



LIVING CONDITIONS SURVEY 2008/09

HOUSEHOLD QUESTIONNAIRE

SURVEY (CALENDER) MONTH			
PARTICULARS OF SAMPLING UNIT			
PSU Number			
Dwelling Unit Number			
Physical identification of the dwelling unit			
HOUSEHOLDS AT THE DWELLING UNIT			
Household number for this household			
Total number of households at the dwelling unit			
Telephone number (if any)			
Total number of persons in the household			
Name of main respondent			
Questionnaire number			
Total number of questionnaires			
FIELD STAFF			
Interviewer	Name		
	Number		
Supervisor	Name		
	Number		

OFFICE USE															
QID OF 1ST QUESTIONNAIRE (for additional Q only)															
DETAILS ON COMPLETED ACTIVITIES															
Instrument/ Module	Date				Result code	Result codes									
	D	D	M	M											
HHQ Module 1						1- Completed									
HHQ Module 2						2- Non-contact									
HHQ Module 3						3- Refused									
HHQ Module 4						4- Partly completed									
HHQ Module 5						5- No usable information									
HHQ Module 6						6- Vacant dwelling									
HHQ Module 7						7- Listing error									
Diary Week 1						8- Change of status									
Diary Week 2						9- Other									
Diary Week 3						<i>See back for 2nd digit</i>									
Diary Week 4															
FINAL RESULT															
COMMENTS (all non-response to be commented on)															

		1	2	3	4	5	6	7	8	9	0
2.18	Do you do any of the following training activities?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	1 = Vigorous activities, such as running, strenuous sports, weightlifting, etc., for at least 10 minutes at a time	<input type="checkbox"/>									
	2 = Moderate intensity activities such as brisk walking, cycling, swimming, etc. for at least 10 minutes at a time	<input type="checkbox"/>									
	3 = Doing exercises at home	<input type="checkbox"/>									
	4 = Sport (either at school or in the community)	<input type="checkbox"/>									
	5 = Intensive physical work (e.g. working in the fields, bricklaying, moving heavy objects, etc.)	<input type="checkbox"/>									
	6 = Other, <i>specify in the box</i>	<input type="checkbox"/>									
2.19	<i>Ask only if any YES in Q2.18</i> In a usual week, how many days do you do any of the mentioned training activities?										
2.20	How much time do you spend doing this on a usual day?										
		<input type="checkbox"/>									
		h h m m	h h m m	h h m m	h h m m	h h m m	h h m m	h h m m	h h m m	h h m m	h h m m

LCS

		1		2		3		4		5		6		7		8		9		0	
4.9 In the last calendar week....		Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
A	Did you work for a wage, salary, commission or any payment in kind (including paid domestic work), even if it was for only one hour? <i>Examples: a regular job, contract, casual or piece work for pay, work in exchange for food or housing, paid domestic work.</i>	<input type="checkbox"/>																			
B	Did you run or do any kind of business, big or small, for yourself or with one or more partners, even if it was for only one hour? <i>Examples: Commercial farming, selling things, making things for sale, construction, repairing things, guarding cars, brewing beer, collecting wood or water for sale, hairdressing, crèche businesses, taxi or other transport business, having a legal or medical practice, performing in public, having a public phone shop, etc.</i>	<input type="checkbox"/>																			
C	Did you help without being paid in any kind of business run by your household, even if it was for only one hour? <i>Examples: Commercial farming, help to sell things, make things for sale or exchange, doing the accounts, cleaning up for the business, etc.</i> <i>If YES to any part of Q 4.9 go to Q4.14, otherwise go to Q 4.10.</i>	<input type="checkbox"/>																			

LCSS

		1	2	3	4	5	6	7	8	9	0
5.11	During the past 12 months, has any member of the household been a victim of crimes, such as pick-pocketing, car or cell phone theft in South Africa? 1 = YES 2 = No 3 = DON'T KNOW	<input type="checkbox"/> 1									
		<input type="checkbox"/> 2									
		<input type="checkbox"/> 3									

5.12	During the past 12 months, has the household been a victim of housebreaking in South Africa? 1 = YES 2 = No 3 = DON'T KNOW	<input type="checkbox"/> 1
		<input type="checkbox"/> 2
		<input type="checkbox"/> 3

LCS 2008

		1	2	3	4	5	6	7	8	9	0
6.1 F	Grant-in-Aid										
	1 = YES	<input type="checkbox"/>									
	2 = NO	<input type="checkbox"/>									
	3 = DON'T KNOW	<input type="checkbox"/>									
G	War Veteran's Grant										
	1 = YES	<input type="checkbox"/>									
	2 = NO	<input type="checkbox"/>									
	3 = DON'T KNOW	<input type="checkbox"/>									
H	Other assistance from government										
	1 = YES, <i>specify</i>	<input type="checkbox"/>									
	2 = No	<input type="checkbox"/>									
	3 = DON'T KNOW	<input type="checkbox"/>									
I	Any social relief, e.g. in cash, or food, blankets, etc?										
	1 = YES	<input type="checkbox"/>									
	2 = No	<input type="checkbox"/>									
	3 = DON'T KNOW	<input type="checkbox"/>									
6.2	What kind of social relief does receive?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	1 = Cash	<input type="checkbox"/>									
	2 = Food	<input type="checkbox"/>									
	3 = Blankets	<input type="checkbox"/>									
	4 = Other items, <i>specify below</i>	<input type="checkbox"/>									
	5 = DON'T KNOW	<input type="checkbox"/>									

→ Go to Q 7.1

7 INFORMATION REGARDING DWELLINGS AND SERVICES			
The following questions cover information on dwellings and the services provided			
7.1	Indicate the type of main dwelling and other dwelling that the household occupies on this piece of land.		
	<i>Mark only two dwellings, even if the household occupies more than two dwellings</i>	Main dwelling	Other dwelling
	01 = DWELLING ON A SEPARATE STAND OR YARD OR ON A FARM	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = TRADITIONAL DWELLING, E.G HUT, RONDAVEL	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = FLAT OR APARTMENT IN A BLOCK OF FLATS	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	04 = TOWN-, CLUSTER- OR SEMI-DETACHED HOUSE (SIMPLEX, DUPLEX OR TRIPLEX)	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = UNIT IN RETIREMENT VILLAGE	<input type="checkbox"/> 05	<input type="checkbox"/> 05
	06 = DWELLING, FLAT OR ROOM IN BACKYARD	<input type="checkbox"/> 06	<input type="checkbox"/> 06
	07 = INFORMAL DWELLING IN BACKYARD, E.G. SHACK	<input type="checkbox"/> 07	<input type="checkbox"/> 07
	08 = INFORMAL DWELLING NOT IN BACKYARD, E.G. IN AN INFORMAL/SQUATTER SETTLEMENT OR ON A FARM	<input type="checkbox"/> 08	<input type="checkbox"/> 08
	09 = ROOM, FLATLET, A LARGER DWELLING, SERVANTS QUARTERS OR GRANNY FLAT	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = CARAVAN/TENT	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = WORKERS' HOSTEL	<input type="checkbox"/> 11	<input type="checkbox"/> 11
	12 = FAMILY UNIT (FORMERLY WORKERS' HOSTEL)	<input type="checkbox"/> 12	<input type="checkbox"/> 12
	13 = OTHER, <i>specify in the box below</i>	<input type="checkbox"/> 13	<input type="checkbox"/> 13
		<input type="checkbox"/>	<input type="checkbox"/>
	<i>Mark if no "Other dwelling" is occupied</i>		<input type="checkbox"/>

7.2 What type of dwelling/dwellings did this household occupy before moving to the current one?			
<i>Mark only two dwellings, even if the household occupied more than two dwellings</i>			
		Main dwelling	Other dwelling
01 = DWELLING ON A SEPARATE STAND OR YARD OR ON A FARM	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
01 = DWELLING OR BRICK STRUCTURE ON A SEPARATE STAND OR YARD OR ON A FARM	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
02 = TRADITIONAL DWELLING, E.G HUT, RONDAVEL	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
03 = FLAT OR APARTMENT IN A BLOCK OF FLATS	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
04 = TOWN-, CLUSTER- OR SEMI-DETACHED HOUSE (SIMPLEX, DUPLEX OR TRIPLEX)	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
05 = UNIT IN RETIREMENT VILLAGE	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
06 = DWELLING, FLAT OR ROOM IN BACKYARD	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
07 = INFORMAL DWELLING IN BACKYARD, E.G. SHACK	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
08 = INFORMAL DWELLING NOT IN BACKYARD, E.G. IN AN INFORMAL/SQUATTER SETTLEMENT OR ON A FARM	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
09 = ROOM, FLATLET, A LARGER DWELLING, SERVANTS QUARTERS OR GRANNY FLAT	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
10 = CARAVAN/TENT	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
11 = WORKERS' HOSTEL	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
12 = FAMILY UNIT (FORMERLY WORKERS' HOSTEL)	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12
13 = OTHER, <i>specify in the box below</i>	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13
		<input type="checkbox"/>	<input type="checkbox"/>
<i>No other (second) dwelling was occupied before moving here</i>			<input type="checkbox"/>
<i>The household has not moved from any previous dwelling → Go to Q 7.4</i>			<input type="checkbox"/>

7.3	How long ago did the household move to this dwelling unit? 1 = TWO YEARS OR LESS 2 = MORE THAN TWO YEARS, BUT LESS THAN FIVE YEARS 3 = MORE THAN FIVE YEARS 4 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																																										
7.4	What is the main material used for the walls and the roof of the main dwelling? <i>Mark only one code in each column</i>	<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%; text-align: center;">Walls</th> <th style="width: 25%; text-align: center;">Roof</th> </tr> </thead> <tbody> <tr><td>01 = BRICKS</td><td style="text-align: center;"><input type="checkbox"/> 01</td><td style="text-align: center;"><input type="checkbox"/> 01</td></tr> <tr><td>02 = CEMENT BLOCK/CONCRETE</td><td style="text-align: center;"><input type="checkbox"/> 02</td><td style="text-align: center;"><input type="checkbox"/> 02</td></tr> <tr><td>03 = CORRUGATED IRON/ZINC</td><td style="text-align: center;"><input type="checkbox"/> 03</td><td style="text-align: center;"><input type="checkbox"/> 03</td></tr> <tr><td>04 = WOOD</td><td style="text-align: center;"><input type="checkbox"/> 04</td><td style="text-align: center;"><input type="checkbox"/> 04</td></tr> <tr><td>05 = PLASTIC</td><td style="text-align: center;"><input type="checkbox"/> 05</td><td style="text-align: center;"><input type="checkbox"/> 05</td></tr> <tr><td>06 = CARDBOARD</td><td style="text-align: center;"><input type="checkbox"/> 06</td><td style="text-align: center;"><input type="checkbox"/> 06</td></tr> <tr><td>07 = MIXTURE OF MUD AND CEMENT</td><td style="text-align: center;"><input type="checkbox"/> 07</td><td style="text-align: center;"><input type="checkbox"/> 07</td></tr> <tr><td>08 = WATTLE AND DAUB</td><td style="text-align: center;"><input type="checkbox"/> 08</td><td style="text-align: center;"><input type="checkbox"/> 08</td></tr> <tr><td>09 = TILE</td><td style="text-align: center;"><input type="checkbox"/> 09</td><td style="text-align: center;"><input type="checkbox"/> 09</td></tr> <tr><td>10 = MUD</td><td style="text-align: center;"><input type="checkbox"/> 10</td><td style="text-align: center;"><input type="checkbox"/> 10</td></tr> <tr><td>11 = THATCHING</td><td style="text-align: center;"><input type="checkbox"/> 11</td><td style="text-align: center;"><input type="checkbox"/> 11</td></tr> <tr><td>12 = ASBESTOS</td><td style="text-align: center;"><input type="checkbox"/> 12</td><td style="text-align: center;"><input type="checkbox"/> 12</td></tr> <tr><td>13 = OTHER, <i>specify in the box below</i></td><td style="text-align: center;"><input type="checkbox"/> 13</td><td style="text-align: center;"><input type="checkbox"/> 13</td></tr> </tbody> </table>		Walls	Roof	01 = BRICKS	<input type="checkbox"/> 01	<input type="checkbox"/> 01	02 = CEMENT BLOCK/CONCRETE	<input type="checkbox"/> 02	<input type="checkbox"/> 02	03 = CORRUGATED IRON/ZINC	<input type="checkbox"/> 03	<input type="checkbox"/> 03	04 = WOOD	<input type="checkbox"/> 04	<input type="checkbox"/> 04	05 = PLASTIC	<input type="checkbox"/> 05	<input type="checkbox"/> 05	06 = CARDBOARD	<input type="checkbox"/> 06	<input type="checkbox"/> 06	07 = MIXTURE OF MUD AND CEMENT	<input type="checkbox"/> 07	<input type="checkbox"/> 07	08 = WATTLE AND DAUB	<input type="checkbox"/> 08	<input type="checkbox"/> 08	09 = TILE	<input type="checkbox"/> 09	<input type="checkbox"/> 09	10 = MUD	<input type="checkbox"/> 10	<input type="checkbox"/> 10	11 = THATCHING	<input type="checkbox"/> 11	<input type="checkbox"/> 11	12 = ASBESTOS	<input type="checkbox"/> 12	<input type="checkbox"/> 12	13 = OTHER, <i>specify in the box below</i>	<input type="checkbox"/> 13	<input type="checkbox"/> 13
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7.6	Interviewer to answer Does the household occupy more than one dwelling? See Q7.1 and Q7.2.	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																										

7.7	What is the main material used for the walls and the roof of the other dwelling? <i>Mark only one code in each column</i>		<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%; text-align: center;">Walls</th> <th style="width: 25%; text-align: center;">Roof</th> </tr> </thead> <tbody> <tr><td>01 = BRICKS</td><td style="text-align: center;"><input type="checkbox"/> 01</td><td style="text-align: center;"><input type="checkbox"/> 01</td></tr> <tr><td>02 = CEMENT BLOCK/CONCRETE</td><td style="text-align: center;"><input type="checkbox"/> 02</td><td style="text-align: center;"><input type="checkbox"/> 02</td></tr> <tr><td>03 = CORRUGATED IRON/ZINC</td><td style="text-align: center;"><input type="checkbox"/> 03</td><td style="text-align: center;"><input type="checkbox"/> 03</td></tr> <tr><td>04 = WOOD</td><td style="text-align: center;"><input type="checkbox"/> 04</td><td style="text-align: center;"><input type="checkbox"/> 04</td></tr> <tr><td>05 = PLASTIC</td><td style="text-align: center;"><input type="checkbox"/> 05</td><td style="text-align: center;"><input type="checkbox"/> 05</td></tr> <tr><td>06 = CARDBOARD</td><td style="text-align: center;"><input type="checkbox"/> 06</td><td style="text-align: center;"><input type="checkbox"/> 06</td></tr> <tr><td>07 = MIXTURE OF MUD AND CEMENT</td><td style="text-align: center;"><input type="checkbox"/> 07</td><td style="text-align: center;"><input type="checkbox"/> 07</td></tr> <tr><td>08 = WATTLE AND DAUB</td><td style="text-align: center;"><input type="checkbox"/> 08</td><td style="text-align: center;"><input type="checkbox"/> 08</td></tr> <tr><td>09 = TILE</td><td style="text-align: center;"><input type="checkbox"/> 09</td><td style="text-align: center;"><input type="checkbox"/> 09</td></tr> <tr><td>10 = MUD</td><td style="text-align: center;"><input type="checkbox"/> 10</td><td style="text-align: center;"><input type="checkbox"/> 10</td></tr> <tr><td>11 = THATCHING</td><td style="text-align: center;"><input type="checkbox"/> 11</td><td style="text-align: center;"><input type="checkbox"/> 11</td></tr> <tr><td>12 = ASBESTOS</td><td style="text-align: center;"><input type="checkbox"/> 12</td><td style="text-align: center;"><input type="checkbox"/> 12</td></tr> <tr><td>13 = OTHER, <i>specify in the box below</i></td><td style="text-align: center;"><input type="checkbox"/> 13</td><td style="text-align: center;"><input type="checkbox"/> 13</td></tr> </tbody> </table>		Walls	Roof	01 = BRICKS	<input type="checkbox"/> 01	<input type="checkbox"/> 01	02 = CEMENT BLOCK/CONCRETE	<input type="checkbox"/> 02	<input type="checkbox"/> 02	03 = CORRUGATED IRON/ZINC	<input type="checkbox"/> 03	<input type="checkbox"/> 03	04 = WOOD	<input type="checkbox"/> 04	<input type="checkbox"/> 04	05 = PLASTIC	<input type="checkbox"/> 05	<input type="checkbox"/> 05	06 = CARDBOARD	<input type="checkbox"/> 06	<input type="checkbox"/> 06	07 = MIXTURE OF MUD AND CEMENT	<input type="checkbox"/> 07	<input type="checkbox"/> 07	08 = WATTLE AND DAUB	<input type="checkbox"/> 08	<input type="checkbox"/> 08	09 = TILE	<input type="checkbox"/> 09	<input type="checkbox"/> 09	10 = MUD	<input type="checkbox"/> 10	<input type="checkbox"/> 10	11 = THATCHING	<input type="checkbox"/> 11	<input type="checkbox"/> 11	12 = ASBESTOS	<input type="checkbox"/> 12	<input type="checkbox"/> 12	13 = OTHER, <i>specify in the box below</i>	<input type="checkbox"/> 13	<input type="checkbox"/> 13
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7.9	Did any member of this household benefit from a government housing subsidy, such as RDP housing subsidy, to obtain this dwelling or any other dwelling? <i>Do not include housing subsidies for government employees.</i>	<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 16.6%;">Y</th> <th style="width: 16.6%;">N</th> <th style="width: 16.6%;">D/K</th> </tr> </thead> <tbody> <tr> <td>1 = For the main dwelling</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>2 = For a dwelling somewhere else</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Y	N	D/K	1 = For the main dwelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 = For a dwelling somewhere else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																															
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7.10 What is this household's main source of or access to water for drinking and for other use?

	Drinking	Other
01 = PIPED (TAP) WATER IN DWELLING	<input type="checkbox"/> 01	<input type="checkbox"/> 01
02 = PIPED (TAP) WATER ON-SITE OR IN YARD	<input type="checkbox"/> 02	<input type="checkbox"/> 02
03 = BOREHOLE ON-SITE	<input type="checkbox"/> 03	<input type="checkbox"/> 03
04 = RAIN-WATER TANK ON-SITE	<input type="checkbox"/> 04	<input type="checkbox"/> 04
05 = NEIGHBOUR'S TAP	<input type="checkbox"/> 05	<input type="checkbox"/> 05
06 = PUBLIC TAP	<input type="checkbox"/> 06	<input type="checkbox"/> 06
07 = WATER-CARRIER/TANKER	<input type="checkbox"/> 07	<input type="checkbox"/> 07
08 = BOREHOLE OFF-SITE/COMMUNAL	<input type="checkbox"/> 08	<input type="checkbox"/> 08
09 = FLOWING WATER/STREAM/RIVER	<input type="checkbox"/> 09	<input type="checkbox"/> 09
10 = STAGNANT WATER/DAM/POOL	<input type="checkbox"/> 10	<input type="checkbox"/> 10
11 = WELL	<input type="checkbox"/> 11	<input type="checkbox"/> 11
12 = SPRING	<input type="checkbox"/> 12	<input type="checkbox"/> 12
13 = OTHER, <i>specify in the box below</i>	<input type="checkbox"/> 13	<input type="checkbox"/> 13

Go to Q7.13

Ask only if water is not in dwelling, yard or site (i.e. for response categories 05-13 in Q7.10)

7.12 How far is the water source from the dwelling, yard or site? (200 metres is the length of two soccer fields)

1 = Less than 200 metres	<input type="checkbox"/> 1
2 = Between 201 to 500 metres	<input type="checkbox"/> 2
3 = Between 501 metres to 1 kilometre	<input type="checkbox"/> 3
4 = More than 1 kilometre	<input type="checkbox"/> 4
5 = DON'T KNOW	<input type="checkbox"/> 5

7.13 What was this household's main source of or access to water for drinking and for other use before the current one?

	Drinking	Other
01 = PIPED (TAP) WATER IN DWELLING	<input type="checkbox"/> 01	<input type="checkbox"/> 01
02 = PIPED (TAP) WATER ON-SITE OR IN YARD	<input type="checkbox"/> 02	<input type="checkbox"/> 02
03 = BOREHOLE ON-SITE	<input type="checkbox"/> 03	<input type="checkbox"/> 03
04 = RAIN-WATER TANK ON-SITE	<input type="checkbox"/> 04	<input type="checkbox"/> 04
05 = NEIGHBOUR'S TAP	<input type="checkbox"/> 05	<input type="checkbox"/> 05
06 = PUBLIC TAP	<input type="checkbox"/> 06	<input type="checkbox"/> 06
07 = WATER-CARRIER/TANKER	<input type="checkbox"/> 07	<input type="checkbox"/> 07
08 = BOREHOLE OFF-SITE/COMMUNAL	<input type="checkbox"/> 08	<input type="checkbox"/> 08
09 = FLOWING WATER/STREAM/RIVER	<input type="checkbox"/> 09	<input type="checkbox"/> 09
10 = STAGNANT WATER/DAM/POOL	<input type="checkbox"/> 10	<input type="checkbox"/> 10
11 = WELL	<input type="checkbox"/> 11	<input type="checkbox"/> 11
12 = SPRING	<input type="checkbox"/> 12	<input type="checkbox"/> 12
13 = OTHER, <i>specify in the box below</i>	<input type="checkbox"/> 13	<input type="checkbox"/> 13

14 = THE HOUSEHOLD HAS ALWAYS HAD THIS SOURCE/ THESE SOURCES OF WATER **Go to Q7.15**

Ask only if the household does not use piped water (i.e. for response categories 03-13 in Q7.10)

7.11 Why is the household not using piped water in the dwelling or on-site as the main source of water for drinking and other purposes?

	Y	N
1 = No water system in the area	<input type="checkbox"/>	<input type="checkbox"/>
2 = Cannot afford connection	<input type="checkbox"/>	<input type="checkbox"/>
3 = Quality of water from taps not good	<input type="checkbox"/>	<input type="checkbox"/>
4 = Prefer the source the household uses	<input type="checkbox"/>	<input type="checkbox"/>
5 = Other, <i>specify in the box below</i>	<input type="checkbox"/>	<input type="checkbox"/>

7.14	How long ago did the household change to the current water source?		
	1 = TWO YEARS OR LESS	<input type="checkbox"/>	1
	2 = MORE THAN TWO YEARS, BUT LESS THAN FIVE YEARS	<input type="checkbox"/>	2
	3 = MORE THAN FIVE YEARS	<input type="checkbox"/>	3
	4 = DON'T KNOW	<input type="checkbox"/>	4
7.15	Is the water from this household's main source of drinking water ...	Y	N
	1 = Clear (has no colour/free from mud)	<input type="checkbox"/>	<input type="checkbox"/>
	2 = Good in taste	<input type="checkbox"/>	<input type="checkbox"/>
	3 = Free from bad smells	<input type="checkbox"/>	<input type="checkbox"/>
7.16	Do household members treat the water used for drinking?		
	1 = YES, ALWAYS	<input type="checkbox"/>	1
	2 = YES, SOMETIMES	<input type="checkbox"/>	2
	3 = No, never	<input type="checkbox"/>	3
7.17	Does this household have access to piped water from a local municipality or any other water scheme?		
	1 = YES	<input type="checkbox"/>	1
	2 = No → Go to Q 7.24	<input type="checkbox"/>	2
7.18	How do you rate the water services provided?		
	1 = Good	<input type="checkbox"/>	1
	2 = Average	<input type="checkbox"/>	2
	3 = Poor	<input type="checkbox"/>	3
7.19	Does the household pay for water?		
	1 = YES → Go to Q 7.21	<input type="checkbox"/>	1
	2 = No	<input type="checkbox"/>	2

7.20	Why does the household not pay for water?	Y	N
	01 = Metering system is irregular	<input type="checkbox"/>	<input type="checkbox"/>
	02 = No metering system is in place	<input type="checkbox"/>	<input type="checkbox"/>
	03 = Billing system is irregular	<input type="checkbox"/>	<input type="checkbox"/>
	04 = No billing system is in place	<input type="checkbox"/>	<input type="checkbox"/>
	05 = Meter is broken	<input type="checkbox"/>	<input type="checkbox"/>
	06 = Cannot afford to pay for water	<input type="checkbox"/>	<input type="checkbox"/>
	07 = Unhappy with the level of service provided	<input type="checkbox"/>	<input type="checkbox"/>
	08 = The government should provide all water for free	<input type="checkbox"/>	<input type="checkbox"/>
	09 = Others do not pay for water	<input type="checkbox"/>	<input type="checkbox"/>
	10 = The household only uses the free basic amount	<input type="checkbox"/>	<input type="checkbox"/>
	11 = OTHER, <i>specify</i>	<input type="checkbox"/>	<input type="checkbox"/>
7.21	How often do you get interruptions in your piped water supply?		
	1 = DAILY	<input type="checkbox"/>	1
	2 = WEEKLY	<input type="checkbox"/>	2
	3 = MONTHLY	<input type="checkbox"/>	3
	4 = 6 MONTHLY	<input type="checkbox"/>	4
	5 = YEARLY	<input type="checkbox"/>	5
	6 = ALMOST NEVER → Go to Q 7.24	<input type="checkbox"/>	6

7.30	Does this household have a connection to the main electricity supply? 1 = YES → Go to Q7.32 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																				
7.31	Why does this household not have a connection to the mains electricity supply? 1 = No cables in the area 2 = Too expensive 3 = No need 4 = Not a reliable source (load shedding, interruptions, etc.) 5 = Other, <i>specify in the box below</i> → Go to Q7.33	<table border="1"> <tr> <th>Y</th> <th>N</th> </tr> <tr><td> </td><td> </td></tr> </table>	Y	N																																		
Y	N																																					
7.32	Ask if YES in Q7.30 Does this household receive free electricity? 1 = YES 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																				
7.33	What is the main source of energy/ fuel for this household for cooking, heating and lighting? Mark only one code per column	<table border="1"> <thead> <tr> <th>Cooking</th> <th>Heating</th> <th>Lighting</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 01</td><td><input type="checkbox"/> 01</td><td><input type="checkbox"/> 01</td></tr> <tr><td><input type="checkbox"/> 02</td><td><input type="checkbox"/> 02</td><td><input type="checkbox"/> 02</td></tr> <tr><td><input type="checkbox"/> 03</td><td><input type="checkbox"/> 03</td><td><input type="checkbox"/> 03</td></tr> <tr><td><input type="checkbox"/> 04</td><td><input type="checkbox"/> 04</td><td><input type="checkbox"/> 04</td></tr> <tr><td><input type="checkbox"/> 05</td><td><input type="checkbox"/> 05</td><td><input type="checkbox"/> 07</td></tr> <tr><td><input type="checkbox"/> 06</td><td><input type="checkbox"/> 06</td><td> </td></tr> <tr><td> </td><td><input type="checkbox"/> 08</td><td><input type="checkbox"/> 08</td></tr> <tr><td> </td><td><input type="checkbox"/> 09</td><td><input type="checkbox"/> 09</td></tr> <tr><td> </td><td><input type="checkbox"/> 10</td><td><input type="checkbox"/> 10</td></tr> <tr><td> </td><td><input type="checkbox"/> 11</td><td><input type="checkbox"/> 11</td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Cooking	Heating	Lighting	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 07	<input type="checkbox"/> 06	<input type="checkbox"/> 06			<input type="checkbox"/> 08	<input type="checkbox"/> 08		<input type="checkbox"/> 09	<input type="checkbox"/> 09		<input type="checkbox"/> 10	<input type="checkbox"/> 10		<input type="checkbox"/> 11	<input type="checkbox"/> 11			
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7.34	What was the main source of energy/ fuel for this household for cooking, heating and lighting before the current one/s? Mark only one code per column	<table border="1"> <thead> <tr> <th>Cooking</th> <th>Heating</th> <th>Lighting</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 01</td><td><input type="checkbox"/> 01</td><td><input type="checkbox"/> 01</td></tr> <tr><td><input type="checkbox"/> 02</td><td><input type="checkbox"/> 02</td><td><input type="checkbox"/> 02</td></tr> <tr><td><input type="checkbox"/> 03</td><td><input type="checkbox"/> 03</td><td><input type="checkbox"/> 03</td></tr> <tr><td><input type="checkbox"/> 04</td><td><input type="checkbox"/> 04</td><td><input type="checkbox"/> 04</td></tr> <tr><td><input type="checkbox"/> 05</td><td><input type="checkbox"/> 05</td><td> </td></tr> <tr><td><input type="checkbox"/> 06</td><td><input type="checkbox"/> 06</td><td><input type="checkbox"/> 07</td></tr> <tr><td> </td><td><input type="checkbox"/> 08</td><td><input type="checkbox"/> 08</td></tr> <tr><td> </td><td><input type="checkbox"/> 09</td><td><input type="checkbox"/> 09</td></tr> <tr><td> </td><td><input type="checkbox"/> 10</td><td><input type="checkbox"/> 10</td></tr> <tr><td> </td><td><input type="checkbox"/> 11</td><td><input type="checkbox"/> 11</td></tr> <tr><td> </td><td><input type="checkbox"/> 12</td><td><input type="checkbox"/> 12</td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Cooking	Heating	Lighting	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 05		<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 07		<input type="checkbox"/> 08	<input type="checkbox"/> 08		<input type="checkbox"/> 09	<input type="checkbox"/> 09		<input type="checkbox"/> 10	<input type="checkbox"/> 10		<input type="checkbox"/> 11	<input type="checkbox"/> 11		<input type="checkbox"/> 12	<input type="checkbox"/> 12			
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	01 = ELECTRICITY FROM MAINS 02 = ELECTRICITY FROM GENERATOR 03 = GAS 04 = PARAFFIN 05 = WOOD 06 = COAL 07 = CANDLES 08 = ANIMAL DUNG 09 = SOLAR ENERGY 10 = OTHER, <i>specify</i> 11 = NONE 12 = THE HOUSEHOLD HAS ALWAYS HAD THIS SOURCE																																								
7.35	Ask for sources which have changed, i.e. where Q7.34 ≠ 12 How long ago did the household change to the current source/sources of energy?	<table border="1"> <thead> <tr> <th>Cooking</th> <th>Heating</th> <th>Lighting</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 1</td></tr> <tr><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 3</td><td><input type="checkbox"/> 3</td><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 4</td><td><input type="checkbox"/> 4</td><td><input type="checkbox"/> 4</td></tr> </tbody> </table>	Cooking	Heating	Lighting	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4																								
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	1 = TWO YEARS OR LESS 2 = MORE THAN TWO YEARS, BUT LESS THAN FIVE YEARS 3 = MORE THAN FIVE YEARS 4 = DON'T KNOW																																								

7.36	How is the refuse or rubbish of this household taken care of?	
	1 = REMOVED BY LOCAL AUTHORITY AT LEAST ONCE A WEEK	<input type="checkbox"/> 1
	2 = REMOVED BY LOCAL AUTHORITY LESS OFTEN THAN ONCE A WEEK	<input type="checkbox"/> 2
	3 = REMOVED BY COMMUNITY MEMBERS AT LEAST ONCE A WEEK	<input type="checkbox"/> 3
	4 = REMOVED BY COMMUNITY MEMBERS LESS OFTEN THAN ONCE A WEEK	<input type="checkbox"/> 4
	5 = COMMUNAL REFUSE DUMP/COMMUNAL CONTAINER	<input type="checkbox"/> 5
	6 = OWN REFUSE DUMP	<input type="checkbox"/> 6
	7 = NO RUBBISH REMOVAL	<input type="checkbox"/> 7
8 = OTHER, <i>specify below</i>		<input type="checkbox"/> 8
7.37	How was the refuse or rubbish of this household taken care of before the current system?	
	01 = REMOVED BY LOCAL AUTHORITY AT LEAST ONCE A WEEK	<input type="checkbox"/> 01
	02 = REMOVED BY LOCAL AUTHORITY LESS OFTEN THAN ONCE A WEEK	<input type="checkbox"/> 02
	03 = REMOVED BY COMMUNITY MEMBERS AT LEAST ONCE A WEEK	<input type="checkbox"/> 03
	04 = REMOVED BY COMMUNITY MEMBERS LESS OFTEN THAN ONCE A WEEK	<input type="checkbox"/> 04
	05 = COMMUNAL REFUSE DUMP/COMMUNAL CONTAINER	<input type="checkbox"/> 05
	06 = OWN REFUSE DUMP	<input type="checkbox"/> 06
	07 = NO RUBBISH REMOVAL	<input type="checkbox"/> 07
	08 = OTHER, <i>specify below</i>	<input type="checkbox"/> 08
	09 = DON'T KNOW	
10 = THE SYSTEM HAS NOT CHANGED		<input type="checkbox"/> 10
} → Go to Q7.39		

7.38	How long ago did the household change to the current system of refuse or rubbish removal?	
	1 = TWO YEARS OR LESS	<input type="checkbox"/> 1
	2 = MORE THAN TWO YEARS, BUT LESS THAN FIVE YEARS	<input type="checkbox"/> 2
	3 = MORE THAN FIVE YEARS	<input type="checkbox"/> 3
4 = DON'T KNOW		<input type="checkbox"/> 4
7.39	How does the household receive most of its mail/post?	
	1 = DELIVERED TO THE DWELLING	<input type="checkbox"/> 1
	2 = DELIVERED TO A POST BOX/PRIVATE BAG	<input type="checkbox"/> 2
	3 = THROUGH A FRIEND OR NEIGHBOUR	<input type="checkbox"/> 3
	4 = THROUGH A SHOP	<input type="checkbox"/> 4
	5 = THROUGH A SCHOOL	<input type="checkbox"/> 5
	6 = THROUGH A WORKPLACE	<input type="checkbox"/> 6
	7 = THROUGH A TRIBAL/LOCAL AUTHORITY OFFICE	<input type="checkbox"/> 7
	8 = DO NOT RECEIVE MAIL	<input type="checkbox"/> 8
9 = OTHER, <i>specify below</i>	<input type="checkbox"/> 9	

7.40	How did the household receive most of its mail/post before the current system?		
	01 = DELIVERED TO THE DWELLING		01
	02 = DELIVERED TO A POST BOX/PRIVATE BAG		02
	03 = THROUGH FRIEND OR NEIGHBOUR		03
	04 = THROUGH A SHOP		04
	05 = THROUGH A SCHOOL		05
	06 = THROUGH A WORKPLACE		06
	07 = THROUGH A TRIBAL/LOCAL AUTHORITY OFFICE		07
	08 = DID NOT RECEIVE MAIL		08
	09 = OTHER, <i>specify below</i>		09
	10 = DON'T KNOW		} → Go to Q7.42
11 = THE SYSTEM HAS NOT CHANGED		11	
7.41	How long ago did the household change to the current system of receiving mail?		
	1 = TWO YEARS OR LESS		1
	2 = MORE THAN TWO YEARS, BUT LESS THAN FIVE YEARS		2
	3 = MORE THAN FIVE YEARS		3
	4 = DON'T KNOW		4

7.42		What means of transport are usually, or would be used by members of this household to get to the nearest of each of the following facilities? <i>If more than one means of transport is used, choose the one which is usually used for most of the trip.</i>							
Facility	WALKING	TAXI	Bus (PUBLIC)	TRAIN	OWN TRANSPORT	NOT AVAILABLE	OTHER→	Specify	
A	Food market/Shop	<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	
B	(To) Public transport	<input type="checkbox"/> 1				<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	
C	Pre-Primary/Pre-school centre	<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	
D	Primary school	<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	
E	Secondary school	<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	
F	Clinic/Community health centre	<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	
G	Hospital	<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	
H	Post office or post office agent	<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	
I	Welfare office	<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	
J	MPCC	<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	

7.43		What is the distance for this household to the nearest of each of the following facilities?						Comment
Facility	LESS THAN 500 M	0.5- LESS THAN 1 KM	1- LESS THAN 2 KM	2-LESS THAN 10 KM	10 KM OR MORE -	DON'T KNOW		
A	Food market/Shop	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	
B	(To) Public transport	<input type="checkbox"/> 1				<input type="checkbox"/> 5	<input type="checkbox"/> 6	
C	Pre-Primary/Pre-school centre	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	
D	Primary school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	
E	Secondary school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	
F	Clinic/Community health centre	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	
G	Hospital	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	
H	Post office or post office agent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	
I	Welfare office	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	
J	MPCC	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	

8 HOUSEHOLD ASSETS								
8.1	Does the household own or have access to any of the following?	OWNS	DOES NOT OWN, BUT HAS ACCESS	NEITHER OWNS NOR HAS ACCESS	If owns:			
					In what year did you acquire this item?		If you wanted to sell this item, how much do you think you would get?	
	01. Radio	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3				
	02. Stereo/HiFi	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3				
	03. Tape recorder	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3				
	04. Television	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3				
	05. DVD player	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3				
	06. Video cassette recorder	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3				
	07. Refrigerator/ Freezer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3				
	08. Stove (gas, electric or paraffin)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3				
	09. Microwave oven	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3				
	10. Washing machine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3				
	11. Motor vehicle	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3				
	12. Motor cycle/Scooter	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3				
	13. Sewing/Knitting machine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3				
	14. Donkey cart/Ox cart	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3				
	15. Plough	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3				
	16. Tractor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3				
	17. Wheelbarrow	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3				
	18. Grinding mill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3				
	19. Bicycle	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3				
	20. Computer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3				
	21. Canoe/Boat	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3				
	22. Generator	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3				
	23. Camera	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3				
	24. Bed <i>If Owns, How many?</i> .. <input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3				
	25. Cellular telephone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3				

If the respondent does not know when the item was acquired, write 0000 for year.

If the respondent does not know how much the household would get for the item, write 9.

If the household owns more than one of the same item, record the year when the latest item was required.

Record the total amount the respondent thinks the household would get for all of the same item.

8.1	Does the household own or have access to any of the following?	OWNS	DOES NOT OWN, BUT HAS ACCESS	NEITHER OWNS NOR HAS ACCESS	If owns:			
					In what year did you acquire this item?	If you wanted to sell this item, how much do you think you would get?		
	26. Landline telephone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>		
	27. DStv	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>		
	28. Internet service	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>		
	29. Watch/Clock	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>		
	30. Power driven tool(s), e.g. elec. drill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>		
	31. Kitchen furniture	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>		
	32. Dining room furniture	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>		
	33. Bedroom furniture	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>		
8.2	Does the household get hot running water from a geyser?				<input type="checkbox"/> 1	<input type="checkbox"/> 2		
	1 = YES							
	2 = No							
8.3	Please say whether your household has each of the following. If the household does not have, say whether you cannot afford it or don't want it.				HAVE	DON'T HAVE, CANNOT AFFORD	DON'T HAVE, DON'T WANT	DON'T KNOW NOT APPLICABLE
	01 = Meat or fish or vegetarian equivalent every day	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
	02 = Special meal on festive events, such as Christmas or equivalent	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
	03 = Clothing to keep your household members warm and dry	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
	04 = Some new clothes (not 2 nd hand or hand-downs)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
	05 = School uniforms for children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
	06 = Pay or contribute to funerals/funeral insurance/ burial society	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
	07 = Regular savings for emergencies	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
	08 = Medicine prescribed by your doctor when a household member is ill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
	09 = A sofa/lounge suite in the household	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
	10 = One or more heaters in the house	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
	11 = Separate bedrooms for adults and children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
	12 = A bath or shower in the house	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
	13 = Burglar bars installed in the house	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
	14 = A garden.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
	15 = A fence or wall around the property.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			

<p>8.4</p>	<p>Please say whether the household members are able to do the following activity. If you don't do, say whether you cannot afford it or don't want to do it.</p> <p>1 = Being able to visit friends and family in hospital or other institutions</p>	<p>Do 1</p>	<p>DON'T DO, CANNOT AFFORD 2</p>	<p>DON'T DO, DON'T WANT 3</p>	<p>DON'T KNOW NOT APPLICABLE 4</p>
<p>8.5</p>	<p>Please say whether your neighbourhood has each of the following features, or whether your household has access to them</p> <p>1 = Tarred roads close to the house</p> <p>2 = A place of worship (church/mosque/synagogue) in the local area</p> <p>3 = A neighbourhood without smoke or smog in the air</p> <p>4 = A neighbourhood without rubbish/refuse/garbage in the streets</p> <p>5 = Police on the streets in the local area</p> <p>6 = A large supermarket in the local area</p> <p>7 = Somewhere for children to play safely outside the house</p>	<p>HAVE OR HAVE ACCESS</p>	<p>DON'T HAVE</p>	<p>DON'T KNOW NOT APPLICABLE</p>	
<p>8.6</p>	<p>Does the household have an adult at home at all times when children under ten are at home?</p> <p>1 = YES</p> <p>2 = No</p> <p>3 = NOT APPLICABLE</p> <p>4 = DON'T KNOW</p>				
<p>8.7</p>	<p>Does the household have someone to borrow money from in case of an emergency?</p> <p>1 = YES, R100 OR LESS</p> <p>2 = YES, R500 OR LESS</p> <p>3 = YES, R1 000 OR LESS</p> <p>4 = YES, R5 000 OR LESS</p> <p>5 = YES, R10 000 OR LESS</p> <p>6 = YES, MORE THAN R10 000</p> <p>7 = No</p> <p>8 = DON'T KNOW</p>				
<p>8.8</p>	<p>Please imagine a 9-step ladder where on the bottom, the 1st step, stand the poorest people, and on the highest step, the 9th, stand the rich.</p> <p>On which step would you consider you and your household to be?</p>				

MODULE 4	Date					Starting time					No of household members present				No of non-household members present		
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Go through HOUSEHOLD COMPOSITION CONTROL *on page 10* **Mark here when it has been completed**

9 HOUSING
Only expenditure in respect of the dwelling-unit occupied by this household should be given, except in the case of holiday dwellings, which must be shown against Q11.1.2
The value of fringe benefits, including rent and interest subsidies, should be shown below.
Amounts shown against 9.6.1 – 9.6.5 should relate to one month only, amounts relating to periods other than a month should be converted to show the estimated monthly value.
If the household does not own the dwelling and does not pay rent, it should be regarded as rent received as a gift

9.1	What is the total number ofthat this household occupies?	... in the dwelling unit in total?
	a. Bedrooms		
	b. Living rooms		
	c. Dining rooms		
	d. "Multipurpose" room		
	e. Kitchens		
	f. Bathrooms		
	g. Other		

Total number of rooms in use (excl f. Bathrooms)

In tribal areas, treat different huts as rooms according to what they are used for as indicated by the household

9.2 Is there any garage that belongs to the dwelling unit that the household occupies? Y N
 If YES, for how many cars?

9.3 Area of the dwelling unit (in square metres, m². Answer only one option)

a. Exact area (given by respondent)

b. Estimated area of the dwelling unit

1 = Very small, less than 30 m² 1

2 = Small, between 30 and 59 m² 2

3 = Medium, between 60 and 119 m² 3

4 = Large, between 120 and 239 m² 4

5 = Very large, 240 m² or more 5

c. Sketch has been made at the back Y N

9.4 What is the value of the dwelling unit?

9.5 Is the main dwelling ...

1 = Owned and fully paid off → Go to Q9.6.5.5 1

2 = Owned, but not yet fully paid off, financed by a mortgage bond → Go to Q9.6.5 2

3 = Owned, but not yet fully paid off, financed by another type of loan → Go to Q9.6.5 3

4 = Rented as part of employment contract of household member 4

5 = Rented not as part of employment contract of household member → Go to Q9.6.1 5

6 = Occupied rent-free as part of employment contract of household member 6

7 = Occupied rent-free not as part of employment contract of household member 7

8 = Occupied as a boarder/lodger → Go to Q9.6.4 8

9 = Other, specify 9

9.6 MONTHLY HOUSING DURING THE MONTH PRIOR TO THE SURVEY MONTH		
IF RENTED		
	Item	Cost for the month
9.6.1	Rent paid for this dwelling unit	
	a. Amount paid by the household	<input style="width: 60px; height: 20px;" type="text"/>
	b. If the dwelling is occupied free, what is the estimated value of rent the household would pay if it had to pay rent (imputed rent)	<input style="width: 60px; height: 20px;" type="text"/>
	c. Amount subsidised (e.g. by employer)	<input style="width: 60px; height: 20px;" type="text"/>
	d. Rent paid for garage and/or domestic worker's room, if rented separately	<input style="width: 60px; height: 20px;" type="text"/>
	e. Total rent paid, or, if rented free, the total rent the household would pay, for this dwelling <i>Add (a or b) + c + d to confirm e</i>	<input style="width: 60px; height: 20px;" type="text"/>
	f. Does the total rent (or the free rental) include water, electricity, etc? 1 = YES 2 = No	<input style="width: 20px; height: 20px;" type="text"/> 1 <input style="width: 20px; height: 20px;" type="text"/> 2
9.6.2	Levy paid in the case of dwelling-units under sectional title or share-holding/ block scheme	<input style="width: 60px; height: 20px;" type="text"/>
9.6.3	Insurance on contents of dwelling	
	a. Insurance on contents of dwelling (<i>excluding package insurance</i>)	<input style="width: 60px; height: 20px;" type="text"/>
	b. Package insurance	<input style="width: 60px; height: 20px;" type="text"/>
9.6.4	Boarding/Lodging paid	<input style="width: 60px; height: 20px;" type="text"/>
	<i>This item only covers permanent boarder/lodging. Include also amounts paid to family members if boarding with them.</i>	
	→ Go to 9.9	
TOTAL COST (9.6.1 – 9.6.4)		<input style="width: 60px; height: 20px;" type="text"/>

IF OWNED		
	Item	Cost for the month
9.6.5	Payment on dwelling (including additional payments for immovable improvements) <i>Note: If the composition of the installment is not known, please ask the household to obtain the information from the bank/ financial institution or from the person or body who granted the loan.</i>	
9.6.5.1	Total monthly installment for the last month (incl. voluntary additional monthly payment)	<input style="width: 60px; height: 20px;" type="text"/>
	a. Amount of the above installment which is Capital	<input style="width: 60px; height: 20px;" type="text"/>
	b. Amount of the above installment which is Interest	<input style="width: 60px; height: 20px;" type="text"/>
9.6.5.2	Does this household receive any subsidy towards repayments for this dwelling unit or reduction in installments if loan is repaid at an installment lower than the normal?	
	1 = YES	<input style="width: 20px; height: 20px;" type="text"/> 1
	2 = No → Go to Q9.6.5.5	<input style="width: 20px; height: 20px;" type="text"/> 2
9.6.5.3	Does the amount (in Q9.6.5.1) include subsidy or value of reduction in installment?	
	1 = YES → Go to Q9.6.5.5	<input style="width: 20px; height: 20px;" type="text"/> 1
	2 = No	<input style="width: 20px; height: 20px;" type="text"/> 2
9.6.5.4	Subsidy and/or value of reduction in installment <i>Must also be shown as income (Item 26.3.5)</i> Amount received from e.g. employer or someone else, and/or value of reduction in installment if loan is repaid at an installment lower than the normal	<input style="width: 60px; height: 20px;" type="text"/>
9.6.5.5	Levy and other payments	<input style="width: 60px; height: 20px;" type="text"/>

Ask for all households

	Item	Cost for the month
9.6.5.6	Insurance on property	
	a. Insurance on buildings	
	b. Life insurance covering mortgage debt	
9.6.5.7	Insurance on contents of dwelling	
	a. Insurance on contents of dwelling (<i>excluding package insurance</i>)	
	b. Package insurance	
TOTAL COST (9.6.5.1 – 9.6.5.7)		
9.7 SINGLE PAYMENTS FOR HOUSING IN THE 11 MONTHS PRIOR TO THE SURVEY MONTH		
9.7.1	Additional single amount paid regarding	
	a. Capital payments (including deposit)	
	b. Other payments such as transfer duty and transfer costs and registration of mortgage bond	
TOTAL COST (9.7.1 a – b)		
9.8 IMPUTED RENT		
9.8.1	If you were to rent this dwelling, how much would you pay for it per month?	

9.9 SERVICES FOR ALL HOUSEHOLDS IN THE MONTH PRIOR TO THE SURVEY MONTH		
	Item	Cost for the month
9.9.1	Payments for housing services	
9.9.1.1	Assessment rates and taxes	
9.9.1.2	Water (including basic levies, water bought from tankers, kiosks and from neighbours, where applicable, pre-paid vouchers, etc.) ..	
9.9.1.3	Electricity (including basic levies where applicable)	
9.9.1.4	Electricity (pre-payment cards, "Koopkrug", E-cards) <i>Specify excluding VAT where applicable</i>	
9.9.1.5	Water and electricity. <i>If cost for electricity and water cannot be separated, give the total amount here</i>	
9.9.1.6	Gas supplied by public networks	
9.9.1.7	Sanitary service	
9.9.1.8	Refuse removal	
9.9.1.9	Value Added Tax, VAT (<i>If not included above</i>)	
9.9.1.10	Value of free water	
9.9.1.11	Value of free electricity	
9.9.1.12	Value of free sanitation services	
TOTAL COST (9.9.1.1 – 9.9.1.12)		

9.10 HOUSING DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH		
<i>Amounts shown against items 9.10.1 – 9.10.4 should relate to 11 months</i>		
Item	Value for the 11 months	
9.10.1 Contributions made towards communal provision of housing services, such as water facilities and electricity supply (e.g. communal tap)		
9.10.2 Payment for right to access a piece of land for housing purposes(tribal/shacks)		
9.10.3 Did the household do any repairs and improvements, including for security, to this dwelling unit of which payments were not included in the dwelling unit mortgage bond above (item 9.6.5)?		
1 = YES	<input type="checkbox"/>	1
2 = No → Go to Q9.11	<input type="checkbox"/>	2
a. Maintenance and repair of dwelling (Existing buildings, swimming pools, etc. Including paints wall paper,etc.)		
b. Services for maintenance and repair of dwelling (plumbers, electricians, carpenters, etc)		
c. Labour and material for maintenance and repair of the dwelling		
d. Improvements, additions and alterations (including built-in furniture, solar energy systems, swimming pools and garden layouts)		
e. Services for improvements, additions and alterations (carpenters, electricians, etc)		
f. Labour and material for improvements, additions and alterations		
g. Security structures (including fences, electronic gates)		
h. Security systems (including alarms, panic buttons)		
i. Security services (including reaction services and neighbourhood watch)		
j. Firearms and ammunition (for security purposes)		
9.10.4 Building materials not included in Q9.10.3 (a) or (c) (e.g. for building houses)		
TOTAL COST (9.10.1 – 9.10.4)		

9.11 COST OF OTHER DWELLINGS DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH		
	Item	Value for the 11 months
9.11.1	All costs of other dwellings the household owns (not for business purposes)	
TOTAL COST (9.11.1)		

Ask this question if answer to Q11.1.1 is 'YES'

11.2 TRANSPORT WHEN AWAY FROM HOME						
11.2.1 During the 11 months prior to the survey month, did this household make use of any public and/or hired transport for the purposes of holiday, funeral or any other event lasting at least one night away from home? Excluding for business						
1 = YES		→ Go to Q11.2.2		<input type="checkbox"/>	1	
2 = No		→ Go to Q11.3		<input type="checkbox"/>	2	
11.2.2 TRANSPORT WHEN AWAY FROM HOME FOR THE PURPOSE OF HOLIDAY OR ANY OTHER EVENT DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH						
Item	Value for the 11 months					
	Domestic			International		
	Holidays	Funerals, weddings, other social events	Other events	Holidays	Funerals, weddings, other social events	Other events
11.2.2.1	Bus					
11.2.2.2	Train					
11.2.2.3	Aircraft					
11.2.2.4	Boat/ship					
11.2.2.5	Rented vehicle (Show fuel in Q21.1.6.2.a)					
11.2.2.6	Taxi					
	a. Metered cab					
	b. Minibus taxi / combi (incl. 30 seater, e.g. Iveco)					
11.2.2.7	Supporting services (e.g. parking services, port operators)					
11.2.2.8	Insurance paid for holiday purposes (life, luggage, medical)					
11.2.2.9	Other (e.g. cable car, horse, trailer)					
TOTAL VALUE (11.2.2.1 – 11.2.2.9)						

Ask for all

11.3 TIMESHARE													
11.3.1	<p>During the 11 months prior to the survey month, did the household own any timeshare or holiday accommodation?</p> <p>1 = YES <input type="checkbox"/> 1</p> <p>2 = NO <input type="checkbox"/> 2 → Go to Section 12</p>												
	<table border="1"> <thead> <tr> <th>Item</th> <th>Value for the 11 months</th> </tr> </thead> <tbody> <tr> <td>11.3.1.1 Payment on timeshare</td> <td></td> </tr> <tr> <td>a. Purchase</td> <td></td> </tr> <tr> <td>b. Levy</td> <td></td> </tr> <tr> <td>11.3.1.2 Expenses incurred as owner of a holiday home i.e. after deduction of income received from letting</td> <td></td> </tr> <tr> <td>TOTAL COST (11.3.1.1 – 11.3.1.2)</td> <td></td> </tr> </tbody> </table>	Item	Value for the 11 months	11.3.1.1 Payment on timeshare		a. Purchase		b. Levy		11.3.1.2 Expenses incurred as owner of a holiday home i.e. after deduction of income received from letting		TOTAL COST (11.3.1.1 – 11.3.1.2)	
Item	Value for the 11 months												
11.3.1.1 Payment on timeshare													
a. Purchase													
b. Levy													
11.3.1.2 Expenses incurred as owner of a holiday home i.e. after deduction of income received from letting													
TOTAL COST (11.3.1.1 – 11.3.1.2)													

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12 DOMESTIC WORKERS IN THE MONTH PRIOR TO THE SURVEY MONTH

Read out: I am now going to ask you questions on domestic work services such as making use of a cook, clothes washer, child minder, garden worker and chauffeur

12.1 In the month prior to the survey month did this household make use of domestic or household workers' services?

Excluding for business

1 = YES

2 = No

→ Go to Section 13

	1
	2

12.2 VALUE OF SERVICES OF DOMESTIC WORKERS IN THE MONTH PRIOR TO THE SURVEY MONTH

Particulars of domestic workers				Total remuneration to domestic workers in the month prior to the survey month				
Main activity	Number of domestic workers	Total no of hours usually worked per month	Number of months worked in the past 12 months	Cash wage incl. transport allowance	Contributions to benefits (e.g. pension, medical aid, UIF)	Estimated value of ...		
						Free food	Free accommodation	Free clothing, health care, etc
12.2.1 General domestic worker.....								
12.2.2 Child minder/nanny								
12.2.3 Baby sitter								
12.2.4 Minder of the elderly/sick ...								
12.2.5 Cook								
12.2.6 Clothes washer or ironer								
12.2.7 Chauffeur								
12.2.8 Garden worker								
12.2.9 Herder								
12.2.10 Collector of firewood/water								
12.2.11 Other, <i>sp.</i>								
TOTAL REMUNERATION TO DOMESTIC WORKERS								
TOTAL VALUE OF DOMESTIC WORKERS' SERVICES								

13 INPUT COSTS FOR HOME PRODUCTION DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH		
13.1	<p>In the 11 months prior to the survey month has this household produced products and/or kept any livestock for own consumption or sale?</p> <p>1 = YES <input type="checkbox"/> 1</p> <p>2 = No <input type="checkbox"/> 2 → Go to Section 14</p>	
13.2 INPUT VALUE		
	Item	Value for the 11 months
13.2.1	Seeds	
13.2.2	Fertilizer	
13.2.3	Feed	
13.2.4	Large livestock such as cattle	
13.2.5	Medium livestock such as goats, sheep, pigs, etc	
13.2.6	Small livestock such as chickens, ducks, etc	
13.2.7	Services (e.g. ploughing, veterinary – not for pets)	
13.2.8	Processing (e.g. grinding, milling and slaughtering)	
13.2.9	Other, <i>specify</i> <input type="text"/>	
TOTAL COST (13.2.1 – 13.2.9)		

14 CLOTHING AND FOOTWEAR DURING THE TWO MONTHS AND THE 11 MONTHS PRIOR TO THE SURVEY MONTH			
<p><i>Include clothing and footwear purchased from shops</i></p> <p><i>Include clothing and footwear received as gifts or in kind</i></p> <p><i>Include uniforms and clothing for domestic workers who are household members</i></p> <p><i>Exclude special sports clothes and shoes (e.g. golf shoes, soccer boots, diving outfit, etc.). Record these in Section 17.1 item 17.1.2 (c)</i></p> <p><i>Infant Less than 3 years old</i></p> <p><i>Boy/Girl 3-13 years old</i></p> <p><i>Man/Woman More than 13 years old</i></p>			
14.1 CLOTHING			
	Item	Value for the two months	Value for the 11 months
14.1.1	Clothing accessories such as scarves, ties, belts, gloves, etc.		
14.1.2	Sports clothing		
14.1.3	Infants' clothing		
14.1.4	Girls' school uniforms		
14.1.5	Boys' school uniforms		
14.1.6	Girls' clothing		
14.1.7	Boys' clothing		
14.1.8	Women's clothing		
14.1.9	Men's clothing		
14.1.10	Other clothing		
TOTAL VALUE (14.1.1 – 14.1.10)			

14.2 HOME-MADE AND SPECIALLY MADE-UP CLOTHES (NOT FOR RESALE), REPAIRS AND HIRE OF CLOTHING			
	Item	Value for the two months	Value for the 11 months
14.2.1	Material for clothing		
14.2.2	Specially made-up clothes (e.g. clothes made by dressmakers and tailors)		
14.2.3	Knitting wool and yarns		
14.2.4	Patterns, trimming lace, sewing cotton, etc		
14.2.5	Scissors, needles, pins		
14.2.6	Labour cost for making or knitting of clothing and repairs / alterations to clothing outside the household		
14.2.7	Hire of clothing		
TOTAL VALUE (14.2.1 – 14.2.7)			

14.3 FOOTWEAR AND REPAIR OF FOOTWEAR			
	Item	Value for the two months	Value for the 11 months
14.3.1	Sports footwear		
14.3.2	Infants' footwear		
14.3.3	Girls' school footwear		
14.3.4	Boys' school footwear		
14.3.5	Girls' footwear		
14.3.6	Boys' footwear		
14.3.7	Women's footwear		
14.3.8	Men's footwear		
14.3.9	Other footwear		
14.3.10	Hire of footwear		
14.3.11	Repair of footwear		
TOTAL VALUE (14.3.1 – 14.3.11)			

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15 HOUSEHOLD TEXTILES																					
<p><i>Include materials for, and making of household textiles</i> <i>Materials for making clothes must be shown in Section 14.2, item 14.2.1</i></p> <p><i>Read out:</i></p> <p>Now I am going to ask you about household textiles such as blankets, pillows, sheets, etc</p>																					
15.1	<p>In the 11 months prior to the survey month did this household acquire any household textiles such as blankets, pillows, sheets, etc.</p> <p>1 = YES <input type="checkbox"/> 1</p> <p>2 = No <input type="checkbox"/> 2</p> <p style="text-align: right;">→ Go to Q15.3</p>																				
15.2 VALUE OF HOUSEHOLD TEXTILES FOR THE 11 MONTHS PRIOR TO THE SURVEY MONTH																					
	<table border="1"> <thead> <tr> <th>Item</th> <th>Value for the 11 months</th> </tr> </thead> <tbody> <tr> <td>15.2.1 Blankets and travelling rugs</td> <td></td> </tr> <tr> <td>15.2.2 Sheets and pillow cases</td> <td></td> </tr> <tr> <td>15.2.3 Duvets and duvet covers</td> <td></td> </tr> <tr> <td>15.2.4 Duvet packs (e.g. package including pillow cases and sheets)</td> <td></td> </tr> <tr> <td>15.2.5 Pillows and cushions</td> <td></td> </tr> <tr> <td>15.2.6 Table and bathroom linen (e.g. tablecloths and napkins, towels and face-cloths, bathroom mats)</td> <td></td> </tr> <tr> <td>15.2.7 Curtains (including making and hanging charges) and material for curtains</td> <td></td> </tr> <tr> <td>15.2.8 Other household textiles, <i>specify</i></td> <td></td> </tr> <tr> <td colspan="2">TOTAL COST (15.2.1 – 15.2.8.)</td> </tr> </tbody> </table>	Item	Value for the 11 months	15.2.1 Blankets and travelling rugs		15.2.2 Sheets and pillow cases		15.2.3 Duvets and duvet covers		15.2.4 Duvet packs (e.g. package including pillow cases and sheets)		15.2.5 Pillows and cushions		15.2.6 Table and bathroom linen (e.g. tablecloths and napkins, towels and face-cloths, bathroom mats)		15.2.7 Curtains (including making and hanging charges) and material for curtains		15.2.8 Other household textiles, <i>specify</i>		TOTAL COST (15.2.1 – 15.2.8.)	
Item	Value for the 11 months																				
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15.2.8 Other household textiles, <i>specify</i>																					
TOTAL COST (15.2.1 – 15.2.8.)																					

15.3	<p>In the 11 months prior to the survey month did this household have any repairs done to household textiles?</p> <p>1 = YES <input type="checkbox"/> 1</p> <p>2 = No <input type="checkbox"/> 2</p> <p style="text-align: right;">→ Go to Section 16</p>	
15.4 VALUE OF REPAIRS TO HOUSEHOLD TEXTILES FOR THE 11 MONTHS PRIOR TO THE SURVEY MONTH		
	Item	Value for the 11 months
15.4.1	Repair of household textiles	
TOTAL COST (15.4.1.)		

<p>16 FURNITURE AND EQUIPMENT DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH</p> <p><i>Exclude expenditure on musical instrument and audio visual equipment</i> <i>Record these in section 16.7.</i> <i>Include delivery and installation charges where applicable.</i> <i>Appliances such as refrigerator, microwave, iron, etc. should be included in Q16.4.1.</i></p>		
<p>16.1 VALUE OF FURNITURE AND FLOOR COVERINGS</p>		
	Item	Value for the 11 months
16.1.1	Furniture	
	a. Beds, bases, mattresses	
	b. Other bedroom furniture	
	c. Dining-room furniture	
	d. Lounge furniture	
	e. Kitchen furniture and units (excluding appliances, e.g. refrigerators)	
	f. Study desks, bookshelves and other study furniture	
	g. Garden and patio furniture	
	h. Other furniture	

	Item	Value for the 11 months
16.1.2	Furnishings	
	a. Other loose items of furniture (e.g. beanbags, mirrors,) specify	
	b. Other (e.g. ornaments, paintings and other works of art) specify	
16.1.3	Floor coverings (fixtures to be recorded in Section 9.10)	
	a. Loose carpets and rugs	
	b. Other floor coverings, (excluding bathroom & door mats, see Q15.2.6) specify	
16.1.4	Upholstering	
<p>TOTAL COST (16.1.1 – 16.1.4)</p>		
16.2	<p>In the 11 months prior to the survey month did this household have any repairs done to furniture, furnishing and floor coverings?</p> <p>1 = YES <input type="checkbox"/> 1</p> <p>2 = No <input type="checkbox"/> 2 → Go to Q16.4</p>	
<p>16.3 VALUE OF REPAIRS TO FURNITURE, FURNISHING AND FLOOR COVERINGS DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH</p> <p><i>Include repairs even if the items themselves were not acquired during the 11 months prior to the survey month.</i></p>		
	Item	Value for the 11 months
16.3.1	Furniture	
16.3.2	Furnishings	
16.3.3	Floor coverings	
<p>TOTAL VALUE (16.3.1 – 16.3.3)</p>		

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16.4 VALUE OF APPLIANCES FOR THE 11 MONTHS PRIOR TO THE SURVEY MONTH		
<p><i>Expenditure on musical instruments, sound and video equipment must be shown in section 16.7.</i> <i>Include delivery and installation where applicable</i> <i>Exclude built-in appliances (to be shown in Section 9.10.3.d)</i></p>		
Item	Value for the 11 months	
16.4.1 Electrical appliances		
a. Refrigerators, deep freezers and refrigerator/ deep-freezer combinations		
b. Stoves and ovens, including microwave ovens		
c. Hotplates		
d. Kettles and percolators, coffee makers		
e. Food mixers, processors and similar accessories		
f. Frying pans and woks		
g. Toasters, waffle pans and sandwich toasters		
h. Sewing machines, over- lockers and knitting machines		
i. Irons		
j. Washing machines , dishwashers and tumble dryers		
k. Vacuum cleaners, polishers and carpet cleaning machines		
l. Heaters and air-conditioners		
m. Power drills		
n. Other electrical appliances (e.g. electric blankets, water pumps and fans) , <i>specify</i>		

Item	Value for the 11 months	
16.4.2 Non-electrical appliances		
a. Refrigerators		
b. Gas stoves and heaters		
c. Coal, wood and anthracite stoves		
d. Paraffin stoves and heaters		
e. Sewing and knitting machines		
f. Hand tools (such as screw drivers)		
g. Other (e.g. drying cabinets and safes), <i>specify</i>		
TOTAL VALUE (16.4.1 – 16.4.2)		
16.5 REPAIRS TO APPLIANCES		
16.5.1	In the 11 months prior to the survey month did this household have any repairs done to appliances?	
	1 = YES	<input type="checkbox"/> 1
	2 = No → Go to Q16.7	<input type="checkbox"/> 2
Item	Value for the 11 months	
16.6.1 Electrical appliances		
16.6.2 Non-electrical appliances		
TOTAL VALUE (16.6.1 – 16.6.2)		

16.7 VALUE OF MUSICAL INSTRUMENTS, AUDIO VISUAL EQUIPMENT AND ACCESSORIES FOR THE 11 MONTHS PRIOR TO THE SURVEY MONTH		
<i>Include delivery and installation charges where applicable</i>		
	Item	Value for the 11 months
16.7.1	Musical instruments: pianos, organs and other musical instruments	
16.7.2	Audio visual equipment	
	a. Television sets, decoders, video recorders / DVD players	
	b. Aerials and satellite dishes	
	c. Television licences	
	d. Subscription to pay TV channels	
	e. Television rental	
	f. Rent for decoder, video equipment and tapes	
	g. Radios, tape recorders, compact disk players, sound systems and similar equipment (including for cars)	
	h. Magnetic tapes (excluding software and video games; but including pre-recorded and unrecorded music tapes)	
	i. Disks for photographic and cinematographic use	
	j. Compact disks – CDs (excl. software and video games; but including pre-recorded and unrecorded disks)	
	k. DVDs (excluding software and video games; but including pre-recorded and unrecorded DVDs)	
	l. VCDs (excluding software and video games; but including pre-recorded and unrecorded VCDs)	
	m. Other <i>specify</i>	
TOTAL VALUE (16.7.1 – 16.7.2)		

16.8 REPAIRS AND SERVICES TO INSTRUMENTS, EQUIPMENT AND ACCESSORIES		
16.8.1	In the 11 months prior to the survey month did this household have any repairs done to musical instruments, sound equipment and accessories? <i>Read items 16.7</i>	
	1 = YES	<input type="checkbox"/> 1
	2 = No	<input type="checkbox"/> 2
	→ Go to Q16.10	
	Item	Value for the 11 months
16.9	Repairs to and service charges for the above mentioned equipment	
TOTAL VALUE (16.9)		
16.10 VALUE OF OTHER HOUSEHOLD EQUIPMENT FOR THE 11 MONTHS PRIOR TO THE SURVEY MONTH		
	Item	Value for the 11 months
16.10.1	Glass and crystal ware, table-ware (including household or toilet articles of porcelain, ceramic, stoneware, china, etc.)	
16.10.2	Cutlery, flatware and silverware	
16.10.3	Kitchen and domestic utensils (non-electrical utensils such as frying pans, saucepans, etc.)	
	a. Enamel	
	b. Aluminium, iron, steel	
	c. Plastic	
16.10.4	Other (such as towel rails, bottle racks, etc), <i>specify</i>	
TOTAL VALUE (16.10.1 – 16.10.4)		

16.11 REPAIRS TO GLASSWARE, TABLEWARE AND HOUSEHOLD UTENSILS						
16.11.1	In the 11 months prior to the survey month did this household have any repairs done to glassware, tableware or household utensils? 1 = YES 2 = No → Go to Q16.13	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td><input type="checkbox"/></td> <td>2</td> </tr> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	2
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
	Item	Value for the 11 months				
16.12 VALUE OF REPAIRS TO GLASSWARE, TABLEWARE AND HOUSEHOLD UTENSILS						
16.12.1	Repairs to glassware, tableware and household utensils					
TOTAL VALUE (16.12.1)						
16.13 VALUE OF MISCELLANEOUS GOODS FOR THE 11 MONTHS PRIOR TO THE SURVEY MONTH						
	Item	Value for the 11 months				
16.13.1	Watches and personal jewellery					
16.13.2	Handbags, travelling bags, schoolbags, etc.					
16.13.3	Prams and push-carts					
16.13.4	Car seat for babies					
16.13.5	Carry-cots, toys, etc.					
16.13.6	Other (umbrellas, pocket-knives, sun- glasses, etc.), specify					
TOTAL VALUE (16.13.1 – 16.13.6)						

16.14 REPAIRS TO MISCELLANEOUS ITEMS						
16.14.1	In the 11 months prior to the survey month did this household have any repairs done to miscellaneous items? <i>Please read list provided in 16.13</i> 1 = YES 2 = No → Go to Section 17	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td><input type="checkbox"/></td> <td>2</td> </tr> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	2
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
	Item	Value for the 11 months				
16.14.2	Repairs to miscellaneous items					
TOTAL VALUE (16.14.2)						

17 RECREATION, ENTERTAINMENT AND SPORT DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH		
17.1 VALUE OF RECREATION, ENTERTAINMENT AND SPORTS EQUIPMENT AND ACCESSORIES <i>Include delivery and installation charges where applicable</i>		
	Item	Value for the 11 months
17.1.1	Photography	
	a. Cameras, video cameras, projectors and flashes	
	b. Film development and photo prints	
17.1.2	Sports equipment	
	a. Firearms and ammunition (excluding those for security purposes)	
	b. Tennis rackets and balls, fishing rods, etc.	
	c. Special sports clothes and shoes	
17.1.3	Toys and games, video games (including software games)	
17.1.4	Camping equipment (tents, sleeping bags, etc.)	
17.1.5	Boats (including outboard motors), aircrafts, go-carts, etc.	
TOTAL VALUE (17.1.1 – 17.1.5)		
17.2 REPAIRS AND MAINTENANCE SERVICES TO RECREATION, ENTERTAINMENT AND SPORTS EQUIPMENT		
17.2.1	In the 11 months prior to the survey month did this household have any repairs or maintenance done to the recreation, entertainment and sports equipment? <i>Please read list provided in 17.1</i>	
	1 = YES	<input type="checkbox"/> 1
	2 = No → Go to Q17.4	<input type="checkbox"/> 2
	Item	Value for the 11 months
17.3.1	Repairs and service charges for recreation, entertainment and sports equipment	
TOTAL VALUE (17.3.1)		

17.4 VALUE OF OTHER RECREATION SERVICES IN THE 11 MONTHS PRIOR TO THE SURVEY MONTH		
	Item	Value for the 11 months
17.4.1	Admission charges	
	a. Cinema, theatres, concerts, festivals.....	
	b. Sports	
	c. Museums and zoos, etc	
	d. Amusement parks, etc.	
17.4.2	Fees for lessons related to recreation, entertainment and sport .For lessons in educational subjects, see Q18.2, item 18.2.1, and for motor vehicle driving lessons, see Q21.1.10	
17.4.3	Hobbies	
17.4.4	Other, specify <input type="text"/>	
TOTAL VALUE (17.4.1 – 17.4.4)		

17.5 VALUE OF HOUSE PETS, WATCH DOGS AND REQUISITES IN THE 11 MONTHS PRIOR TO THE SURVEY MONTH		
17.5.1	In the 11 months prior to the survey month did this household keep and/or acquire any pets or watch dogs?	
	1 = YES	<input type="checkbox"/> 1
	2 = NO → <i>Go to Section 18</i>	<input type="checkbox"/> 2
	Item	Value for the 11 months
17.6.1	Purchase of watch dogs	
17.6.2	Purchase of hunting dogs	
17.6.3	Purchase of pets	
17.6.4	Pet foods/feeds and other requisites	
17.6.5	Licenses	
17.6.6	Care (e.g. doggy parlour, kennels and veterinary costs)	
TOTAL VALUE (17.6.1 – 17.6.6)		

MODULE 5	Date					Starting time				No of household members present			No of non-household members present		
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Go through HOUSEHOLD COMPOSITION CONTROL on page 10 *Mark here when it has been completed*

18 EDUCATION AND TRAINING DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH
Expenditure on the following must not be included:
School bags: see Section 16, item 16.13.2
Travelling expenses: see Section 21, appropriate items
Clothing: see Section 14, appropriate items

18.1 During the 11 months prior to the survey month did anyone in this household attend an educational institution (including training centres)?

1 = YES 1
 2 = No → Go to Section 19 2

18.2 EDUCATION AND TRAINING FOR PUBLIC AND PRIVATE EDUCATIONAL INSTITUTIONS DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH

Item	Value for the 11 months					
	Public institutions			Private institutions		
	Number of household members attending	Paid by you or by means of loans	Paid by means of grants, non-refundable bursaries, etc.	Number of household members attending	Paid by you or by means of loans	Paid by means of grants, non-refundable bursaries, etc.
18.2.1 Tuition (including correspondence courses and school fees) and attendance fees (towards participation in conferences, etc.)						
a. Day-care mothers, crèches and play-groups						
b. Pre-primary education						
c. Primary education (includes literacy programmes for students too old for primary school).....						
d. Secondary education (includes out-of-school secondary education for adults and young people).....						
e. Tertiary education						
f. Education not definable by level (excluding driving and music lessons, recreational, sport or tourist activities, etc.)						
1. Vocational training						
2. Computer certification schools						
3. Other (including language classes)						
g. Excursions, field trips (<i>Other lessons, see Section 17, item 17.4.2</i>)						
h. Other, specify 						

	Item	Value for the 11 months					
		Public institutions			Private institutions		
		Number of household members attending	Paid by you or by means of loans	Paid by means of grants, non-refundable bursaries, etc.	Number of household members attending	Paid by you or by means of loans	Paid by means of grants, non-refundable bursaries, etc.
18.2.2	Boarding fees						
	a. Schools						
	b. Teachers' training and technical colleges						
	c. Universities.....						
18.2.3	Schools and other educational institutions						
	Expenses incurred not normally regarded as tuition, e.g. contributions to sport grounds						
18.2.4	Textbooks						
18.2.5	Stationery (for academic purposes, excluding calculators)						
18.2.6	Library fees and fines (for academic purposes)						
18.2.7	Other (e.g. junior laptops, training and adult education), specify						
TOTAL VALUE (18.2.1 – 18.2.7)							

19 READING MATERIAL AND STATIONERY DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH		
19.1 READING MATERIAL AND STATIONERY		
	Item	Value for the 11 months
19.1.1	Reading material	
	a. Newspaper – daily and weekly	
	b. Magazines and periodicals	
	c. Books (excluding those included in Q18.2.4)	
	d. Library fees and fines (for non-academic purposes)	
19.1.2	Stationery (excluding that included in Q18.2.5)	
19.1.3	Miscellaneous printed matter (e.g. road maps, greeting cards, posters, etc.)	
TOTAL VALUE (19.1.1 – 19.1.3)		

20 HEALTH SERVICES AND MEDICAL REQUISITES FOR THE 11 MONTHS PRIOR TO THE SURVEY MONTH			
20.1 HEALTH SERVICES			
	Item	Private sector	Public sector
20.1.1	Subscriptions and premiums in connection with medical aid schemes and medical provident schemes		
	a. Paid by household member		
	b. Contribution by employer		
20.1.2	Flat rate in respect of services and medicine obtained at hospital/clinic		
TOTAL VALUE (20.1.1 – 20.1.2)			
20.2	In the past month, were there any medicines acquired by the household?		
	1 = YES		1
	2 = No		2
	3 = DON'T KNOW		3
	→ Go to Q20.6		
20.3	How were the medicines acquired in the past month paid for? <i>If included in a flat rate, mark the method of payment for the flat rate</i>	Y	N
	1 = Covered by medical aid		DK
	2 = Paid for cash		
	3 = Received from a friend, relative, etc.		
20.4	Who prescribed the medicines?	Y	N
	1 = Doctor		DK
	2 = Nurse		
	3 = Self-prescription		

20.5	In the past 11 months, were there any medicines prescribed by a medical practitioner, which the household did not buy because the household did not have money to pay for them?		
	1 = YES		1
	2 = No		2
	3 = DON'T KNOW		3
20.6 MEDICATION AND MEDICAL SERVICES NOT COVERED BY MEDICAL AID/INSURANCE SCHEMES, MEDICAL PROVIDENT SCHEME, ETC. OR FLAT RATE OBTAINED AT A HOSPITAL/CLINIC			
	Item	Private sector	Public sector
20.6.1	Actual cost paid by household member (not paid for by medical scheme and not covered in flat rate)		
	A. Medical service		
	1. Doctors and other medical professional's fees (excluding dental service and x-ray and laboratory service)		
	a. Out of hospital (out-patient).....		
	b. In hospital (in-patient).....		
	c. Surgical and procedure based interventions during doctor's consultation		
	2. Consultations of traditional healers		
	B. Dental service (service of dentists and oral-hygienist		
	C. Medical analysis laboratories and x-ray service		
	D. Service of medical auxiliaries (freelance services by nurses and midwives, optometrists, physiotherapists, speech therapists, etc.)		
	E. Hospital service fees (e.g. wards, beds and theatre fees) exclude in-hospital doctor's fees....		
	F. Therapeutic appliances and equipment (like spectacles and hearing aids)		
	G. Non-hospital services (Ambulance service other than hospital)		

Item	Private sector	Public sector
H. Medicine and pharmacy fees		
1. Medicine purchased with prescription		
2. Dispensing and other service fees		
3. Medicine purchased without a prescription		
4. Traditional herbs/medicine		
I. Other medical products (bandages, syringes, knee supports, etc.)		
TOTAL VALUE (20.6.1.a – 20.6.1.I)		

21 TRANSPORT DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH
Note that Q21.1.1 – Q21.1.4 deal only with private vehicles registered in the name of any member of the household
Vehicles for business purposes must not be included
Include delivery charges where applicable

21.1 PRIVATE TRANSPORT FOR HOUSEHOLD'S OWN USE

21.1 During the 11 months prior to the survey month did anyone in this household acquire any new or used vehicle(s) for private use (excluding hired vehicles)

1 = YES, NEW ONLY	→ Go to Q21.1.1	<input type="checkbox"/>	1
2 = YES, USED ONLY	→ Go to Q21.1.2	<input type="checkbox"/>	2
3 = YES, BOTH NEW AND USED	→ Go to Q21.1.1	<input type="checkbox"/>	3
4 = No	→ Go to Q21.1.3	<input type="checkbox"/>	4

21.1.1 VALUE OF NEW PRIVATE VEHICLES ACQUIRED IN THE 11 MONTHS PRIOR TO THE SURVEY MONTH

Item	Value for the 11 months
21.1.1 a. Motor cars, station wagons and mini buses (excluding vehicles for business purposes)	
b. Bakkies (excluding four-wheel drive vehicles)	
c. Four-wheel drive vehicles	
d. Motor cycles and scooters	
e. Bicycles	
f. Caravans and trailers, including motorised caravans	
g. Animal drawn vehicles	

TOTAL VALUE (21.1.1.a-g)

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Ask only if "YES" in 21.1 = 2 or 3

21.1.2 VALUE OF USED PRIVATE VEHICLES ACQUIRED IN THE 11 MONTHS PRIOR TO THE SURVEY MONTH		
	Item	Value for the 11 months
21.1.2	a. Motor cars, station wagons and mini buses (excluding vehicles for business purposes)	
	b. Bakkies (excluding four-wheel drive vehicles)	
	c. Four-wheel drive vehicles	
	d. Motor cycles and scooters	
	e. Bicycles	
	f. Caravans and trailers, including motorised caravans	
	g. Animal drawn vehicles	
TOTAL VALUE (21.1.2.a-g)		

Ask for all

21.1.3 VALUE OF OTHER MODES OF TRANSPORT ACQUIRED IN THE 11 MONTHS PRIOR TO THE SURVEY MONTH		
	Item	Value for the 11 months
21.1.3	a. Horse	
	b. Donkey	
	c. Other, specify	
TOTAL VALUE (21.1.3.a-c)		

21.1.4 VALUE OF INSURANCE FOR TRANSPORT IN THE 11 MONTHS PRIOR TO THE SURVEY MONTH		
	Item	Value for the 11 months
21.1.4	a. Insurance of private transport (excluding package insurance)	
TOTAL VALUE (21.1.4)		
21.1.5 TRANSPORT RUNNING COSTS DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH		
<p><i>Amount spent on fuel and toll fees during holiday journeys must be included in Q21.1.6.2 item (a) and item (d) respectively.</i></p> <p><i>Expenditure in connection with the purchase and maintenance of aircraft, boats, etc. must be shown in section 17.1.5.</i></p> <p><i>Expenses incurred (except rent) in connection with vehicles not belonging to a household member (e.g. rented vehicles or company vehicles) should be included here, unless these expenses were recovered from your employer.</i></p>		
21.1.5.1	<p>During the 11 months prior to the survey month did this household incur running costs for privately used vehicles?</p> <p>1 = YES <input type="checkbox"/> 1</p> <p>2 = No <input type="checkbox"/> 2</p> <p style="text-align: right;">→ Go to Q21.1.7</p>	
	Item	Value for the 11 months
21.1.6.1	Estimated value of private use of company or other vehicle, not owned by the household	
21.1.6.2	Other running costs	
	a. Motor vehicle fuel	
	b. Parking fees	
	c. Traffic fines	
	d. Toll fees	
	e. Oil and grease	

	Item	Value for the 11 months
	f. Tyres and tubes	
	1. New	
	2. Retreaded/Patched	
	g. Batteries (new and used)	
	h. Spare parts, maintenance and cleaning materials, accessories purchased for private repair and installation	
	i. Maintenance and lubrication services	
	j. Air conditioner for vehicles, including installation	
	k. Security systems for vehicles, including installation	
	l. Panel-beating repairs (including repairs to vehicles belonging to others)	
	1. Paid for by the household or a member of the household	
	2. Paid for by an insurance company or other party	
	m. Other repair work (including repairs to vehicles belonging to others)	
	1. Paid for by the household or a member of the household	
	2. Paid for by an insurance company or other party	
	n. Licence and registration fees (including that of motor cycles) .	
	o. Car wash and valet services	
	1. Car wash	
	2. Valet services	
	p. Other, <i>specify</i>	
TOTAL VALUE (21.1.6 .1 - 21.1.6.2. a – p)		

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21.1.7 OPERATIONAL VALUE OF OTHER MODES OF TRANSPORT DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH

	Item	Value for the 11 months
21.1.7	a. Saddle	
	b. Horse shoes	
	c. Veterinary costs	
	d. Foods/feeds	
	e. Other, <i>specify</i> <input type="text"/>	

TOTAL VALUE (21.1.7. a –e)

21.1.8 VALUE OF DRIVING LESSONS, DRIVING TESTS AND DRIVING LICENSES

21.1.8	During the 11 months prior to the survey month did anyone in this household have driving lessons, driving tests or was issued a driving license?	
	1 = YES	<input type="checkbox"/> 1
	2 = NO → Go to Q21.2	<input type="checkbox"/> 2

	Item	Value for the 11 months
21.1.9	Driving lessons, driving tests and driving licenses	
TOTAL VALUE (21.1.9)		

21.2 VALUE OF PUBLIC AND HIRED TRANSPORT
Exclude transport for the purpose of holiday or any other event, which is covered in Q 11.2.2

	Item	Value for the 11 months	
		Incurring in attending educational institutions	Other
21.2.1	Bus		
21.2.2	Train		
21.2.3	Aircraft		
21.2.4	Boat/Ship		
21.2.5	Rented vehicle		
21.2.6	Taxi		
	a. Metered taxi		
	b. Minibus taxi/combi (including 30 seaters, e.g. Iveco)		
21.2.7	Value of discounted fares		
21.2.8	Furniture removal and transport of goods (not for sale)		
21.2.9	Lift clubs		
21.2.10	Other (e.g. horse, trailer), <i>specify</i>		
TOTAL VALUE (21.2.1. – 21.2.10)			



22 COMPUTER AND TELECOMMUNICATION EQUIPMENT DURING THE 11 MONTHS PRIOR TO THE SURVEY MONTH			
22.1 COMPUTER AND TELECOMMUNICATION EQUIPMENT Excluding business use			
	Item	Value for the 11 months	
		New	Used
22.1.1	Personal desktop computers (excluding laptops)		
22.1.2	Parts and upgrading of computers		
22.1.3	Laptops and palm tops		
22.1.4	Software (excluding games, play-stations, etc)		
22.1.5	Calculators.....		
22.1.6	Diskettes, CDs, flash disks and other consumable goods		
22.1.7	Printers / scanners / copiers		
22.1.8	Modems		
22.1.9	Communication equipment		
	a. Cellular telephones		
	b. Telephones, cordless telephones, motor telephones		
	c. Fax machines and telephone answering machines for household purposes		
	d. Pager		
22.1.10	Two-way radios		
TOTAL VALUE (22.1.1 – 22.1.10)			

22.2 REPAIRS TO TELECOMMUNICATION EQUIPMENT Excluding business use			
22.2.1	During the 11 months prior to the survey month did this household have any repairs done to computers and communication equipment?		
	1 = YES		1
	2 = No	→ Go to Q22.4	2
	Item		Value for the 11 months
22.3.1	Repairs of computer and communication equipment		
TOTAL COST (22.3.1)			
22.4 COMMUNICATION FOR HOUSEHOLD PURPOSES Excluding expenses incurred for business purposes			
	Item		Value for the 11 months
22.4.1	Landline telephone fees		
	a. Telephone installation and rental		
	1. Installation		
	2. Rental		
	b. Telephone calls		
	1. Private		
	2. From public phones.....		
	c. Value Added Tax (VAT) <i>Only if telephone account is available</i>		
	d. Connection to the network		
22.4.2	Cellular telephone fees		
	a. Rental		
	b. Calls (including phone cards)		
	c. Value Added Tax (VAT) <i>Only if cell phone account is available</i>		
	d. Connection to the network		

	Item	Value for the 11 months
22.4.3	Internet	
	a. Subscription	
	b. Other	
22.4.4	Postage	
	a. Stamps	
	b. Packages	
	c. Courier services	
	d. Other	
22.4.5	Post box rental	
22.4.6	Other (e.g. telegrams)	
TOTAL COST (22.4.1 – 22.4.6)		

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23 SUBSISTENCE
Read out: This section is about agricultural production and acquiring other food from nature, like from fishing and hunting, even if it is only on a small scale. The questions are about anything you have planted, or any animals you have kept or used or taken care of on your or your household's fields and gardens or on land you have access to, and about fishing and hunting in the last 12 months. This does not include work you have done as a labourer or worker for others.

23.1	Does anyone in this household participate in growing food, raising livestock, fishing and/or hunting?	Y	N
	1 = Growing food	<input type="checkbox"/>	<input type="checkbox"/>
	2 = Raising livestock	<input type="checkbox"/>	<input type="checkbox"/>
	3 = Fishing	<input type="checkbox"/>	<input type="checkbox"/>
	4 = Hunting	<input type="checkbox"/>	<input type="checkbox"/>
<i>If 1 = YES → Go to Q 23.5, otherwise continue</i>			
23.2	Does this household own or have access to land that could be used for growing food or raising livestock? Exclude communal grazing land		
	1 = YES	<input type="checkbox"/>	1
	2 = No → Go to Q.23.12	<input type="checkbox"/>	2
23.3	Is the land used by the household for growing food or raising livestock?		
	1 = YES → Go to Q 23.5	<input type="checkbox"/>	1
	2 = No	<input type="checkbox"/>	2
23.4	Why is it not used for growing food or raising livestock?	Y	N
	1 = Lack of funds	<input type="checkbox"/>	<input type="checkbox"/>
	2 = Lack of expertise/skills	<input type="checkbox"/>	<input type="checkbox"/>
	3 = Lack of human resources	<input type="checkbox"/>	<input type="checkbox"/>
	4 = Lack of equipment	<input type="checkbox"/>	<input type="checkbox"/>
	5 = The land is too far away	<input type="checkbox"/>	<input type="checkbox"/>
	6 = Other, specify <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

23.5	How many square metres or hectares of land does the household have access to for agricultural purposes?		
	1 = Less than 5 000 m ² (i.e. less than a soccer field)	<input type="checkbox"/>	1
	2 = 5 000 – 9 999 m ²	<input type="checkbox"/>	2
	3 = 1 but less than 5 hectares	<input type="checkbox"/>	3
	4 = 5 but less than 10 hectares	<input type="checkbox"/>	4
	5 = 10 but less than 20 hectares	<input type="checkbox"/>	5
	6 = 20 hectares or more	<input type="checkbox"/>	6
7 = DON'T KNOW	<input type="checkbox"/>	7	
23.6	On what basis does the household have access to the land?		
	1 = OWNS THE LAND	<input type="checkbox"/>	1
	2 = RENTS THE LAND	<input type="checkbox"/>	2
	3 = SHARECROPPING	<input type="checkbox"/>	3
	4 = TRIBAL AUTHORITY	<input type="checkbox"/>	4
	5 = OTHER, specify <input type="text"/>	<input type="checkbox"/>	5
6 = DON'T KNOW	<input type="checkbox"/>	6	
23.7	How did the household get access to the land?	Y	N
	1 = Accessed as the land commonage in a communal area	<input type="checkbox"/>	<input type="checkbox"/>
	2 = Allocated government land (incl. municipal commonage) in terms of a government or other project	<input type="checkbox"/>	<input type="checkbox"/>
	3 = Through a land claim (restitution)	<input type="checkbox"/>	<input type="checkbox"/>
	4 = As a part of a land redistribution project	<input type="checkbox"/>	<input type="checkbox"/>

Ask only if "OWNS THE LAND" in Q23.6 and any "YES" in Q23.1

23.8	How large a portion of the land is being used by the household for growing food or raising livestock?		
	1 = ALL	<input type="checkbox"/>	1
	2 = HALF, OR MORE	<input type="checkbox"/>	2
	3 = A QUARTER OR MORE, BUT LESS THAN HALF	<input type="checkbox"/>	3
	4 = SOME, BUT LESS THAN A QUARTER	<input type="checkbox"/>	4
	5 = DON'T KNOW	<input type="checkbox"/>	5
	6 = Other, specify <input type="text"/>	<input type="checkbox"/>	6

Ask for all "YES" in Q23.1

23.9	What farming activities take place on the land?	Y	N
	1 = Field crops	<input type="checkbox"/>	<input type="checkbox"/>
	2 = Horticulture, e.g. orchards, berries, vegetables	<input type="checkbox"/>	<input type="checkbox"/>
	3 = Livestock	<input type="checkbox"/>	<input type="checkbox"/>
	4 = Poultry	<input type="checkbox"/>	<input type="checkbox"/>
	5 = Other, specify <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>If any YES to response categories 1, 2 and 5 continue, Otherwise go to 23.12</i>		
23.10	In the last 12 months, did the household sell any grown produce?		
	1 = YES	<input type="checkbox"/>	1
	2 = No → Go to Q 23.12	<input type="checkbox"/>	2
23.11	What is the value of the grown produce sold in the past 12 months?		
23.12	Does the household own any cattle or other large livestock?		
	1 = YES	<input type="checkbox"/>	1
	2 = No → Go to Q 23.15	<input type="checkbox"/>	2
23.13	How many heads of cattle and other large livestock are currently owned by the household?		
23.14	In the past 12 months, how many heads of cattle and other large livestock did the household sell, if any?		

23.15	Does the household own any sheep, goats and other medium size animals (exclude pets)?		
	1 = YES	<input type="checkbox"/>	1
	2 = No → Go to Q 23.18	<input type="checkbox"/>	2
23.16	How many sheep, goats and other medium size animals are currently owned by the household?		
23.17	In the past 12 months, how many medium size animals did the household sell, if any?		
23.18	Does the household own any poultry such as chickens, ducks, etc. (exclude chicks)?		
	1 = YES	<input type="checkbox"/>	1
	2 = No → Go to Q23.21	<input type="checkbox"/>	2
23.19	How many chicken, ducks, etc. are currently owned by the household?		
23.20	In the past 12 months, how many chicken, ducks, etc. did the household sell, if any?		

Ask if "YES" in Q23.1 to category 3 = Fishing

23.21	In the last 12 months did the household sell any fish caught by the household?		
	1 = YES	<input type="checkbox"/>	1
	2 = No → Go to Q23.23	<input type="checkbox"/>	2
23.22	What was the value of fish sold by the household in the past 12 months?		

Ask if "YES" in Q23.1 to category 4 = Hunting

23.23	In the last 12 months did the household sell any meat acquired through hunting (game)?		
	1 = YES	<input type="checkbox"/>	1
	2 = No → Go to Section 24	<input type="checkbox"/>	2
23.24	What was the total value of game sold by the household in the past 12 months?		

24 LIVING CIRCUMSTANCES	
24.1	<p>In the past 12 months, did any adult (18 years and above) in this household go hungry because there was not enough food?</p> <p>1 = NEVER</p> <p>2 = SELDOM</p> <p>3 = OFTEN</p> <p>4 = ALWAYS</p> <p>5 = NOT APPLICABLE (NO ADULTS IN THE HOUSEHOLD)</p>
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
24.2	<p>In the past 12 months, did any child (17 years or younger) in this household go hungry because there was not enough food?</p> <p>1 = NEVER</p> <p>2 = SELDOM</p> <p>3 = OFTEN</p> <p>4 = ALWAYS</p> <p>5 = NOT APPLICABLE (NO CHILDREN IN THE HOUSEHOLD)</p>
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
24.3	<p>In the past 12 months, was there any young person, aged 5 -17 years, who left this household and whose whereabouts are unknown to you?</p> <p>1 = YES</p> <p>2 = No</p> <p>3 = DON'T KNOW</p>
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

24.4	Over the past month, was your household's standard of	Less than adequate	Just adequate	More than adequate	NOT APPLICABLE
	a. food consumption	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	b. housing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	c. clothing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	d. health care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	e. your children's schooling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
24.5	Which net household income per month in Rand would be the absolute minimum for your household? That is to say, that you would not be able to make ends meet if you earned less.	<input type="text"/>			
24.6	Is the total monthly income of your household higher, lower or more or less the same as this figure (i.e. the figure given in Q24.5)?				
	1 = Much higher	<input type="checkbox"/> 1			
	2 = Higher	<input type="checkbox"/> 2			
	3 = More or less the same	<input type="checkbox"/> 3			
	4 = Lower	<input type="checkbox"/> 4			
	5 = Much lower	<input type="checkbox"/> 5			

MODULE 6	Date					Starting time				No of household members present				No of non-household members present		
<i>Go through</i> HOUSEHOLD COMPOSITION CONTROL <i>on page 10</i>										<i>Mark here when it has been completed</i>						

25 FINANCE CHARGES, INCOME TAX AND INVESTMENTS		
25.1 FINANCE AND BANKING IN THE MONTH PRIOR TO THE SURVEY MONTH		
	Item	Value for the month
25.1.1	Finance and bank charges	
	a. Bank charges (cheque books, service charges, etc.)	
	b. Interest/finance charges not shown elsewhere	
	c. Repayments on loans and overdraft (including repayments to money lenders, credit cards, but excluding installments shown elsewhere e.g. housing, furniture, studies, vehicles and recreational equipment)	
TOTAL VALUE (25.1.1.a – 25.1.1.c)		
25.2 PROFESSIONAL AND MEMBERSHIP FEES IN THE PAST 12 MONTHS (INCLUDING THE SURVEY MONTH)		
	Item	Value for the 12 months
25.2.1	Professional fees	
	a. Legal fees, architects' and other professional fees not shown elsewhere	
25.2.2	Membership fees, member's fees	
	a. Trade unions and staff associations, professional associations scientific art and cultural societies	
	b. Gymnasiums, health, sports and social clubs	
25.2.3	Donations to religious institutions	
25.2.4	Other, including donations to charity and political organisations, street collections (including money given to beggars), etc	
TOTAL VALUE (25.2.1 – 25.2.4)		

25.3 INCOME TAX IN THE PAST 12 MONTHS (INCLUDING THE SURVEY MONTH)			
	Item	Value for the 12 months	
25.3.1	Tax deductions		
	a. SITE according to payslip		
	b. Pay as you earn (PAYE) according to payslip		
25.3.2	Other payments according to assessment (including preliminary tax payments, payments with regard to previous assessments)		
25.3.3	Penalty for late submission of tax		
25.3.4	Amnesty tax		
TOTAL VALUE (25.3.1 – 25.3.4)			
25.4 PERSONAL INSURANCE AND OTHER INVESTMENTS IN THE PAST 12 MONTHS (INCLUDING THE SURVEY MONTH)			
	Item	Value now	Paid in the 12 months
25.4.1	Insurance premiums paid by you or your employer		
	a. Life and endowment policies (including study policies).....		
	b. Funeral policies		
	c. Medical insurance		
	d. Unemployment Insurance Fund (UIF)		
TOTAL VALUE (25.4.1.a - 25.4.1.d)			

	Item	Value now	Paid in the 12 months
25.4.2	Contributions to pension, provident and annuity funds		
	a. Paid by you		
	b. Paid by your employer		
	c. Total value		
25.4.3	Contributions to stokvel		
25.4.4	Investment		
	a. Shares in		
	1. Listed companies		
	2. Unlisted companies		
	b. Unit Trusts		
	c. Investment plans		
	d. Offshore		
	e. Other, <i>specify</i>		
25.4.5	Amount deposited into savings		
TOTAL VALUE (25.4.2 – 25.4.5)			

25.5 REMITTANCES, GIFTS AND MAINTENANCE		
25.5.1 REMITTANCES, GIFTS AND MAINTENANCE IN CASH IN THE PAST 12 MONTHS (INCLUDING THE SURVEY MONTH)		
<i>Include amounts paid by means of stop or debit orders and employer Deductions</i>		
	Item	Value for the 12 months
25.5.1	a. Maintenance of/remittance to family members and dependants living elsewhere (including alimony/ palimony paid to ex-wife/ ex-husband, children)	
	b. Gifts for persons who are not members of this household (excluding gifts in kind (25.5.2.b)	
	c. Tribal levies (not for housing)	
TOTAL VALUE (25.5.1.a - 25.5.1.c)		
25.5.2 REMITTANCES, GIFTS AND MAINTENANCE IN KIND IN THE 11 MONTHS PRIOR TO THE SURVEY MONTH		
	Item	Value for the 11 months
25.5.2	a. Maintenance of/remittance to family members and dependants living elsewhere (including alimony/ palimony paid to ex-wife/ ex-husband, children)	
	b. Gifts for persons who are not members of this household (excluding cash)	
	c. Tribal levies (not for housing)	
TOTAL VALUE OF (25.5.2 a – 25.5.2.c)		

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25.6 OTHER EXPENDITURE		
25.6.1 CEREMONIES AND OTHER EXPENDITURE IN THE PAST 12 MONTHS (INCLUDING THE SURVEY MONTH)		
<i>Include amounts paid by means of stop or debit orders and employer Deductions</i>		
	Item	Value for the 12 months
25.6.1.1	Lobola/dowry paid	
25.6.1.2	Funeral expenses	
25.6.1.3	Gravestones and maintenance of graves (excluding unveiling)	
25.6.1.4	Religious and traditional ceremonies (e.g. unveiling, barmitzwah, diwali, weddings).....	
25.6.1.5	Fines(e.g. fines for straying livestock), excluding traffic and library fines See Q21.1.6.2.c and Q19.1.1.d	
25.6.2 GAMBLING IN THE 11 MONTHS PRIOR TO THE SURVEY MONTH		
	Item	Value for the 11 months
25.6.2.1	Gambling	
	a. Lotto	
	b. Casinos	
	c. Other, such as horse racing, sports, etc.	
TOTAL VALUE (25.6.1.1 - 25.6.2.1.c)		

25.7 EXPENDITURE INCURRED RUNNING A BUSINESS IN THE PAST 12 MONTHS (INCLUDING THE SURVEY MONTH)		
	Item	Value for the 12 months
25.7.1	Expenditure incurred in obtaining income by working for your financial account, including part-time farming, but excluding expenditures on dwelling(s) (which should be shown in Section 9)	
TOTAL VALUE (25.7.1)		
25.8 OTHER EXPENDITURE IN THE PAST 12 MONTHS (INCLUDING THE SURVEY MONTH)		
	Item	Value for the 12 months
25.8.1	All other expenditure, specify	
	a.	
	b.	
	c.	
	d.	
	e.	
	f.	
TOTAL VALUE (25.8.1.a - f)		

25.9 DEBTS			
This section is on outstanding amounts and debts incurred in the past 12 months, including hire purchase			
	Item	Outstanding debts	Debts incurred in the 12 months
25.9.1	Bank		
	a. Bond (for the main dwelling unit)		
	b. Motor vehicle (<i>check running costs in Section 21</i>)		
	c. Bank overdraft/ credit card(s)		
	d. Other bank loans		
25.9.2	Furniture and appliance shops		
25.9.3	Retail stores (clothes on account or lay-by)		
25.9.4	Loans from friends and family (cash loans)		
25.9.5	Loans from money lenders (e.g. Mashonisa)		
25.9.6	Arrears on municipal bills		
25.9.7	Other loans, specify		
TOTAL VALUE (25.9.1 – 25.9.7)			

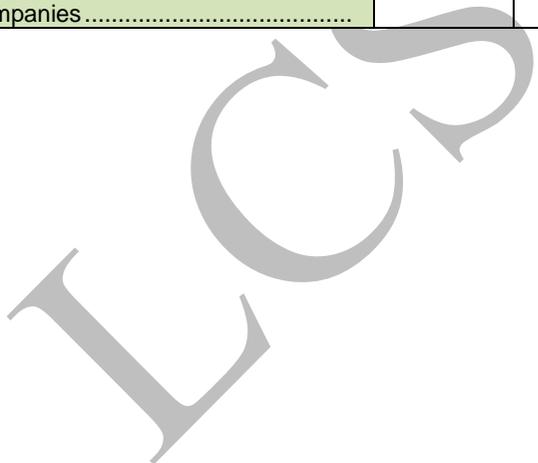
	Item	Income for the survey month/ Person number									
26.1.8	Receipts from pension, social welfare grants and other annuity funds										
	a. Pension resulting from employment before retirement										
	b. Annuities and similar recurring receipts resulting from own investments ...										
	c. Social pension(s) or allowances										
	1. Old age and war pensions										
	2. Disability grants										
	3. Family and other allowances (including state maintenance grants and child grants)										
	d. From the Workmen's Compensation Unemployment Insurance, Pneumoconiosis and Silicosis Funds and similar funds										
26.1.9	Alimony, maintenance and similar allowances received from divorced spouse, family members, etc. who are non-household members										
26.1.10	Other allowances received from non-household members										
TOTAL (26.1.1 – 26.1.10)											
TOTAL REGULAR INCOME OF HOUSEHOLD FOR THE SURVEY MONTH											

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26.2 REGULAR INCOME FOR THE 11 MONTHS PRIOR TO THE SURVEY MONTH

Ask for all household members who have contributed to the household's income in the 11 months prior to the survey month, i.e. all persons recorded in Q1.1.a, also person whose person numbers start with 8 and 9 (household members who have spent at least six months in the household in the 11 months prior to the survey month). Transfer the person numbers from Q.1.1a. Note that the persons may differ from those in Q26.1.

	Item	Income for the 11 months prior to the survey month / Person number												
26.2.1	Salaries and wages (including overtime, bonuses, cash allowance in respect of transport, housing and clothing, etc.)													
26.2.2	Personal income taken from business or professional practice/activities (excluding interest and dividends) conducted on a full-time or regular part time basis (see also Q26.3, item 1)													
26.2.3	Income from subsistence farming													
26.2.4	Income from letting of fixed property (only if the letting of property is not a bona fide business - see item 26.2.2 above).....													
26.2.5	Royalties													
26.2.6	Interest received and/or accrued on deposits, loans and savings certificates													
26.2.7	Dividends received on shares													
	a. Listed companies													
	b. Unlisted companies													



	Item	Income for the 11 months prior to the survey month / Person number									
26.2.8	Receipts from pension, social welfare grants and other annuity funds										
	a. Pension resulting from employment before retirement										
	b. Annuities and similar recurring receipts resulting from own investments										
	c. Social pension(s) or allowances										
	1. Old age and war pensions										
	2. Disability grants										
	3. Family and other allowances (including state maintenance grants and child grants)										
	d. From the Workmen's Compensation Unemployment Insurance, Pneumoconiosis and Silicosis Funds and similar funds										
	26.2.9	Alimony, maintenance and similar allowances received from divorced spouse, family members, etc. who are non-household members									
	26.2.10	Other allowances received from non-household members									
A. TOTAL FOR ALL PERSONS (26.2.1 – 26.2.10)											
B. TOTAL FOR ALL PERSONS WITH NO 8X AND 9X (26.2.1 – 26.2.10)											
C. TOTAL REGULAR INCOME OF HOUSEHOLD FOR THE 11 MONTHS PRIOR TO THE SURVEY MONTH (ALL PERSONS)											

26.3 OTHER INCOME FOR THE PREVIOUS 12 MONTHS, INCL. SURVEY MONTH		
	Item	Income during the 12 months
26.3.1	Income from hobbies	
26.3.2	Income from side-lines and part-time activities	
26.3.3	Income derived from the sale of vehicles, property, etc	
26.3.4	Payments received from boarders and other non-members of the household	
26.3.5	Value of goods and services received by virtue of your occupation and shown as expenditure in the questionnaire (e.g. housing subsidies, transport subsidies, pension, annuity funds, etc.)	
26.3.6	Gratuities and other lump sum payments received from pension, provident and other insurance or from private persons	
26.3.7	Claims in respect of funeral funds, damage to fixed property, road traffic collision, etc.	
26.3.8	Stokvel	
26.3.9	Other income (not by virtue of occupation)	
	a. Withdrawals from savings <i>The surrender of insurance policies must be included here</i>	
	b. Non-refundable bursaries from all sources <i>See Section 18</i>	
	c. Benefits, donations and gifts received from private persons (excluding from members of the household), welfare funds, clubs, the government etc, excluding food and clothing	
	d. Cash (<i>including gifts and bonuses from buying associations</i>)	
	e. Value of food received	
	f. Value of housing (including benefits, such as the value of rent deductions allowed by persons and organisations other than the employer)	

	Item	Income during the 12 months
	g. Value of clothing (not received from employer)	
	h. Value of transport (not received from employer)	
	i. Value of other benefits, donations, gifts, etc.	
26.3.10	Lobola/dowry received	
26.3.11	Income from gambling and lotto winnings	
26.3.12	Tax refunds received (<i>according to assessment</i>)	
26.3.13	Income not elsewhere specified, specify	
	a.	
	b.	
	c.	
	d.	
	e.	
	f.	
TOTAL VALUE (26.3.1 – 26.3.13)		

END OF MODULE 6

Date Ending time Main respondent No of household members present No of non-household members present

Main language spoken during interview	01 Afrikaans	<input type="text"/>	02 English	<input type="text"/>	03 Isindebele	<input type="text"/>	04 Isixhosa	<input type="text"/>	05 Isizulu	<input type="text"/>	06 Sepedi	<input type="text"/>
	07 Sesotho	<input type="text"/>	08 Setswana	<input type="text"/>	09 Siswati	<input type="text"/>	10 Tshivenda	<input type="text"/>	11 Xitsonga	<input type="text"/>	12 Other	<input type="text"/>

INTERVIEW CIRCUMSTANCES

Was the interview interrupted by ...	Y	N	Comment
telephone ringing	<input type="text"/>	<input type="text"/>	
visitor/s arriving	<input type="text"/>	<input type="text"/>	
baby/-ies, child/-ren, pet/-s disturbing	<input type="text"/>	<input type="text"/>	
other, <i>specify</i>	<input type="text"/>	<input type="text"/>	
Were there other problems, e.g. ...			
disagreement within household	<input type="text"/>	<input type="text"/>	
disagreement with interview/interviewer	<input type="text"/>	<input type="text"/>	
Other, <i>specify</i>	<input type="text"/>	<input type="text"/>	

Additional empty rows for recording interview circumstances and comments.

For all persons in the household

27.2 FIRST MEASUREMENT

		1	2	3	4	5	6	7	8	9	0
27.2.1	Weight (in kilograms, with one decimal)										
27.2.2	Height (in centimetres, no decimal)										
27.2.3	Waist (in centimetres, no decimal)										

27.3 SECOND MEASUREMENT

		1	2	3	4	5	6	7	8	9	0
27.3.1	Weight (in kilograms, with one decimal)										
27.3.2	Height (in centimetres, no decimal)										
27.3.3	Waist (in centimetres, no decimal)										

If differences between 1st and 2nd measurement, verify correct measurement below

27.4 THIRD MEASUREMENT

		1	2	3	4	5	6	7	8	9	0
27.4.1	Weight (in kilograms, with one decimal)										
27.4.2	Height (in centimetres, no decimal)										
27.4.3	Waist (in centimetres, no decimal)										

COMMENTS

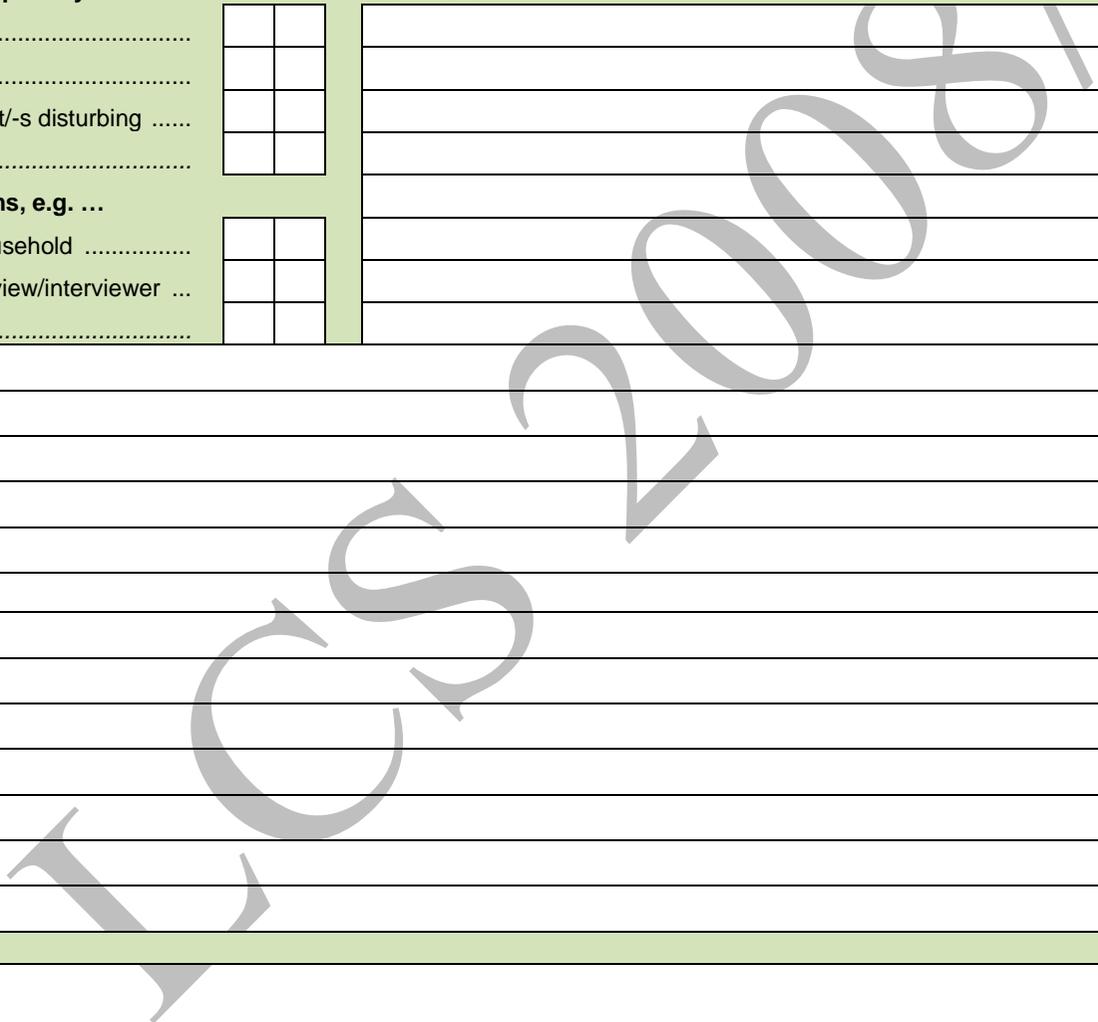
END OF MODULE 7

Date Ending time Main respondent No of household members present No of non-household members present
D D M M

Main language spoken during interview	01 Afrikaans	<input type="text"/>	02 English	<input type="text"/>	03 Isindebele	<input type="text"/>	04 Isixhosa	<input type="text"/>	05 Isizulu	<input type="text"/>	06 Sepedi	<input type="text"/>
	07 Sesotho	<input type="text"/>	08 Setswana	<input type="text"/>	09 Siswati	<input type="text"/>	10 Tshivenda	<input type="text"/>	11 Xitsonga	<input type="text"/>	12 Other	<input type="text"/>

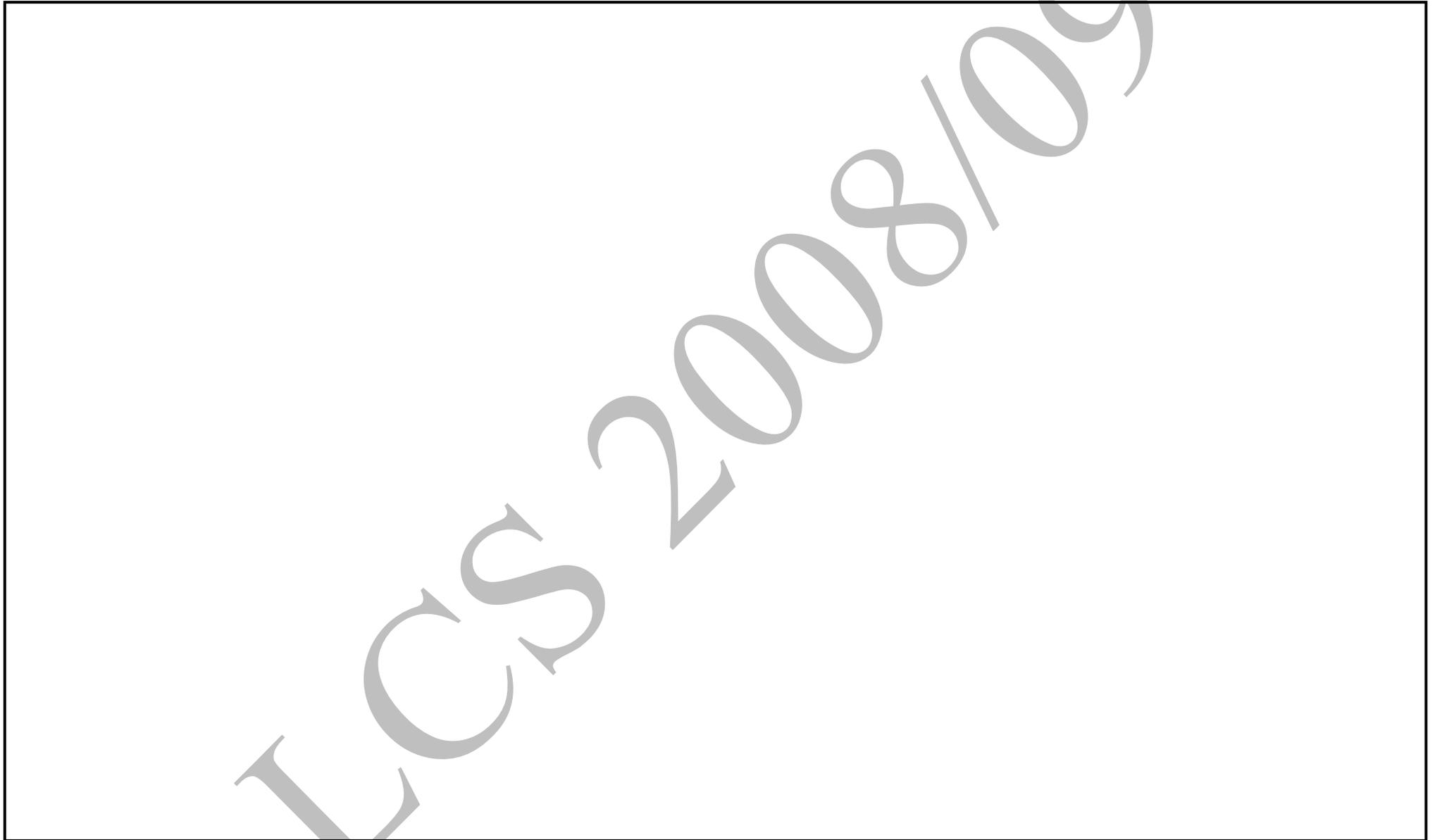
INTERVIEW CIRCUMSTANCES

Was the interview interrupted by ...	Y	N	Comment
telephone ringing	<input type="text"/>	<input type="text"/>	
visitor/-s arriving	<input type="text"/>	<input type="text"/>	
baby/-ies, child/-ren, pet/-s disturbing	<input type="text"/>	<input type="text"/>	
other, <i>specify</i>	<input type="text"/>	<input type="text"/>	
Were there other problems, e.g. ...			
disagreement within household	<input type="text"/>	<input type="text"/>	
disagreement with interview/interviewer ...	<input type="text"/>	<input type="text"/>	
Other, <i>specify</i>	<input type="text"/>	<input type="text"/>	



SKETCH OF THE DWELLING/S AT THE SELECTED DWELLING UNIT

Give measures in metres



RESULT CODES**10 Completed****20 Non-contact**

- 21 Informed that household is away during data collection period
- 22 No one to be found, no info available

30 Refused (unspecified/reason unknown)

- 31 Do not have time
- 32 Political reason
- 33 Language issue
- 34 Race issue
- 35 Not interested
- 36 Do not believe in statistics/Do not participate in surveys
- 37 Do not trust the confidentiality
- 38 Do not regard the survey to be applicable to household
- 39 Unhappiness with survey staff

40 Partly completed

- 41 Interview partly completed
- 42 Whole interview or module missing
- 43 Diary not fully completed
- 44 Whole diary uncompleted

50 No usable information

- 51 Unreliable information provided unintentionally
- 52 Unreliable information provided intentionally
- 53 Respondent willing but unable to provide information

60 Vacant dwelling

- 61 Dwelling emptied from furniture
- 62 Furniture in dwelling, no one staying there

70 Listing error

- 71 Empty stand
- 72 Dwelling not a private dwelling
- 73 Dwelling does not exist

80 Change of status

- 81 Dwelling demolished
- 82 Transformed to a non-private dwelling

90 Other

- 91 Health related reason

