

Survey of Employers & Self-Employed 2001

Particulars

PSU number

Dwelling unit number

Household number for this household

Person number (column no. from LFS questionnaire)

Physical identification of the dwelling unit/household

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.....

Telephone number of enumerated household (if any)

Name of respondent

Appointment details

.....

.....

Field staff

Interviewer

Number

Date checked

Supervisor

Number

Date checked

RSM

Number

Date checked

For office use

Response details

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

FINAL RESULT

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Comments and full details of all non-response

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RESULT CODES (for response details)

- | | |
|---|-----------------------|
| 1 | Completed |
| 2 | Non-contact |
| 3 | Refused |
| 4 | Partly complete |
| 5 | No usable information |
| 6 | Vacant dwelling |
| 7 | Listing error |
| 8 | Other |

Comment and give full details above
of all non-response

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PSU no

DU no

Hh. no

Pers. no

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INTRODUCTION

Read out: The last time we spoke to you or a member of your household, we found out that you were engaged in certain business activities. We need more information about such activities for better government planning. In order for the government to undertake planning and development, comprehensive information on business activities is essential. We hope you will answer the following questions as honestly and as accurately as possible. All information you provide will be held strictly confidential and used only in combination with data from other selected employers and self-employed to provide statistics for your province and the Republic of South Africa.

1	Do you run any kind of business, big or small, for yourself or with one or more partners? 1 = YES 2 = NO → <i>End of interview</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
2	Do you run more than one business? 1 = YES 2 = NO → <i>Go to Q 4</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
3	How many businesses do you run?	

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

		Business 1	Business 2	Business 3
4	Is your business registered for VAT? 1 = YES 2 = NO → <i>End of interview for this business</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
5	In your business are you 1 = Self-employed (without employees) 2 = Employer	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
6	What kind of work did you do in your main business activity during the last seven days (or usually do, even if you were absent from your economic activity in the last seven days)?			

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PSU no

DU no

Hh. no

Pers. no

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		Business 1	Business 2	Business 3
7	What were your main tasks or duties in this economic activity? 			
8	What kinds of goods or services does the business provide? <i>Describe in at least three words. If more than one activity, answer for the one which usually generates the most net income.</i> 			
9	What is the name of your business? <i>Write 'No name', if relevant.</i> <div style="text-align: right;"><i>For coding</i></div>			
10	Is the business owned by yourself as a single owner? 1 = YES → Go to Q 18 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
11	Is the business owned in partnership with other members of your household? 1 = YES 2 = No → Go to Q 13	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
12	How many household members, including yourself, are partners in the business?			

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PSU no

DU no

Hh. no

Pers. no

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		Business 1	Business 2	Business 3
13	Are there any business partners living in other households? 1 = YES 2 = No → Go to Q 17	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
14	How many of those partners live in this neighbourhood?			
15	How many partners live elsewhere?			
16	In how many different households, including yours, are the partners in this business living?			
17	Who is the main owner of this business? 1 = Yourself 2 = Another family or household member 3 = Another person in the partnership or cooperative, not a household member 4 = The ownership is equally shared between two or more owners 5 = Other, <i>specify</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

Questions about the site for operation

18	Does this business operate 01 = Within the owner's dwelling/s – with its own space (e.g. a separate room) 02 = Within the owner's dwelling/s – without its own space (e.g. a family room) 03 = In a structure attached to owner's dwelling/s or on the same plot (e.g. a workshop in the back yard) 04 = Within another person's dwelling (e.g. a neighbour's dwelling) 05 = In a non-residential building (e.g. an office block or factory) 06 = From a taxi rank 07 = On a footpath, street or open space 08 = At a market 09 = No fixed location/mobile 10 = At customer's homes or offices 11 = Other, <i>specify</i> → Go to Q 28	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11
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PSU no

DU no

Hh. no

Pers. no

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		Business 1	Business 2	Business 3
19	Is the location of the business a permanent (e.g. over a period of time) or a temporary arrangement , (e.g. can change from day to day)? 1 = PERMANENT 2 = TEMPORARY 3 = NOT APPLICABLE, <i>specify</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
20	Is the arrangement set up and taken down every business day (e.g. putting up tables or boxes for selling products)? 1 = YES 2 = No 3 = NOT APPLICABLE, <i>specify</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
21	Is the main structure where the business is located 1 = Fully owned by yourself 2 = Partially owned 3 = Jointly owned or owned by a co-operative 4 = Rented 5 = Provided free 6 = Other, <i>specify</i> 7 = NOT APPLICABLE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 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
22	Do you pay for use of this location for business purposes? 1 = YES 2 = No 3 = NOT APPLICABLE <div style="display: inline-block; vertical-align: middle;"> } → Go to Q 24 </div>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
23	How do you pay for the use of this location? 1 = Payment is included in rent or bond payment for the dwelling 2 = Payment to municipality or its agents 3 = Payment to other government body 4 = Payment to business organisation 5 = Payment to established shopkeepers 6 = Payment to other street vendors 7 = Payment to other individuals representing shopkeeper, other vendors, protectors of street/area 8 = Other, <i>specify</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8

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PSU no

DU no

Hh. no

Pers. no

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		Business 1	Business 2	Business 3
24	Why is the business located at its present site? 01 = NEAR TO MARKET/CUSTOMERS 02 = NEAR TO COMPETITORS 03 = NEAR TO RAW MATERIAL/SUPPLIES 04 = THE OWNER/ONE OF OWNERS LIVES THERE 05 = NEAR TO TRANSPORT ROUTES 06 = NEAR HOME 07 = CANNOT AFFORD OTHER SITE 08 = THIS IS THE ONLY AVAILABLE CHOICE 09 = OTHER, <i>specify</i> 10 = NOT APPLICABLE	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10
25	Is electricity available at this site? 1 = YES 2 = No 3 = NOT APPLICABLE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
26	What is the (main) source of water for the business (the main site)? 01 = PIPED (TAP) WATER IN STRUCTURE 02 = PIPED (TAP) WATER ON SITE 03 = PUBLIC TAP/SHARED TAP WITH OTHERS 04 = BOREHOLE ON SITE 05 = BOREHOLE OFF SITE 06 = RAINWATER TANK ON SITE 07 = FLOWING WATER/STREAM 08 = DAM/POOL/STAGNANT WATER 09 = WELL 10 = SPRING 11 = OTHER, <i>specify</i> 12 = No WATER ACCESS 13 = NOT APPLICABLE	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13

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PSU no

DU no

Hh. no

Pers. no

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		Business 1	Business 2	Business 3
27	What kind of toilet facility does the business have? 1 = FLUSH TOILET ON SITE 2 = FLUSH TOILET OFF SITE 3 = CHEMICAL TOILET 4 = PIT LATRINE WITH VENTILATION PIPE 5 = PIT LATRINE WITHOUT VENTILATION PIPE 6 = BUCKET TOILET 7 = NONE 8 = OTHER, <i>specify</i> 9 = NOT APPLICABLE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
28	Where is the nearest telephone that the business can use? <i>Give only one answer, the main one</i> 1 = FIXED TELEPHONE ON SITE → Go to Q 30 2 = FIXED TELEPHONE NOT ON SITE 3 = CELLULAR TELEPHONE → Go to Q 30 4 = THE NEAREST TELEPHONE IS A PUBLIC TELEPHONE 5 = OTHER, <i>specify</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
29	How many minutes do you have to travel to the nearest telephone you can use (by your usual means of transport)? 1 = 0 - 5 MINUTES 2 = 6 - 15 MINUTES 3 = 16 - 30 MINUTES 4 = 31 - 60 MINUTES 5 = 1 - 2 HOURS 6 = MORE THAN 2 HOURS	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6

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PSU no

DU no

Hh. no

Pers. no

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		Business 1	Business 2	Business 3
30	Who owns the telephone? 1 = IT IS PRIVATELY OWNED BY THE OWNER OF THE BUSINESS OR THE OWNER'S HOUSEHOLD 2 = IT IS OWNED BY THE BUSINESS 3 = THE OWNERSHIP IS SHARED WITH OTHER BUSINESSES 4 = IT IS OWNED BY ANOTHER BUSINESS 5 = IT IS OWNED BY ANOTHER PRIVATE PERSON THAN THE OWNER OF THE BUSINESS 6 = IT IS A PUBLIC TELEPHONE 7 = OTHER, <i>specify</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 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
31	What transactions do you record for this business? 1 = Simple informal records of sales and/or expenditures 2 = Some accounts but not full (for example expenditures) 3 = Full annual accounts 4 = No accounts kept → Go to Q 35	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
32	Are purchases for the business recorded? 1 = YES 2 = No → Go to Q 34	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
33	How are the purchases recorded? 1 = Formally (e.g. formal set of books, computer) 2 = Informally (e.g. ticks on the wall or on paper)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
34	Are the expenditures on the business recorded separately from expenditures on the household? 1 = YES, THEY ARE ALL RECORDED SEPARATELY 2 = SOME ARE RECORDED SEPARATELY, SOME TOGETHER 3 = NO, THEY ARE ALL RECORDED TOGETHER 4 = NO, BUSINESS EXPENDITURES ARE NOT RECORDED	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
35	Do you have any licenses or permits to operate this business? 1 = YES 2 = No → Go to Q 37	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2

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PSU no

DU no

Hh. no

Pers. no

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		Business 1	Business 2	Business 3
36	Who issued the license/s or permit/s? 1 = Municipality/ Provincial authority 2 = Professional association 3 = Business association 4 = Regional Services Council 5 = Traditional leader 6 = Protection agency/ies 7 = Friend/relative 8 = Other, <i>specify</i>	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2
37	Is your business registered 1 = with a Regional Services Council 2 = for Unemployment Insurance Fund, UIF 3 = Other, <i>specify</i>	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2
38	Do you consider this business to be 1 = formal 2 = informal	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
39	Do you pay any money to protect your business? 1 = YES 2 = No → Go to Q 41	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
40	To whom do you make these payments? 1 = Security agency 2 = Other protection service 3 = Other, <i>specify</i>	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2
41	How many months in the last twelve months did the business operate?			

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PSU no

DU no

Hh. no

Pers. no

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		Business 1	Business 2	Business 3
42	Ask if less than 12 months on Q 41, otherwise go to Q 43 What was the main reason that the business had no activity in some months? 01 = SEASONAL FACTORS 02 = FAMILY REASONS (E.G. SICK CHILD) 03 = NON PAYMENT OF GOVERNMENT CHARGES/TAXES 04 = NO CUSTOMERS 05 = SICKNESS OF YOURSELF OR STAFF 06 = OTHER PERSONAL REASONS THAN SICKNESS (PREGNANCY, ETC) 07 = LACK OF RAW MATERIALS 08 = LACK OF FUNDS TO BUY SUPPLIES 09 = NO ONE TO HELP DURING OWNER'S ABSENCE 10 = BUSINESS CREATED DURING THE PAST 12 MONTHS 11 = DUE TO VIOLENCE OR CRIMINAL INCIDENT/S 12 = OTHER, <i>specify</i>	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
43	When did this business start operating? 1 = LESS THAN A YEAR AGO 2 = 1 BUT LESS THAN 3 YEARS AGO 3 = 3 BUT LESS THAN 5 YEARS AGO 4 = 5 BUT LESS THAN 10 YEARS AGO 5 = 10 OR MORE YEARS AGO 6 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
44	When did you yourself start in this business? 1 = LESS THAN A YEAR AGO 2 = 1 BUT LESS THAN 3 YEARS AGO 3 = 3 BUT LESS THAN 5 YEARS AGO 4 = 5 BUT LESS THAN 10 YEARS AGO 5 = 10 OR MORE YEARS AGO	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

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PSU no

DU no

Hh. no

Pers. no

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		Business 1	Business 2	Business 3
45	What was the main reason you started in this business? 01 = INHERITED/FAMILY TRADITION 02 = UNEMPLOYED/HAVE NO ALTERNATIVE INCOME SOURCE 03 = RETRENCHED 04 = INADEQUATE INCOME FROM THE OTHER SOURCE 05 = I LIKE THE ACTIVITY 06 = I HAVE THE SKILLS FOR THIS BUSINESS 07 = I HAVE THE EQUIPMENT FOR THIS BUSINESS 08 = ACTIVITY BRINGS HIGH INCOME 09 = SMALL INVESTMENT NEEDED 10 = UNHAPPINESS WITH PREVIOUS WORK 11 = OTHER, <i>specify</i>	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11
46	Did you need any money to start the business? 1 = YES 2 = No → <i>Go to Q 61</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
47	Did you use your own money to start the business? 1 = YES 2 = No → <i>Go to Q 50</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
48	What was the main source of your own money? 01 = PREVIOUS AND/OR PRESENT WAGE EMPLOYMENT 02 = OTHER BUSINESS 03 = SALE OF LIVESTOCK/CROPS 04 = SALES OF OTHER ASSETS 05 = INHERITANCE 06 = PENSION FROM WORK 07 = RETIREMENT/SEVERANCE PAY 08 = A POLICY THAT MATURED 09 = MONEY PAID OUT FROM A STOKVEL 10 = OTHER SAVINGS, <i>specify</i>	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10
49	What was the total sum used from your own money to start the business?			

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PSU no

DU no

Hh. no

Pers. no

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		Business 1	Business 2	Business 3
50	Did you borrow any money from a stokvel or any other cooperatives or collective arrangements to start the business? 1 = YES 2 = No → Go to Q 54	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
51	How much money did you obtain from such arrangement/s to start the business?			
52	Are you presently paying off the money that you borrowed from such arrangement/s? 1 = YES 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
53	How much did you pay off in the last calendar month?			
54	Did you borrow any money from anywhere else to start the business? 1 = YES 2 = No → Go to Q 59	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
55	From where did you get the loan? 1 = Loans from commercial banks 2 = Loans from friends/relatives 3 = Loans from credit societies 4 = Loans from moneylenders/mashonisas 5 = Loans from (business) partners..... 6 = Loans from business association..... 7 = Loans from NGO/CBO..... 8 = Loans from others, <i>specify</i>	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2
56	What was the total sum of the money that you borrowed to start the business (excluding loans from a stokvel, etc.)?			
57	Are you presently paying off any money for the loan/s you took to start the business? 1 = YES 2 = No → Go to Q 59	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
58	How much did you pay off in the last calendar month?			

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		Business 1	Business 2	Business 3
59	Did you obtain a grant to start this business? 1 = YES 2 = No → Go to Q 61	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
60	From where did you obtain the business grant? 1 = From government..... 2 = From a non-governmental organisation 3 = Other, <i>specify</i>	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2
61	Did you face any of the following difficulties when you started this business? 01 = Obtaining premises/space 02 = Inadequate premises 03 = Access to raw materials/supplies 04 = Government regulations 05 = Poor technical know-how 06 = Poor management skills 07 = Getting market/customers 08 = Inadequate money of your own 09 = Inadequate credit from banks/other sources 10 = Getting access to financial services, e.g. to open a bank account 11 = Harassment by authorities 12 = Harassment by protection agencies 13 = Harassment by competitors 14 = High staff turnover 15 = Inadequate machinery, equipment 16 = Inadequate facilities (toilets, electricity, etc.) 17 = Other, <i>specify</i>	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2
62	Ask if more than one YES on Q 61, otherwise go to Q 63 Which was the most difficult problem? <i>Give response category number from Q 61</i>			

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General information

		Business 1	Business 2	Business 3
63	Does the business use any raw materials, e.g. wood or steel? Raw material is something that you change in some way before selling it. 1 = YES 2 = No → Go to Q 69	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
64	From whom does the business obtain most of the raw materials? 1 = OWN PRODUCE 2 = FROM PRIVATE INDIVIDUALS 3 = FROM WHOLESALERS 4 = FROM RETAILERS 5 = FROM FARMERS 6 = FROM FRESH PRODUCE MARKETS 7 = FREE SCRAP 8 = OTHER, <i>specify</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
65	Where does the business obtain most of the raw materials? 1 = FROM VILLAGE/TOWN/CITY WHERE YOU LIVE (INCLUDING OWN PRODUCE) 2 = FROM SOMEWHERE ELSE WITHIN THIS PROVINCE 3 = FROM OTHER PROVINCES 4 = FROM ANOTHER SADC COUNTRY/IES 5 = FROM ANOTHER NON-SADC COUNTRY/IES	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
66	Does the business have any arrangement where it, and other similar businesses, pool money together to buy raw materials? 1 = YES 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
67	Does the business get a special price for its raw materials or does it pay the same as any other private individual? 1 = The business buys at the same price as other private individuals 2 = The business gets the goods at a discount/ a price lower than private individuals pay 3 = OTHER, <i>specify</i> 4 = NOT APPLICABLE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

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		Business 1	Business 2	Business 3
68	How are the raw materials transported to the business? 1 = ON FOOT 2 = USING OWN TRANSPORT 3 = USING HIRED TRANSPORT 4 = USING PUBLIC TRANSPORT 5 = THE SUPPLIER DELIVERS 6 = OTHER, <i>specify</i> 7 = NOT APPLICABLE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 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
69	Does the business use any supplies, e.g. beverages or fruit? Supply is something that you do <u>not</u> change before reselling it. 1 = YES 2 = No → Go to Q 76	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
70	From whom does the business obtain most of its supplies? 1 = OWN PRODUCE 2 = FROM PRIVATE INDIVIDUALS 3 = FROM WHOLESALERS 4 = FROM RETAILERS 5 = FROM FARMERS 6 = FROM FRESH PRODUCE MARKETS 7 = FREE SCRAP 8 = OTHER, <i>specify</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
71	Where does the business obtain most of its supplies? 1 = FROM VILLAGE/TOWN/CITY WHERE YOU LIVE (INCLUDING OWN PRODUCE) 2 = FROM SOMEWHERE ELSE WITHIN THIS PROVINCE 3 = FROM OTHER PROVINCES 4 = FROM ANOTHER SADC COUNTRY/IES 5 = FROM ANOTHER NON-SADC COUNTRY/IES	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
72	Does the business have any arrangement with other similar businesses to pool money together to buy supplies? 1 = YES 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2

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		Business 1	Business 2	Business 3
73	How are the supplies transported to the business? 1 = ON FOOT 2 = USING OWN TRANSPORT 3 = USING HIRED TRANSPORT 4 = USING PUBLIC TRANSPORT 5 = THE SUPPLIER DELIVERS 6 = OTHER, <i>specify</i> 7 = NOT APPLICABLE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 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
74	Does the business get a special price for its supplies or does it pay the same as any other private individual? 1 = The business buys at the same price as other private individuals 2 = The business gets the goods at a discount/ a price lower than private individuals pay 3 = OTHER, <i>specify</i> 4 = NOT APPLICABLE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
75	In the last calendar month, how much was spent on these supplies?			
76	Where does the business sell most of its products/services? 1 = IN VILLAGE/TOWN/CITY WHERE YOU LIVE 2 = SOMEWHERE ELSE WITHIN THIS PROVINCE 3 = TO OTHER PROVINCES 4 = TO ANOTHER SADC COUNTRY/IES 5 = TO ANOTHER NON-SADC COUNTRY/IES	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
77	To whom does the business mainly sell the products/ provide the services? 1 = PRIVATE INDIVIDUALS 2 = LARGE BUSINESSES 3 = SMALL BUSINESSES 4 = GOVERNMENT 5 = OTHER, <i>specify</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

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		Business 1	Business 2	Business 3																																																																																																			
78	How are the goods, or materials and equipment for the services, transported to the customers? 1 = THE CUSTOMER COLLECTS THE GOODS/ MATERIALS/ EQUIPMENT OR COMES PERSONALLY FOR THE SERVICE 2 = DELIVERED ON FOOT 3 = DELIVERED BY USING OWN TRANSPORT 4 = DELIVERED BY USING HIRED TRANSPORT 5 = DELIVERED BY USING PUBLIC TRANSPORT 6 = OTHER, <i>specify</i> 7 = NOT APPLICABLE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> 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																																																																																																			
79	In the last calendar month, how much money came in to the business through sales, before any deductions?																																																																																																						
80	In the last calendar month, how much money came in to the business from other sources, e.g. loans?																																																																																																						
81	How much do the following difficulties affect the operation of the business? Give a number from a three-point scale, where 1 means Not at all , 2 means To some extent and 3 means To a large extent . 01 = Payment of debts 02 = Availability of credit facilities 03 = Management skills 04 = Access to financial services, e.g to a bank account 05 = Money to run business 06 = Tools or equipment 07 = Owner's skills 08 = Skilled personnel 09 = Regulations, laws, etc	<table border="1"> <thead> <tr> <th>Not at all</th> <th>To some extent</th> <th>To a large extent</th> </tr> <tr> <th>1</th> <th>2</th> <th>3</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> 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81	Cont.	Business 1			Business 2			Business 3		
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		1	2	3	1	2	3	1	2	3
	10 = Harassment by authorities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11 = Harassment by protection agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12 = Harassment by competitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	13 = Heavy taxes and license fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	14 = Raw materials/irregular supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	15 = Transport problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	16 = Space for operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	17 = Space for storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	18 = Spare parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	19 = Getting customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	20 = Problems with workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	21 = Family responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	22 = Social responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	23 = Owner's sickness or health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	24 = Worker's sickness or health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	25 = Credit to friends/family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	26 = Credit to people in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	27 = Other, <i>specify</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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		Business 1	Business 2	Business 3
82	Ask if more than one option on Q 81 has either answer 2 or 3, otherwise go to Q 83 Which of the above mentioned difficulties is the most problematic? Give response category number from Q 81			
83	Does the business need assistance with any of the following? 1 = Provision of an alternative site 2 = Better access to loans 3 = Assistance with marketing 4 = Better access to raw materials/supplies 5 = Easing in government regulations 6 = Access to modern technology 7 = Forming contacts with others in similar businesses for cooperation..... 8 = Other, specify	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2
84	Ask if more than one YES in Q 83, otherwise go to Q 85 Which of the above mentioned forms of assistance is the most important? Give response category number from Q 83			
85	Do you, as owner of the business, need training or advice in any of the following 1 = Technical skills to make the product or service for your business 2 = Marketing 3 = Commercial, bookkeeping/financial skills 4 = Managerial skills 5 = Literacy 6 = Numeracy 7 = Other, specify	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2
86	Ask if more than one YES in Q 85, otherwise go to Q 87 Which of the above mentioned training needs is the most important? Give response category number from Q 85			
87	Ask if any YES on Q 85, otherwise go to Q 88 Do you as owner of the business mainly prefer training <u>or</u> advice in this area (or these areas)? 1 = TRAINING 2 = ADVICE 3 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

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		Business 1	Business 2	Business 3
88	Has this business been visited or assisted by a Local Business Service Center? 1 = YES 2 = No 3 = DON'T KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

People employed and labour costs

89	Does the business employ any people, paid or unpaid, to work in this business, including household members, but excluding yourself? 1 = YES 2 = No → Go to Q 102	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																								
90	How many paid and unpaid workers (anyone working more than 1 hour per week) were there at this business, including other household members: 1 = At this time last year 2 = During the last calendar month 3 = During the last seven days	<table border="1"> <thead> <tr> <th>Unpaid</th> <th>Paid</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>	Unpaid	Paid							<table border="1"> <thead> <tr> <th>Unpaid</th> <th>Paid</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>	Unpaid	Paid							<table border="1"> <thead> <tr> <th>Unpaid</th> <th>Paid</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>	Unpaid	Paid						
Unpaid	Paid																											
Unpaid	Paid																											
Unpaid	Paid																											
91	In the past seven days, how many of these workers were: 1 = Full time workers (35 hours or more per week) 2 = Part-time workers (less than 35 hours per week)	<table border="1"> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>					<table border="1"> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>					<table border="1"> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>																
92	How many of these workers were: 1 = Male 2 = Female	<table border="1"> <thead> <tr> <th>Unpaid</th> <th>Paid</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>	Unpaid	Paid					<table border="1"> <thead> <tr> <th>Unpaid</th> <th>Paid</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>	Unpaid	Paid					<table border="1"> <thead> <tr> <th>Unpaid</th> <th>Paid</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>	Unpaid	Paid										
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		Business 1	Business 2	Business 3
93	How many of these workers were:			
	1 = African/Black			
	2 = Coloured			
	3 = Indian/Asian			
	4 = White			
	5 = Other, <i>specify</i>			
94	How many of these workers were:			
	1 = Aged 15 - 65 years			
	2 = Aged more than 65 years			
	3 = Under 15 years of age			
95	What were the total wages, salaries and other benefits paid to all the employees during the last calendar month?			
	1 = Wages and salaries, including overtime, bonuses, etc.			
	2 = Payment in kind (food, clothing, drinks, etc). Give an estimated value.			
	3 = Refund of transport costs			
	4 = Other, <i>specify</i>			
96	Does the business usually pay the workers for overtime 1 = YES 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2

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		Business 1		Business 2		Business 3	
		Yes	No	Yes	No	Yes	No
97	Do the workers need training in any of the following						
	1 = Technical skills to make the product or service for your business	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	2 = Marketing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	3 = Commercial, bookkeeping/financial skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	4 = Managerial skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	5 = Literacy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	6 = Numeracy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	7 = Other, <i>specify</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Ask if more than one Yes in Q 97, otherwise go to Q 99

98	Which of the above mentioned training needs for the worker/s is the most important? <i>Give response category number from Q 97</i>									
99	Does the business have any fixed agreement/contract with the paid employees?	With all	With some	With none	With all	With some	With none	With all	With some	With none
	1 = Yes, written agreement	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	2 = Yes, verbal agreement	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	3 = No agreement	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
100	Are the paid employees given	All	Some	None	All	Some	None	All	Some	None
	1 = Regular paid leave	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	2 = Paid sick leave	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	3 = Unpaid maternity leave	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	4 = Paid maternity leave	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	5 = Unpaid paternity leave	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	6 = Paid paternity leave	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	7 = Other family responsibility leave	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
101	Does the business pay medical expenses for its paid employees?	For all	For some	For none	For all	For some	For none	For all	For some	For none
	1 = Yes, full expenses	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	2 = Yes, part expenses	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	3 = Yes, contribution to medical aid	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	4 = Yes, other, <i>specify</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

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Expenditures on fuels, materials and services

		Business 1	Business 2	Business 3																																																												
102	Did the business buy any raw materials, e.g. wood, steel, in the last calendar month? 1 = YES 2 = No → Go to Q 105	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																												
103	How much did the business pay for all the raw materials it purchased in the last calendar month ?																																																															
104	Has the business fully paid for these purchases or is it paying off over a period of time? 1 = HAVE FULLY PAID FOR ALL THE GOODS BOUGHT IN THE LAST CALENDAR MONTH 2 = AM PAYING OFF OVER A PERIOD OF TIME FOR ALL THE GOODS BOUGHT IN THE LAST CALENDAR MONTH 3 = HAVE FULLY PAID FOR SOME OF THE GOODS AND AM PAYING OFF FOR SOME 4 = OTHER, <i>specify</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																																																												
105	How much did the business spend on each of the following items in the last calendar month? State if the amount can not be separated from that of the household and give the full amount. 01 = Electricity 02 = Water 03 = Fuel and lubricants 04 = Spare parts 05 = Rental of premises 06 = Rental of machinery and equipment 07 = Postage, telephone, printing and stationery 08 = Transport of raw materials/supplies	<table border="1"> <thead> <tr> <th>Not separated</th> <th>Rand</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> </tbody> </table>	Not separated	Rand	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<table border="1"> <thead> <tr> <th>Not separated</th> <th>Rand</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> </tbody> </table>	Not separated	Rand	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<table border="1"> <thead> <tr> <th>Not separated</th> <th>Rand</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> </tbody> </table>	Not separated	Rand	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
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		Business 1		Business 2		Business 3	
		Not sepa- rated	Rand	Not sepa- rated	Rand	Not sepa- rated	Rand
105	Cont.						
	09 = Repairs and maintenance	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	10 = Business services (accounting, legal, advertisement, etc)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	11 = Licenses , permits	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	12 = Interest on loans	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	13 = Repayment of loans	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	14 = Insurance premiums , mortgages	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	15 = Income tax/VAT/levies	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	16 Protection agencies.....	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	17 = Raw materials	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	18 = Other, <i>specify</i>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

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Fixed capital formation

		Business 1		Business 2		Business 3	
		No, did not buy in the past year	Yes, did buy in the past year Rand	No, did not buy in the past year	Yes, did buy in the past year Rand	No, did not buy in the past year	Yes, did buy in the past year Rand
106	In the past year, did the business buy any of the following? If YES, what was the cost?						
	1 = Machinery	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	2 = Equipment and tools	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	3 = Vehicles, trailers, etc. for transporting	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	4 = Buildings and other structures	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	5 = Furniture	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	6 = Other capital items, <i>specify</i>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

		Rand	Rand	Rand
107	Please give an estimate of the net income/profit from the business last calendar month.			
108	On average, how much money does the business make in a month after deductions?			
109	Does the business have any debts at present? 1 = YES 2 = No → Go to Q 111	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
110	How much money does the business owe at this point of time?			

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PSU no

DU no

Hh. no

Pers. no

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Transport

To be answered by those offering a transport service. For others → End of interview

		Business 1	Business 2	Business 3
111	What transport services does the business offer? 1 = Passenger transport with combis/mini-buses → <i>End of interview</i> 2 = Passenger transport with cabs → <i>End of interview</i> 3 = Transport of goods 4 = Both passenger transport and transport of goods 5 = Other, <i>specify</i> → <i>End of interview</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
112	What type of goods does the business normally carry? 1 = Sand and gravel 2 = Other construction materials 3 = Groceries 4 = Other, <i>specify</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

End of the interview. Thank the respondent for his/her participation

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PSU no

DU no

Hh. no

Pers. no

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Interviewer to answer

113	Indicate the number of the person (column no. from the LFS questionnaire) who answered the questions in this questionnaire	
114	In what language was the main part of the interview conducted? 01 = AFRIKAANS 02 = ENGLISH 03 = ISINDEBELE/SOUTH NDEBELE/NORTH NDEBELE 04 = ISIXHOSA/XHOSA 05 = ISIZULU/ZULU 06 = SEPEDI/NORTHERN SOTHO 07 = SESOTHO/SOUTHERN SOTHO/SOTHO 08 = SETSWANA/TSWANA 09 = SISWATI/SWAZI 10 = TSHIVENDA/VENDA 11 = XITSONGA/TSONGA 12 = OTHER, <i>specify</i>	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12

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PSU no

DU no

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FOR PROCESSING

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

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