE OR DIPLOMA	<input type="checkbox"/> 20									
	21 = OTHER, <i>specify in column</i>	<input type="checkbox"/> 21									
	22 = DON'T KNOW	<input type="checkbox"/> 22									
	<i>Diplomas or certificates should be of at least six months study duration full time (or equivalent).</i>										
	If code 17-20 ? Go to Q 1.3.b,										
	If other code ? Go to Q 1.4										

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Questionnaire id

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		01	02	03	04	05	06	07	08	09	10
1.3.b	<i>If diploma, certificate or degree (code 17-20 in Q 1.3.a):</i> In what area of study was the highest diploma, certificate or degree? <i>Show prompt card 1 - read out categories if necessary</i>										
	01 = Communication studies and language	<input type="checkbox"/> 01									
	02 = Education, training and development	<input type="checkbox"/> 02									
	03 = Manufacturing, engineering and technology	<input type="checkbox"/> 03									
	04 = Human and social studies	<input type="checkbox"/> 04									
	05 = Law, military science and security	<input type="checkbox"/> 05									
	06 = Health sciences and social services	<input type="checkbox"/> 06									
	07 = Agriculture and nature conservation	<input type="checkbox"/> 07									
	08 = Culture and arts	<input type="checkbox"/> 08									
	09 = Business, commerce and management studies	<input type="checkbox"/> 09									
	10 = Physical, mathematical, computer and life sciences	<input type="checkbox"/> 10									
	11 = Services	<input type="checkbox"/> 11									
	12 = Physical planning and construction	<input type="checkbox"/> 12									
	13 = DON'T KNOW	<input type="checkbox"/> 13									

Ask for all

1.4	Has been trained in skills that can be used for work, e.g. book-keeping, security guard training, welding, child minding? 1 = YES 2 = NO 3 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3									
	} ? Go to Q 1.7.a										
1.5	The last time received this type of training, how long did it last? 1 = LESS THAN A WEEK 2 = 1 WEEK 3 = MORE THAN 1 WEEK - LESS THAN 2 WEEKS 4 = 2 WEEKS - LESS THAN A MONTH 5 = 1 MONTH - LESS THAN 2 MONTHS 6 = 2 MONTHS - LESS THAN 6 MONTHS 7 = 6 MONTHS OR MORE 8 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8

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		01	02	03	04	05	06	07	08	09	10
1.6	In what field was the training the last time received this type of training? <i>Show prompt card 1 - read out categories if necessary</i>										
	01 = Communication studies and language	<input type="checkbox"/> 01									
	02 = Education, training and development	<input type="checkbox"/> 02									
	03 = Manufacturing, engineering and technology	<input type="checkbox"/> 03									
	04 = Human and social studies	<input type="checkbox"/> 04									
	05 = Law, military science and security	<input type="checkbox"/> 05									
	06 = Health sciences and social services	<input type="checkbox"/> 06									
	07 = Agriculture and nature conservation	<input type="checkbox"/> 07									
	08 = Culture and arts	<input type="checkbox"/> 08									
	09 = Business, commerce and management studies	<input type="checkbox"/> 09									
	10 = Physical, mathematical, computer and life sciences	<input type="checkbox"/> 10									
	11 = Services	<input type="checkbox"/> 11									
	12 = Physical planning and construction	<input type="checkbox"/> 12									
	13 = DON'T KNOW	<input type="checkbox"/> 13									
1.7.a	Can read in at least one language?										
	1 = YES	<input type="checkbox"/> 1									
	2 = No	<input type="checkbox"/> 2									
1.7.b	Can write in at least one language?										
	1 = YES	<input type="checkbox"/> 1									
	2 = No	<input type="checkbox"/> 2									
1.8	Which of the following educational institutions, if any, does currently attend? <i>Include distance and correspondence education</i>										
	1 = School	<input type="checkbox"/> 1									
	2 = University	<input type="checkbox"/> 2									
	3 = Technikon	<input type="checkbox"/> 3									
	4 = College	<input type="checkbox"/> 4									
	5 = Adult basic education and training/literacy classes	<input type="checkbox"/> 5									
	6 = Other adult education classes	<input type="checkbox"/> 6									
	7 = Other than any of the above	<input type="checkbox"/> 7									
	8 = None ? Go to Q 1.11	<input type="checkbox"/> 8									

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Questionnaire id

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		01	02	03	04	05	06	07	08	09	10
1.9	Is this full time or part-time? 1 = FULL TIME 2 = PART-TIME	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
1.10	Is mainly studying through attending classes or through distance learning? 1 = ATTENDING CLASSES 2 = DISTANCE LEARNING	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
1.11	In the last seven days, did spend at least one hour fetching water for home use (not for sale)? 1 = YES 2 = NO ? Go to Q 1.13	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
1.12	How many hours did spend on fetching water in the last seven days?										
1.13	In the last seven days, did spend at least one hour fetching wood/dung for home use (not for sale)? 1 = YES 2 = NO ? Go to Q 1.15	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
1.14	How many hours did spend on fetching wood/dung in the last seven days?										

1.15	Who is the person who usually brings in the most money into the household? <i>Give person number and mark a box below</i>	
	1 = If there is one person who brings in the highest amount, give person number of this person and mark box 1	<input type="checkbox"/> 1
	2 = If two persons or more bring in the same highest amount, give person number of the oldest of them and mark box 2	<input type="checkbox"/> 2
	3 = If the respondent does not know, give person number of the oldest person who brings in money and mark box 3	<input type="checkbox"/> 3
	4 = If no-one brings in money, give person number of the oldest person in the household and mark box 4	<input type="checkbox"/> 4

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HEALTH**Ask for everyone**

		01	02	03	04	05	06	07	08	09	10
1.16	Is covered by a medical aid or medical benefit scheme or other private health insurance? 1 = YES 2 = No 3 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3									
1.17	During the past month, did suffer from any illnesses or injuries? 1 = YES 2 = No ? Go to Q 1.23	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
1.18	What sort of illnesses or injuries did suffer from? Was it 01 = Flu or acute respiratory tract infection 02 = Diarrhoea 03 = Severe trauma (e.g. due to violence, motor vehicle accident, gunshot, assault, beating) 04 = TB or severe cough with blood 05 = Abuse of alcohol or drugs 06 = Depression or mental illness 07 = Diabetes 08 = High or low blood pressure 09 = HIV/AIDS 10 = Other sexually transmitted disease 11 = Other illness or injury, <i>specify in column</i>	YES No <input type="checkbox"/> 1 <input type="checkbox"/> 2									
1.19	During the past month, did consult a health worker such as a nurse, doctor or traditional healer as a result of illness or injury? 1 = YES 2 = No ? Go to Q 1.22	<input type="checkbox"/> 1 <input type="checkbox"/> 2									

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Questionnaire id

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		01	02	03	04	05	06	07	08	09	10
1.20	What kind of health worker was it? <i>If more than one consultation, ask about the most recent.</i>										
	1 = NURSE	<input type="checkbox"/> 1									
	2 = DOCTOR	<input type="checkbox"/> 2									
	3 = MEDICAL SPECIALIST	<input type="checkbox"/> 3									
	4 = PHARMACIST/CHEMIST	<input type="checkbox"/> 4									
	5 = DENTIST	<input type="checkbox"/> 5									
	6 = SPIRITUAL HEALER (CHURCH RELATED)	<input type="checkbox"/> 6									
	7 = TRADITIONAL HEALER	<input type="checkbox"/> 7									
	8 = ANY OTHER HEALTH CARE PROVIDER <i>Including psychologist, physiotherapist, chiropractor, homeopath, optometrist</i>	<input type="checkbox"/> 8									
	9 = DON'T KNOW	<input type="checkbox"/> 9									
1.21	Where did the consultation take place? <i>If more than one consultation, ask about the most recent.</i>										
	Public sector (<i>i.e. government, provincial or community institution</i>)										
	01 = HOSPITAL	<input type="checkbox"/> 01									
	02 = CLINIC	<input type="checkbox"/> 02									
	03 = OTHER IN PUBLIC SECTOR, <i>specify</i>	<input type="checkbox"/> 03									
	Private sector (<i>including private clinics, surgery, private hospitals and sangomas</i>)										
	04 = HOSPITAL	<input type="checkbox"/> 04									
	05 = CLINIC	<input type="checkbox"/> 05									
	06 = PRIVATE DOCTOR/SPECIALIST	<input type="checkbox"/> 06									
	07 = TRADITIONAL HEALER	<input type="checkbox"/> 07									
	08 = PHARMACY/CHEMIST	<input type="checkbox"/> 08									
	09 = HEALTH FACILITY PROVIDED BY EMPLOYER	<input type="checkbox"/> 09									
	10 = ALTERNATIVE MEDICINE, E.G. HOMEOPATHIST	<input type="checkbox"/> 10									
	11 = OTHER IN PRIVATE SECTOR, <i>specify</i>	<input type="checkbox"/> 11									
	12 = DON'T KNOW	<input type="checkbox"/> 12									
?	Go to Q 1.23										

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Ask only if "No" to Q 1.19

		01	02	03	04	05	06	07	08	09	10
1.22	Why did not consult any health worker during the past month?										
	1 = TOO EXPENSIVE	<input type="checkbox"/> 1									
	2 = TOO FAR	<input type="checkbox"/> 2									
	3 = OTHER, <i>specify</i>	<input type="checkbox"/> 3									
	4 = DON'T KNOW	<input type="checkbox"/> 4									

Ask for everyone in the household

Read out: I am now going to ask about major disabilities experienced by any persons within the household.

1.23	Is limited in his/her daily activities, at home, at work or at school, because of a long-term physical or mental condition, lasting six months or more?										
	1 = YES	<input type="checkbox"/> 1									
	2 = NO ? Go to Section 2	<input type="checkbox"/> 2									
1.24	What difficulty or difficulties does have? Is it	Yes No									
	1 = Sight (<i>blind/severe visual limitation</i>)	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
	2 = Hearing (<i>deaf, profoundly hard of hearing</i>)	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
	3 = Communicating (<i>speech impairment</i>)	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
	4 = Physical (<i>e.g. needs wheel chair, crutches or prosthesis; limb or hand usage limitation</i>)	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
	5 = Intellectual (<i>serious difficulties in learning, mental retardation</i>)	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
	6 = Emotional (<i>behavioural, psychological problems</i>)	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
	7 = Other, <i>specify in column</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2									

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Questionnaire id

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SECTION 2

This section covers activities in the last seven days for all household members aged 15 and above

*Try to ask these questions of each person themselves if at all possible.**Read out: Now I am going to ask some questions about activities in the last seven days for each household member aged 15 and above*

		01	02	03	04	05	06	07	08	09	10
2.0	<i>Interviewer to answer</i> Is the person him/herself responding to questions? 1 = YES 2 = NO	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
2.1	In the last seven days, did do any of the following activities, even for only one hour? Show prompt card 2. a) Run or do any kind of business, big or small, for himself/herself or with one or more partners? <i>Examples: Selling things, making things for sale, repairing things, guarding cars, brewing beer, hairdressing, crèche businesses, taxi or other transport business, having a legal or medical practice, etc.</i> b) Do any work for a wage, salary, commission or any payment in kind (excl. domestic work)? <i>Examples: a regular job, contract, casual or piece work for pay, work in exchange for food or housing.</i> c) Do any work as a domestic worker for a wage, salary, or any payment in kind? d) Help unpaid in a household business of any kind? <i>Examples: Help to sell things, make things for sale or exchange, doing the accounts, cleaning up for the business, etc. Don't count normal housework.</i> e) Do any work on his/her own or the household's plot, farm, food garden, cattle post or kraal, or help in growing farm produce or in looking after animals for the household? <i>Examples: ploughing, harvesting, looking after livestock.</i> f) Do any construction or major repair work on his/her own home, plot, cattle post or business or those of the household? g) Catch any fish, prawns, shells, wild animals or other food for sale or household food? h) Beg for money or food in public?	YES No <input type="checkbox"/> 1 <input type="checkbox"/> 2									

If "YES" for a person to any part of Question 2.1 ? Go to Section 4 for that person.

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		01	02	03	04	05	06	07	08	09	10	
2.2	<p><i>If "No" to all parts of Question 2.1</i></p> <p>Even though did not do any of these activities in the last seven days, does he/she have a job, business, or other economic or farming activity that he/she will definitely return to?</p> <p><i>For agricultural activities, the off season in agriculture is not a temporary absence.</i></p> <p>1 = YES 2 = No</p> <p>? Go to Section 3</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2										
2.3	<p>What was the main reason was absent from this activity in the last seven days? Mark only one reason.</p> <p>01 = OWN ILLNESS OR INJURY 02 = CARING FOR FAMILY OR OTHERS (EXCEPT MATERNITY/PATERNITY LEAVE) 03 = MATERNITY OR PATERNITY LEAVE 04 = OTHER FAMILY/COMMUNITY OBLIGATIONS (FUNERALS, MEETINGS) 05 = STRIKE/STAY-AWAY/LOCKOUT 06 = PROBLEMS WITH TRANSPORT 07 = BAD WEATHER 08 = VACATION, LEAVE 09 = STUDY OR TRAINING LEAVE 10 = UNREST (VIOLENCE) 11 = TEMPORARILY LAID OFF/REDUCTION IN ECONOMIC ACTIVITY 12 = OTHER REASON, <i>specify</i></p>	<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	<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	<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	<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
2.4	<p>When does intend to start working?</p> <p>1 = WITHIN A WEEK 2 = WITHIN TWO WEEKS 3 = WITHIN FOUR WEEKS 4 = LATER THAN FOUR WEEKS FROM NOW 5 = DON'T KNOW</p>	<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	<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	<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	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

? **Go to Section 4**

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SECTION 3 This section covers unemployment and non-economic activities

Ask for all household members aged 15 and above who did not work and were not absent from work (i.e. for those whose answer on Q 2.2 = 2)

Read out: **Now I am going to ask some questions about whether you (.....) wanted and were (was) available for any of the types of work mentioned earlier**

		01	02	03	04	05	06	07	08	09	10
3.1	Why did not work during the past seven days?										
	01 = HAS FOUND A JOB, BUT IS ONLY STARTING AT A DEFINITE DATE IN THE FUTURE ? Go to Q 3.8	<input type="checkbox"/> 01									
	02 = LACK OF SKILLS OR QUALIFICATIONS FOR AVAILABLE JOBS	<input type="checkbox"/> 02									
	03 = SCHOLAR OR STUDENT <u>AND</u> PREFERS NOT TO WORK	<input type="checkbox"/> 03									
	04 = HOUSEWIFE/HOMEMAKER <u>AND</u> PREFERS NOT TO WORK	<input type="checkbox"/> 04									
	05 = RETIRED <u>AND</u> PREFERS NOT TO SEEK FORMAL WORK	<input type="checkbox"/> 05									
	06 = ILLNESS, INVALID, DISABLED OR UNABLE TO WORK (HANDICAPPED)	<input type="checkbox"/> 06									
	07 = TOO YOUNG OR TOO OLD TO WORK	<input type="checkbox"/> 07									
	08 = SEASONAL WORKER, E.G. FRUIT PICKER, WOOL-SHEARER	<input type="checkbox"/> 08									
	09 = CANNOT FIND SUITABLE WORK (SALARY, LOCATION OF WORK OR CONDITIONS NOT SATISFACTORY)	<input type="checkbox"/> 09									
	10 = CONTRACT WORKER, E.G. MINE WORKER RESTING ACCORDING TO CONTRACT	<input type="checkbox"/> 10									
	11 = RECENTLY RETRENCHED	<input type="checkbox"/> 11									
	12 = OTHER REASON	<input type="checkbox"/> 12									
3.2	If a suitable job is offered, will accept it?										
	1 = YES	<input type="checkbox"/> 1									
	2 = No	<input type="checkbox"/> 2									
	3 = DON'T KNOW } ? Go to Q 3.8	<input type="checkbox"/> 3									
3.3	How soon can start work?										
	1 = WITHIN A WEEK	<input type="checkbox"/> 1									
	2 = WITHIN TWO WEEKS	<input type="checkbox"/> 2									
	3 = WITHIN FOUR WEEKS	<input type="checkbox"/> 3									
	4 = LATER THAN FOUR WEEKS FROM NOW	<input type="checkbox"/> 4									
	5 = DON'T KNOW	<input type="checkbox"/> 5									

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		01	02	03	04	05	06	07	08	09	10	
3.4	During the past four weeks, has taken any action	YES NO										
	a) to look for any kind of work	<input type="checkbox"/> 1 <input type="checkbox"/> 2										
	b) to start any kind of business	<input type="checkbox"/> 1 <input type="checkbox"/> 2										
	<i>If "No" to <u>both</u> a) and b) ? Go to Q 3.7</i>											
3.5	In the past four weeks, what has done to look for work or to start a business?											
	<i>Give only one answer, the main one</i>											
	1 = WAITED/REGISTERED AT EMPLOYMENT AGENCY/TRADE UNION	<input type="checkbox"/> 1										
	2 = ENQUIRED AT WORKPLACES, FARMS, FACTORIES OR CALLED ON OTHER POSSIBLE EMPLOYERS	<input type="checkbox"/> 2										
	3 = PLACED/ANSWERED ADVERTISEMENT(S)	<input type="checkbox"/> 3										
	4 = SOUGHT ASSISTANCE FROM RELATIVES OR FRIENDS	<input type="checkbox"/> 4										
	5 = LOOKED FOR LAND, BUILDING, EQUIPMENT OR APPLIED FOR PERMIT TO START OWN BUSINESS OR FARMING	<input type="checkbox"/> 5										
	6 = SOUGHT/UNDERWENT TRAINING	<input type="checkbox"/> 6										
	7 = WAITED AT THE STREET SIDE WHERE CASUAL WORKERS ARE FOUND	<input type="checkbox"/> 7										
	8 = OTHER	<input type="checkbox"/> 8										
9 = DON'T KNOW	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	
3.6	How long has been trying to find work or start a business?											
	1 = LESS THAN A MONTH	<input type="checkbox"/> 1										
	2 = 1 MONTH TO LESS THAN 2 MONTHS	<input type="checkbox"/> 2										
	3 = 2 MONTHS TO LESS THAN 3 MONTHS	<input type="checkbox"/> 3										
	4 = 3 MONTHS TO LESS THAN 4 MONTHS	<input type="checkbox"/> 4										
	5 = 4 MONTHS TO LESS THAN 6 MONTHS	<input type="checkbox"/> 5										
	6 = 6 MONTHS TO LESS THAN 1 YEAR	<input type="checkbox"/> 6										
	7 = 1 YEAR TO LESS THAN 3 YEARS	<input type="checkbox"/> 7										
	8 = 3 YEARS OR MORE	<input type="checkbox"/> 8										
	9 = DON'T KNOW	<input type="checkbox"/> 9										
	? Go to Q 3.8											

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		01	02	03	04	05	06	07	08	09	10	
3.7	<i>If "No" to both Q 3.4.a and b (has not been looking for work or trying to start a business in the past four weeks)</i>											
	What was the main reason why did not try to find work or start a business in the past four weeks?											
	01 = HAS BEEN TEMPORARILY LAID OFF WORK	<input type="checkbox"/> 01										
	02 = ILL HEALTH/INJURY/PHYSICAL DISABILITY	<input type="checkbox"/> 02										
	03 = PREGNANCY	<input type="checkbox"/> 03										
	04 = FAMILY CONSIDERATIONS/CHILD CARE	<input type="checkbox"/> 04										
	05 = UNDERGOING TRAINING TO HELP FIND WORK	<input type="checkbox"/> 05										
	06 = NO JOBS AVAILABLE IN THE AREA	<input type="checkbox"/> 06										
	07 = LACK OF MONEY TO PAY FOR TRANSPORT TO LOOK FOR WORK	<input type="checkbox"/> 07										
	08 = UNABLE TO FIND WORK REQUIRING HIS/HER SKILLS	<input type="checkbox"/> 08										
	09 = LOST HOPE OF FINDING ANY KIND OF WORK	<input type="checkbox"/> 09										
10 = NO TRANSPORT AVAILABLE	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	
11 = OTHER REASON	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	

Ask for everyone who has come to Section 3

3.8	Has ever worked before?										
	1 = YES	<input type="checkbox"/> 1									
	2 = NO	<input type="checkbox"/> 2									
	? Go to Q 3.12										
3.9	How long ago was it since last worked?										
	01 = 1 WEEK - LESS THAN 1 MONTH	<input type="checkbox"/> 01									
	02 = 1 MONTH - LESS THAN 2 MONTHS	<input type="checkbox"/> 02									
	03 = 2 MONTHS - LESS THAN 3 MONTHS	<input type="checkbox"/> 03									
	04 = 3 MONTHS - LESS THAN 4 MONTHS	<input type="checkbox"/> 04									
	05 = 4 MONTHS - LESS THAN 5 MONTHS	<input type="checkbox"/> 05									
	06 = 5 MONTHS - LESS THAN 6 MONTHS	<input type="checkbox"/> 06									
	07 = 6 MONTHS - LESS THAN 1 YEAR	<input type="checkbox"/> 07									
	08 = 1 YEAR - LESS THAN 2 YEARS	<input type="checkbox"/> 08									
	09 = 2 YEARS - LESS THAN 3 YEARS	<input type="checkbox"/> 09									
	10 = 3 YEARS OR MORE	<input type="checkbox"/> 10									
11 = DON'T KNOW	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	

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		01	02	03	04	05	06	07	08	09	10
3.10.a	<p>What kind of work did do in his/her last job? Give occupation or job title.</p> <p><i>Work includes all the activities mentioned earlier</i></p> <p><i>Record at least two words: Car sales person, Office cleaner, Vegetable farmer, Primary School teacher, etc.</i></p> <p><i>For agricultural work on own/family farm/plot, state whether for <u>own</u> use or for <u>sale</u> mostly.</i></p>										
3.10.b	<p>What were 's <u>main</u> tasks or duties in this job?</p> <p><i>Examples: Selling fruit, repairing watches, keeping accounts, feeding and watering cattle, teaching children.</i></p>										
	CODE BOX FOR OFFICE USE										
3.11.a	<p>What was the name of 's place of work?</p> <p><i>For government or large organisations, give the name of the establishment and branch or division: e.g. Education Dept – Rapele Primary School; ABC Gold Mining, Maintenance Div.</i></p> <p><i>Write 'Own house' or 'No fixed location', if relevant.</i></p>										
3.11.b	<p>What were the main goods and services produced at 's place of work? What were its main functions?</p> <p><i>Examples: Repairing cars, Selling commercial real estate, Sell food wholesale to restaurants, Retail clothing shop, Manufacture electrical appliances, Bar/ restaurant, Primary Education, Delivering newspapers to homes, Transporting goods by rail.</i></p>										
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		01	02	03	04	05	06	07	08	09	10
3.12	How does support him/herself?	Yes No									
	1 = Did odd jobs during the past seven days	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
	2 = Supported by persons in the household	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
	3 = Supported by persons not in the household	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
	4 = Supported by charity, church, welfare, etc.	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
	5 = Unemployment Insurance Fund (UIF)	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
	6 = Savings or money previously earned	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
	7 = Old age or disability pension	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
	8 = Other sources, e.g. bursary, study loan	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
	<i>If "Yes" to response category 1</i>										
	<i>? Go back to Q 2.1 for that person</i>										

? **Go to Section 5**

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SECTION 4 This section covers main work activity in the last seven days

Ask for all persons 15 years and over who were working or absent from work in the last seven days.

Read out: The next several questions refer to your (.....)'s main job or activity. That is the one where you (he/she) usually work (-s) the most hours per week, even if you (he/she) were (was) absent the last seven days.

		01	02	03	04	05	06	07	08	09	10
4.1.a	<p><i>Read out</i></p> <p>You said was doing these activities during the last seven days (or was temporarily absent).</p> <p><i>Refer to Q 2.1</i></p> <p>What kind of work did do in his/her <u>main</u> job during the last seven days (or usually does, even if he/she was absent in the last seven days)? Give occupation or job title.</p> <p><i>Work includes all the activities mentioned earlier</i></p> <p><i>Record at least two words: Car sales person, Office cleaner, Vegetable farmer, Primary school teacher, etc.</i></p> <p><i>For agricultural work on own/family farm/plot, state whether for <u>own</u> use or for <u>sale</u> mostly.</i></p>										
4.1.b	<p>What were 's <u>main</u> tasks or duties in this job?</p> <p><i>Examples: Selling fruit, repairing watches, keeping accounts, feeding and watering cattle.</i></p>										
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		01	02	03	04	05	06	07	08	09	10
4.2.a	<p>What is the name of 's place of work?</p> <p><i>For government or large organisations, give the name of the establishment and branch or division: e.g. Education Dept – Rapele Primary School; ABC Gold Mining, Maintenance Div.</i></p> <p><i>Write 'Own house' or 'No fixed location', if relevant.</i></p>										
4.2.b	<p>What are the main goods and services produced at 's place of work? What are its main functions?</p> <p><i>Examples: Repairing cars, Selling commercial real estate, Sell food wholesale to restaurants, Retail clothing shop, Manufacture electrical appliances, Bar/ restaurant, Primary Education, Delivering newspapers to homes.</i></p>										
	CODE BOX FOR OFFICE USE										

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		01	02	03	04	05	06	07	08	09	10
4.3	In 's main work was he/she										
	1 = Working for someone else for pay? <i>Payment in cash, kind or accommodation. Category 1 includes all employees: Full time, part-time, casual work, piecework, <u>except</u> private household work. ? Go to Q 4.4</i>	<input type="checkbox"/> 1									
	2 = Working for one or more private households as a domestic employee, gardener or security guard? <i>Payment in cash, kind or accommodation. ? Go to Q 4.4</i>	<input type="checkbox"/> 2									
	3 = Working on his/her own or on a small household farm/plot or collecting natural products from the forest or sea? <i>? Go to Q 4.14</i>	<input type="checkbox"/> 3									
	4 = Working on his/her own or with a partner, in any type of business (including commercial farms)? <i>? Go to Q 4.14</i>	<input type="checkbox"/> 4									
	5 = Helping without pay in a household business? <i>? Go to Q 4.14</i>	<input type="checkbox"/> 5									
4.4	Does work for										
	1 = One employer 2 = More than one employer	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
4.5	When did start working with the (main) employer mentioned above (firm, institution or private individual)? Give year and month.										
	<i>State year in four figures, e.g. 1998</i> Year										
	<i>State month in two figures, e.g. 08 for August</i> Month										

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		01	02	03	04	05	06	07	08	09	10
4.6	Is 's work 1 = Permanent 2 = A fixed period contract 3 = Temporary 4 = Casual 5 = Seasonal 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	<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	<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	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
4.7	Who owns the tools and/or equipment that uses at work? 1 = The employer 2 = The person him/herself 3 = Both the employer and the person him/herself 4 = Tools and/or equipment are rented/hired or owned by an outside person or organisation 5 = Not applicable - equipment not used 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	<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	<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	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
4.8	Does have a written contract with the employer? 1 = YES 2 = No 3 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3									
4.9	Does anyone directly supervise the work does or does he/she work independently? 1 = WORK SUPERVISED 2 = WORK INDEPENDENTLY 3 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3									

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4.10	Who pays ?										
	1 = The establishment/enterprise/individual for which he/she works	<input type="checkbox"/> 1									
	2 = A labour broker	<input type="checkbox"/> 2									
	3 = A contractor or agency	<input type="checkbox"/> 3									
	4 = Other	<input type="checkbox"/> 4									
	5 = DON'T KNOW	<input type="checkbox"/> 5									

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		01	02	03	04	05	06	07	08	09	10
4.11	Does 's employer contribute to any pension/ retirement fund? 1 = YES 2 = NO 3 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3									
4.12	Does get any paid leave? 1 = YES 2 = NO 3 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3									
4.13	Is a member of a trade union? 1 = YES 2 = NO 3 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3									
4.14	Is the business or enterprise/branch where works 1 = Central government 2 = Provincial government 3 = Local government 4 = A government enterprise (<i>Transnet, Telkom, etc.</i>) 5 = A club, community organisation, welfare organisation, NGO, or a church 6 = A co-operative, self-help association, labour union, professional association, or business league 7 = A private business or a private household 8 = Self-employed 9 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9

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		01	02	03	04	05	06	07	08	09	10	
4.15.a	What is’s total salary/pay at his/her <u>main</u> job? <i>Including overtime, allowances and bonus, before any tax or deductions.</i>											
	Rand											
	<i>Give amount in whole figures, without any text or decimals If “REFUSE” or “DON’T KNOW”? Go to Q 4.15.c</i>											
4.15.b	Only if amount given in 4.15.a Is this 1 = Per week 2 = Per month 3 = Annually	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3										
4.15.c	Only if “REFUSE” or “DON’T KNOW” in 4.15.a <i>Show the categories. Make sure the respondent points at the correct income column (weekly, monthly, annually) on prompt card 3 and mark the applicable code.</i>											
		Weekly	Monthly	Annually								
	01	NONE	NONE	NONE	<input type="checkbox"/> 01	<input type="checkbox"/> 01						
	02	R1 - R46	R1 - R200	R1 - R2 400	<input type="checkbox"/> 02	<input type="checkbox"/> 02						
	03	R47 - R115	R201 - R500	R2 401 - R6 000	<input type="checkbox"/> 03	<input type="checkbox"/> 03						
	04	R116 - R231	R501 – R1 000	R6 001 - R12 000	<input type="checkbox"/> 04	<input type="checkbox"/> 04						
	05	R232 - R346	R1 001 - R1 500	R12 001 - R18 000	<input type="checkbox"/> 05	<input type="checkbox"/> 05						
	06	R347 - R577	R1 501 - R2 500	R18 001 - R30 000	<input type="checkbox"/> 06	<input type="checkbox"/> 06						
	07	R578 - R808	R2 501 - R3 500	R30 001 - R42 000	<input type="checkbox"/> 07	<input type="checkbox"/> 07						
	08	R809 - R1 039	R3 501 - R4 500	R42 001 - R54 000	<input type="checkbox"/> 08	<input type="checkbox"/> 08						
	09	R1 040 - R1 386	R4 501 - R6 000	R54 001 - R72 000	<input type="checkbox"/> 09	<input type="checkbox"/> 09						
	10	R1 387 - R1 848	R6 001 - R8 000	R72 001 - R96 000	<input type="checkbox"/> 10	<input type="checkbox"/> 10						
	11	R1 849 - R2 540	R8 001 - R11 000	R96 001 - R132 000	<input type="checkbox"/> 11	<input type="checkbox"/> 11						
	12	R2 541 - R3 695	R11 001 - R16 000	R132 001 - R192 000	<input type="checkbox"/> 12	<input type="checkbox"/> 12						

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13	R3 696 - R6 928	R16 001 - R30 000	R192 001 - R360 000	<input type="checkbox"/> 13										
14	R6 929 OR MORE	R30 001 OR MORE	R360 001 OR MORE	<input type="checkbox"/> 14										
15	DON'T KNOW	DON'T KNOW	DON'T KNOW	<input type="checkbox"/> 15										
16	REFUSE	REFUSE	REFUSE	<input type="checkbox"/> 16										

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		01	02	03	04	05	06	07	08	09	10
4.16	How many regular workers has the organisation/ business/ enterprise/ branch where works, including him/herself?										
	1 = 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = 2 - 4	<input type="checkbox"/> 2									
	3 = 5 - 9	<input type="checkbox"/> 3									
	4 = 10 - 19	<input type="checkbox"/> 4									
	5 = 20 - 49	<input type="checkbox"/> 5									
	6 = 50 OR MORE	<input type="checkbox"/> 6									
7 = DON'T KNOW	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	
4.17	Is the organisation/ business/ enterprise/ branch where works										
	a) a registered company or close corporation?										
	1 = YES	<input type="checkbox"/> 1									
	2 = NO	<input type="checkbox"/> 2									
	3 = DON'T KNOW	<input type="checkbox"/> 3									
	b) deducting UIF contributions for him/her?										
	1 = YES	<input type="checkbox"/> 1									
	2 = No, because his/her income is above UIF limit	<input type="checkbox"/> 2									
	3 = No, for other reasons	<input type="checkbox"/> 3									
	4 = DON'T KNOW	<input type="checkbox"/> 4									
	c) providing for membership, or contributions towards membership of a medical aid fund or health insurance?										
	1 = Yes, for him/herself only	<input type="checkbox"/> 1									
	2 = Yes, for him/herself and his/her dependants	<input type="checkbox"/> 2									
	3 = No medical aid benefits provided	<input type="checkbox"/> 3									
	4 = DON'T KNOW	<input type="checkbox"/> 4									
	d) registered for VAT?										
	1 = Yes	<input type="checkbox"/> 1									
2 = No	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	
3 = DON'T KNOW	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	

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Questionnaire id

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		01	02	03	04	05	06	07	08	09	10
4.18	<p>Is the organisation/ business/ enterprise/ branch where works</p> <p>1 = In the formal sector</p> <p>2 = In the informal sector (including domestic work)</p> <p>3 = DON'T KNOW</p> <p><i>Formal sector employment is where the employer (institution, business or private individual) is registered to perform the activity. Informal sector employment is where the employer is not registered.</i></p>	<input type="checkbox"/> 1									
		<input type="checkbox"/> 2									
		<input type="checkbox"/> 3									
4.19	<p>Where is the business/enterprise/branch where works located?</p> <p>1 = In the owner's home/On the owner's farm/Private household</p> <p>2 = In someone else's home</p> <p>3 = Inside a formal business premises such as factory or office</p> <p>4 = At a service outlet such as a shop, school, post office, etc</p> <p>5 = At a market</p> <p>6 = On a footpath, street, street corner, open space or field</p> <p>7 = No fixed location</p> <p>8 = Other</p>	<input type="checkbox"/> 1									
		<input type="checkbox"/> 2									
		<input type="checkbox"/> 3									
		<input type="checkbox"/> 4									
		<input type="checkbox"/> 5									
		<input type="checkbox"/> 6									
		<input type="checkbox"/> 7									
		<input type="checkbox"/> 8									

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Working hours

		01	02	03	04	05	06	07	08	09	10
4.20	How many hours, including overtime, did work during the last seven days										
	a. In his/her main job/activity										
	b. In all other work activities (See Q 2.1)										
	c. In total										
<i>Add a + b and confirm that this is correct.</i>											
4.21	How many hours per week, including overtime, does usually work										
	a. In his/her main job/activity										
	b. In all other work activities (See Q 2.1)										
	c. In total										
<i>Add a + b and confirm that this is correct.</i>											
4.22	Can decide on the number of hours per week during which he/she works, or are these fixed by the employer?										
	1 = He/she can decide fully for him/herself	<input type="checkbox"/> 1									
	2 = He/she can decide, but within a limited range (e.g. flexitime)	<input type="checkbox"/> 2									
	3 = Number of hours are fixed by his/her employer	<input type="checkbox"/> 3									
	4 = DON'T KNOW	<input type="checkbox"/> 4									
4.23	Does want to work longer hours?										
	1 = YES	<input type="checkbox"/> 1									
	2 = No ? <i>End of section for this person</i>	<input type="checkbox"/> 2									
	3 = DON'T KNOW	<input type="checkbox"/> 3									

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Questionnaire id

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		01	02	03	04	05	06	07	08	09	10
4.24	If extra work was available, would be able to start such work in the next four weeks? 1 = YES 2 = No ? <i>End of section for this person</i> 3 = DON'T KNOW	<input type="checkbox"/> 1									
		<input type="checkbox"/> 2									
		<input type="checkbox"/> 3									
4.25	During the past four weeks, has taken any action to look for or prepare for any extra work? 1 = YES 2 = No } ? <i>End of section for this person</i> 3 = DON'T KNOW	<input type="checkbox"/> 1									
		<input type="checkbox"/> 2									
		<input type="checkbox"/> 3									
4.26	What activities did do to look or prepare for extra work? <i>Give only one answer, the main one</i> 1 = ENQUIRED AT WORKPLACES, FARMS, FACTORIES OR CALLED ON OTHER POSSIBLE EMPLOYERS 2 = WAITED/REGISTERED AT EMPLOYMENT AGENCY, LABOUR BROKER, DEPARTMENT OF LABOUR OR TRADE UNION 3 = PLACED OR ANSWERED ADVERTISEMENTS 4 = SOUGHT ASSISTANCE FROM FRIENDS OR RELATIVES 5 = LOOKED FOR LAND, BUILDINGS OR EQUIPMENT OR APPLIED FOR PERMIT TO START OWN BUSINESS OR FARMING 6 = WAITING AT THE STREET-SIDE 7 = OTHER 8 = DON'T KNOW	<input type="checkbox"/> 1									
		<input type="checkbox"/> 2									
		<input type="checkbox"/> 3									
		<input type="checkbox"/> 4									
		<input type="checkbox"/> 5									
		<input type="checkbox"/> 6									
		<input type="checkbox"/> 7									
		<input type="checkbox"/> 8									
4.27	Was mostly looking for 1 = The same work with more hours 2 = Different work with more hours 3 = DON'T KNOW	<input type="checkbox"/> 1									
		<input type="checkbox"/> 2									
		<input type="checkbox"/> 3									

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SECTION 5

This section covers information regarding agricultural activities and uncompensated activities in the past 12 months

Ask for all persons 15 years and over.

		01	02	03	04	05	06	07	08	09	10		
5.1	Did grow - or help to grow - any produce, e.g. maize or other crops, vegetables or fruit, or keep,- or help to keep, any stock, e.g. cattle, sheep, goats, horses, even chickens, for sale or for household use during the last 12 months? 1 = YES 2 = No ? Go to Q 5.4	<input type="checkbox"/> 1											
		<input type="checkbox"/> 2											
5.2	During which months was engaged in growing produce or keeping stock in the last 12 months? <i>Mark a "Yes" or a "No" for all months</i>	YES No											
		<input type="checkbox"/> 1 <input type="checkbox"/> 2											
		March 2001	<input type="checkbox"/> 1 <input type="checkbox"/> 2										
		April 2001	<input type="checkbox"/> 1 <input type="checkbox"/> 2										
		May 2001	<input type="checkbox"/> 1 <input type="checkbox"/> 2										
		June 2001	<input type="checkbox"/> 1 <input type="checkbox"/> 2										
		July 2001	<input type="checkbox"/> 1 <input type="checkbox"/> 2										
		August 2001	<input type="checkbox"/> 1 <input type="checkbox"/> 2										
		September 2001	<input type="checkbox"/> 1 <input type="checkbox"/> 2										
		October 2001	<input type="checkbox"/> 1 <input type="checkbox"/> 2										
		November 2001	<input type="checkbox"/> 1 <input type="checkbox"/> 2										
		December 2001	<input type="checkbox"/> 1 <input type="checkbox"/> 2										
		January 2002	<input type="checkbox"/> 1 <input type="checkbox"/> 2										
February 2002	<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	<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		
5.3	Why does grow or help in growing farm produce or keep stock for the household? 1 = As a main source of food for the household 2 = As the main source of income/earning a living 3 = As an extra source of income 4 = As an extra source of food for the household 5 = As a leisure activity or hobby, e.g. gardening	<input type="checkbox"/> 1											
		<input type="checkbox"/> 2											
		<input type="checkbox"/> 3											
		<input type="checkbox"/> 4											
		<input type="checkbox"/> 5											

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		01	02	03	04	05	06	07	08	09	10	
5.4	In the last 12 months, did do any uncompensated work for the benefit of a community, neighbourhood, or an interest group? 1 = YES 2 = No ? <i>End of Section 5 for this person.</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2										
5.5	In which of the following areas was the uncompensated work did in the last 12 months? Was it	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2										
	a = to help sick or handicapped people in their everyday life activities	<input type="checkbox"/> 1 <input type="checkbox"/> 2										
	b = to provide medical care, or counselling, to sick or handicapped people	<input type="checkbox"/> 1 <input type="checkbox"/> 2										
	c = to provide training or instruction to others	<input type="checkbox"/> 1 <input type="checkbox"/> 2										
	d = to keep law and order in a community	<input type="checkbox"/> 1 <input type="checkbox"/> 2										
	e. = to maintain or replenish community resources (e.g. building or improving roads, water supply, structures, green areas, etc.)	<input type="checkbox"/> 1 <input type="checkbox"/> 2										
	f = to organise cultural events (e.g. music, dance, or performance), sporting events, or recreational activities for a community, neighbourhood, or a group	<input type="checkbox"/> 1 <input type="checkbox"/> 2										
	g = to collect money for an organisation/institution	<input type="checkbox"/> 1 <input type="checkbox"/> 2										
	h = to organise events to collect money for an organisation/institution	<input type="checkbox"/> 1 <input type="checkbox"/> 2										
	i = something else, <i>specify</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2										

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		01	02	03	04	05	06	07	08	09	10
6.5	What is the gender of the deceased? 1 = MALE 2 = FEMALE	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
6.6	What was the age in years at death?										
6.7	Did die from either an accident or through violence? 1 = YES 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
6.8	<i>If woman under 50 years</i> Did die while pregnant or within six weeks after delivery? 1 = YES 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2									

End of the interview. Thank the respondent for his/her co-operation

6.9	<i>Indicate the column number of the person who answered the questions in Section 6</i>	
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6.10	<i>In what language was the main part of the interview conducted?</i>	
	01 = AFRIKAANS	<input type="checkbox"/> 01
	02 = ENGLISH	<input type="checkbox"/> 02
	03 = ISINDEBELE/SOUTH NDEBELE/NORTH NDEBELE	<input type="checkbox"/> 03
	04 = ISIXHOSA/XHOSA	<input type="checkbox"/> 04
	05 = ISIZULU/ZULU	<input type="checkbox"/> 05
	06 = SEPEDI/NORTHERN SOTHO	<input type="checkbox"/> 06
	07 = SESOTHO/SOUTHERN SOTHO/SOTHO	<input type="checkbox"/> 07
	08 = SETSWANA/TSWANA	<input type="checkbox"/> 08
	09 = SISWATI/SWAZI	<input type="checkbox"/> 09
	10 = TSHIVENDA/VENDA	<input type="checkbox"/> 10
	11 = XITSONGA/TSONGA	<input type="checkbox"/> 11
	12 = OTHER, <i>specify</i>	<input type="checkbox"/> 12

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Questionnaire id

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FOR PROCESSING

	NAME	NUMBER	DATE
HQ CHECK			
CODING 1			
VERIFICATION CODING 1			
CODING 2			
VERIFICATION CODING 2			
DATA ENTRY			
CHECK DATA ENTRY			