

INCOME AND EXPENDITURE SURVEY 2010/11

HOUSEHOLD QUESTIONNAIRE

SURVEY PERIOD		SURVEY DATE	0	2	0	1
PARTICULARS OF SAMPLED UNIT						
PSU Number						
Dwelling Unit Number						
District Name						
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					

UNIQUE IDENTIFIER						
BARCODE FOR 1ST QUESTIONNAIRE						
DETAILS ON COMPLETED ACTIVITIES						
Instrument/ Module	Date				Result code	Result codes
	d	d	m	m		
HHQ Module 1						10 Completed
HHQ Module 2						2- Non-contact
HHQ Module 3						3- Refused
HHQ Module 4						4- Partly completed
Diary Week 1						5- No usable information
Diary Week 2						6- Vacant dwelling
FINAL RESULT						7- Listing error
						8- Change of status
						9- Other
<i>Refer to page 69 for 2nd digit</i>						
COMMENTS (on all result codes except code 10) Please use BLOCK LETTERS						

Type: V = Visit T = Telephone - Mark with x. Date: d = Day, m = Month. Time: h = hour, m = minute

CONTACT LOG

No.	Type		Date				With	Time in				Time out				Purpose of contact	Outcome of contact	Comment
	V	T	d	d	m	m		h	h	m	m	h	h	m	m			
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		

Date: m = Month, d = Day. Time: h = hour, m = minute. With = Give person number of the person the appointment was made with

APPOINTMENT LOG

No.	Appointment made on				With	Appointment made for				Purpose of appointment	Respondent initials	Interviewer signature	
	d	d	m	m		d	d	m	m				h
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

1 HOUSEHOLD COMPOSITION AND PARTICULARS OF EACH PERSON IN THE HOUSEHOLD

Read out: Please give the name and surname of every person who usually resides in this household at least four nights a week on average and has done so over the last four weeks. Do not forget to include babies, the bedridden and the elderly persons. By household I mean all persons who live together and provide themselves jointly with food or other essentials for living, or a single person living alone. Do not include persons in special dwellings, like boarding schools.

		Person (respondent) number										
		01	02	03	04	05	06	07	08	09	10	
1.1a	First name and surname <i>Write down first name and surname of each member of the household, starting with the Head of the Household. If the Head of the Household is temporarily away, record the Acting Head of the Household as the Head.</i>	First name										
		Surname										
1.1b	1. In the 12 months prior to the survey period, is there any other person (or persons) who has/have resided in this household for at least 6 months? 1 = YES <input type="checkbox"/> 1 2 = No <input type="checkbox"/> 2 2. If YES, how many? <input type="checkbox"/> <input type="checkbox"/>											
1.2	Is male or female? 1 = MALE 2 = FEMALE	<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	
1.3	What population group does belong to? 1 = AFRICAN/BLACK 2 = COLOURED 3 = INDIAN/ASIAN 4 = WHITE 5 = OTHER, <i>specify</i> <input style="width:200px; height:15px;" type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
1.4	How old was at his/her last birthday? <i>Two digits. Less than 1 year = 00; 95 and more = 95</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

		01	02	03	04	05	06	07	08	09	10	
1.5	What is 's relationship to the head of the household?											
	1 = THE PERSON IS THE HEAD/ACTING HEAD											
	2 = HUSBAND/WIFE/PARTNER											
	3 = SON/DAUGHTER/STEPCHILD/ADOPTED CHILD											
	4 = FATHER/MOTHER	<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"/>	<input type="checkbox"/>	
	5 = GRANDPARENT/GREAT-GRANDPARENT											
	6 = OTHER RELATIVE, E.G. SISTER, IN-LAW OR AUNT/UNCLE											
	7 = LIVE-IN DOMESTIC WORKER											
	8 = OTHER NON-RELATED PERSON											
	9 = TEMPORARY VISITOR											
1.6	Which sources of income does have?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	
	01 = Salaries and wages	<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	02 = Net profit from business or professional practice/ activities or commercial farming	<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	03 = Income from subsistence farming	<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	04 = Income from letting of fixed property	<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	05 = Royalties	<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	06 = Interest received and/or accrued on deposits, loans, savings certificates, and dividends on building society shares	<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	07 = Dividends on shares other than building society shares	<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	08 = Regular receipts from pension from previous employment and pension from annuity funds	<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	09 = Social welfare grants (including old age pension)	<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	10 = Alimony, maintenance and similar allowances from divorced spouse, family members, etc., living elsewhere	<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	11 = Regular allowances received from non-household members	<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	12 = Other income, <i>specify in the box at the bottom</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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	13 = <i>If "No" to all of 01-12, mark here and → Go to Q1.10</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<i>Specify 12 = Other income</i>												

		01	02	03	04	05	06	07	08	09	10
1.7	Which iss main source of income, i.e. that which brings in the most income to the household? Give the response category number from Q1.6	<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>

Ask for all "YES" in Q1.6 option 01 (salary and wages)

1.8	When during the month does receive his/her salary/wage?	01		02		03		04		05		06		07		08		09		10	
		Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
	1 = During the first week (1 st - 7 th)	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 = During the second week (8 th - 14 th)	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3 = During the third week (15 th - 21 st)	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4 = During the last week (22 nd - last day of the month)	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5 = It varies/No particular day of the month	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6 = Other, specify	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

Ask for all "YES" in Q1.6 option 09 (social welfare grants). For all marked options, ask the additional questions. Mark recipient child/children and how many months in the 12 months prior to the survey period the person/caregiver has received the grant. If more than one child for a caregiver, count all months for all children and record under the caregiver. The months should also be recorded even if the recipient child is not a household member.

		01	02	03	04	05	06	07	08	09	10
1.9	Does receive any of the following welfare grants? Ask for all grants	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
a.	Old Age Pension	<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>
	<i>If YES: Number of months in the 12 months</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
b.	Disability Grant	<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>
	<i>If YES: Number of months in the 12 months</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
c.	Child Support Grant (linked to caregiver)	<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>
	<i>If YES: Which child/children is/are the recipient/s?</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"/>	<input type="checkbox"/>
	<i>If YES: Number of months in the 12 months</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
d.	Care Dependency Grant (linked to caregiver)	<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>
	<i>If YES: Which child/children is/are the recipient/s?</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"/>	<input type="checkbox"/>
	<i>If YES: Number of months in the 12 months</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
e.	Foster Care Grant (linked to caregiver)	<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>
	<i>If YES: Which child/children is/are the recipient/s?</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"/>	<input type="checkbox"/>
	<i>If YES: Number of months in the 12 months</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
f.	Grant-in-Aid	<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>
	<i>If YES: Number of months in the 12 months</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
g.	War Veteran's Grant	<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>
	<i>If YES: Number of months in the 12 months</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
h.	Other assistance from government, specify	<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>
	<i>If YES: Number of months in the 12 months</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1.10 Does anyone in this household fully or partially support someone who is not a member of this household and who is not part of another private household, e.g. who is staying at a boarding school, an old age home, a frail care centre, etc.?

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

1.11 How many persons are fully or partially supported by members of this household?

1.12 a. What kind of support does the person(s) receive from this household?

Is it	Y	N
1 = Financial support	<input type="checkbox"/>	<input type="checkbox"/>
2 = Food and non-alcoholic beverages	<input type="checkbox"/>	<input type="checkbox"/>
3 = Alcoholic beverages and tobacco	<input type="checkbox"/>	<input type="checkbox"/>
4 = Clothing and footwear	<input type="checkbox"/>	<input type="checkbox"/>
5 = Furniture and appliances	<input type="checkbox"/>	<input type="checkbox"/>
6 = Transport	<input type="checkbox"/>	<input type="checkbox"/>
7 = Boarding/Lodging/Accommodation	<input type="checkbox"/>	<input type="checkbox"/>
8 = Personal care products	<input type="checkbox"/>	<input type="checkbox"/>
9 = Other, <i>specify</i>	<input type="checkbox"/>	<input type="checkbox"/>

b. What is the total value of the support in respect of

	in the previous month				in the 12 months prior to the survey period			
.....	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

.....

.....

.....

.....

.....

Ask if Q1.12.1 Financial Support is "YES"

1.13	a. What is/are the person(s) expected to use the money received from this household during the current survey period? Is it for			b. How much would you estimate that the person(s) will spend on					
		Y	N	During the survey period					
	1 = Food and non-alcoholic beverages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 = Alcoholic beverages and tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3 = Clothing and footwear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4 = Furniture and appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5 = Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6 = Boarding/Lodging/Accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7 = Personal care products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8 = Pocket money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9 = 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="text"/>								

COMMENTS

2 EDUCATION

Ask for everyone in the household. **Read out:** I am now going to ask you questions related to education for each member of the household.

	01	02	03	04	05	06	07	08	09	10
2.1 What is the highest level of education that has successfully completed?										
00 = GRADE 0										
01 = GRADE 1										
02 = GRADE 2										
03 = GRADE 3/STANDARD 1/ABET 1										
04 = GRADE 4/STANDARD 2										
05 = GRADE 5/STANDARD 3/ABET 2										
06 = GRADE 6/STANDARD 4										
07 = GRADE 7/STANDARD 5/ABET 3										
08 = GRADE 8/STANDARD 6										
09 = GRADE 9/STANDARD 7/ABET 4										
10 = GRADE 10/STANDARD 8/NTCI										
11 = GRADE 11/STANDARD 9/NTCII										
12 = ATTENDED, BUT NOT COMPLETED GRADE 12	<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"/>	<input type="checkbox"/>
13 = GRADE 12/STANDARD 10/NTCIII (NO UNIV. EXEMPTION)										
14 = GRADE 12/STANDARD 10/NTCIII (WITH UNIV. EXEMPTION)										
15 = CERTIFICATE WITH LESS THAN GRADE 12/STD 10										
16 = DIPLOMA WITH LESS THAN GRADE 12/STD 10										
17 = CERTIFICATE WITH GRADE 12/STD 10										
18 = DIPLOMA WITH GRADE 12/STD 10										
19 = BACHELORS DEGREE 3 YEARS										
20 = BACHELORS DEGREE 4 YEARS OR MORE										
21 = POST GRADUATE DIPLOMA										
22 = HONOURS DEGREE										
23 = HIGHER DEGREE (MASTERS, PHD)										
24 = NO SCHOOLING										
25 = OUT OF SCOPE (<5 YEARS OF AGE)										
26 = OTHER, <i>specify in the box at the bottom</i>										
27 = DON'T KNOW										
Diplomas or certificates should be of at least six months full time study duration (or equivalent)										

		01	02	03	04	05	06	07	08	09	10
2.2	In the 12 months prior to the survey period, did attend school or any other educational institution?										
	1 = YES 2 = No → Go to Section 3	<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
2.3	Which educational institution did attend? <i>Include distance and correspondence education</i>										
	01 = Public pre-school (including day care, crèche, pre-primary)										
	02 = Private pre-school (including day care, crèche, pre-primary)										
	03 = Public primary school										
	04 = Private primary school										
	05 = Public secondary school	<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>
	06 = Private secondary school										
	07 = University/University of Technology										
	08 = College/Technical college										
	09 = Adult basic education and training/literacy classes										
	10 = Other adult educational classes										
11 = Other educational institution (than any of the above)											

2.4 EXPENDITURES FOR EDUCATION AND TRAINING FOR PUBLIC AND PRIVATE EDUCATIONAL INSTITUTIONS DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD

Expenditure on the following must not be included:

- School bags: See Section 12, item 12.6.2*
- Travelling expenses: See Section 15, appropriate items*
- Clothing: See Section 10, appropriate items*

Item	Value for the 12 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.
2.4.1 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 (excl. 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 (other lessons, see also Section 13, item 13.2.2)						
h. Other, <i>specify</i>						
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>						

Item	Value for the 12 months						
	Number of household members attending	Public Institutions			Private Institutions		
		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.
2.4.2 Boarding fees							
a. Schools							
b. Teachers' training and technical colleges							
c. Universities							
2.4.3 Textbooks							
2.4.4 Other (e.g. junior laptops, training and adult education), <i>specify</i>							
TOTAL VALUE (2.4.1 - 2.4.4)							

COMMENTS

3 HEALTH

Read out: Now I am going to ask health-related questions for each household member.

		01	02	03	04	05	06	07	08	09	10
3.1	Is covered by medical aid or a medical benefit scheme?	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK
	Exclude private hospital plan (health insurance) If No or DON'T KNOW → Go to Q3.6										
<i>Ask for all "YES" in Q3.1</i>											
3.2	Is a principal member of the medical aid or medical benefit scheme, i.e. is it registered in his/her name?	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK
3.3	Who pays for’s medical aid or medical benefit scheme, whether fully or partially?	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK
	a. Does he/she pay himself/herself?										
	b. Does another household member pay?										
	c. Does someone else, who is not an employer, pay?										
	If No or DON'T KNOW to all of a - c → Go to Q3.5										
3.4	a. What is the amount that the person responsible for the payment of the medical aid/benefit scheme pay per month? (Excluding employers contributions)										
	1 = DON'T KNOW	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	b. How many months in the 12 months prior to the survey period has the medical aid or medical benefit scheme for been paid for?	<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"/>	<input type="checkbox"/>
	1 = DON'T KNOW	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<i>Ask for all "YES" in Q3.2</i>											
3.5	Does an employer pay for’s medical aid or medical benefit scheme, whether fully or partially?	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK
	If No or DON'T KNOW → Go to Q3.7										

		01	02	03	04	05	06	07	08	09	10
3.6	a. How much does the employer pay per month?	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = DON'T KNOW	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	b. How many months in the 12 months prior to the survey period has the employer paid for the medical aid or medical benefit scheme?	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = DON'T KNOW	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1

Ask for all

3.7	Does pay for any private hospital plan (health insurance)?	<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"/>	<input type="checkbox"/>
	1 = YES	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = No	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	3 = DON'T KNOW } → Go to Q3.10	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
3.8	a. How much does pay per month for the private hospital plan (health insurance)?	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = Paid per month	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = DON'T KNOW	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	b. How many months in the 12 months prior to the survey period has been paying for the private hospital plan (health insurance)?	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = DON'T KNOW	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
3.9	In the 12 months prior to the survey period, did consult a medical practitioner/spiritual/traditional healer not covered by medical aid?	<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"/>	<input type="checkbox"/>
	1 = YES	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = No	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	3 = DON'T KNOW	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3

3.10 HEALTH SERVICES AND MEDICAL REQUISITES FOR THE 12 MONTHS PRIOR TO THE SURVEY PERIOD

3.10.1	<p>In the 12 months prior to the survey period, were there any medicines acquired by the household?</p> <p>1 = YES <input type="checkbox"/> 1</p> <p>2 = No <input type="checkbox"/> 2</p> <p>3 = DON'T KNOW <input type="checkbox"/> 3</p>
<p>} → Go to Q3.10.5</p>	
3.10.2	<p>How were the medicines acquired in the 12 months prior to the survey period paid for?</p> <p><i>If included in a flat rate, mark the method of payment for the flat rate.</i></p> <p style="text-align: right;">Y N DK</p> <p>1 = Covered by medical aid <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>2 = Paid for cash <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>3 = Included in a flat rate <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>4 = Received from a friend, relative, etc <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>5 = Received from nature <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>6 = Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
3.10.3	<p>Who prescribed the medicines?</p> <p style="text-align: right;">Y N DK</p> <p>1 = Doctor/Nurse <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>2 = Traditional/Spiritual healer <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>3 = Self-prescription/Friend/Relative <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
3.10.4	<p>In the 12 months prior to the survey period, 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?</p> <p>1 = YES <input type="checkbox"/> 1</p> <p>2 = No <input type="checkbox"/> 2</p> <p>3 = DON'T KNOW <input type="checkbox"/> 3</p>

3.10.5 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
3.10.5.1	Flat rate in respect of health services and medicine obtained at hospital/clinic	<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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.10.5.2	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)	<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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	a. Out of hospital (out-patient)	<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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	b. In hospital (in-patient)	<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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	c. Surgical and procedure based interventions during doctor's consultation	<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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	2. Consultations of traditional healers	<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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	B. Dental service (service of dentists and oral hygienists)	<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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	C. Medical analysis laboratories and x-ray service	<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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Item		Private sector	Public sector
3.10.5.2 Cont.	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 doctors' fees		
	F. Therapeutic appliances and equipment (like spectacles and hearing aids)		
	G. Non-hospital services (ambulance, services other than those related to hospital)		
	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 (3.10.5.1 - 3.10.5.2 I)		

COMMENTS

END OF MODULE 1

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="checkbox"/>	02 English	<input type="checkbox"/>	03 isiNdebele	<input type="checkbox"/>	04 isiXhosa	<input type="checkbox"/>	05 isiZulu	<input type="checkbox"/>	06 Sepedi	<input type="checkbox"/>
07 seSotho	<input type="checkbox"/>	08 Setswana	<input type="checkbox"/>	09 Siswati	<input type="checkbox"/>	10 Tshivenda	<input type="checkbox"/>	11 Xitsonga	<input type="checkbox"/>	12 Other	<input type="checkbox"/>

INTERVIEW CIRCUMSTANCES

COMMENTS

Was the interview interrupted by.....

	Y	N
telephone ringing	<input type="checkbox"/>	<input type="checkbox"/>
visitor(s) arriving	<input type="checkbox"/>	<input type="checkbox"/>
baby/-ies, child/-ren, pet/-s disturbing	<input type="checkbox"/>	<input type="checkbox"/>
other, <i>specify under comments</i>	<input type="checkbox"/>	<input type="checkbox"/>

Were there other problems, e.g.

disagreement within household	<input type="checkbox"/>	<input type="checkbox"/>
disagreement with interview/interviewer	<input type="checkbox"/>	<input type="checkbox"/>
other, <i>specify under comments</i>	<input type="checkbox"/>	<input type="checkbox"/>

PREPARATIONS FOR THE NEXT INTERVIEW

Has

..... the appointment been made?	<input type="checkbox"/>	<input type="checkbox"/>
..... it been noted in the Appointment Log?	<input type="checkbox"/>	<input type="checkbox"/>
..... the household been briefed on the next module?	<input type="checkbox"/>	<input type="checkbox"/>
..... the preparation form, "M2", been handed out?	<input type="checkbox"/>	<input type="checkbox"/>

DECLARATION BY INTERVIEWER TO BE DONE AFTER THE INTERVIEW

I declare that I have checked my work regarding the above module and that I am confident that it truly reflects the information given by representatives of this household and that the quality of my work is the best possible.

Date Interviewer Name Signature

QUALITY CONTROL FORM

Q no.	Comments	Checked by: Name & signature	Date				Interviewer signature	Date				Has the error been corrected? (To be signed by the supervisor)
			d	d	m	m		d	d	m	m	

DECLARATION BY SUPERVISOR

I declare that I have checked the work of the Interviewer and that he/she has rectified the errors that I indicated with regards to the module above. I am confident that this information meets the quality standards as outlined in my responsibilities and that the quality of this work is the best possible.

Date Supervisor Name Signature

HOUSEHOLD COMPOSITION CONTROL

To be asked in 2nd and 3^d week. Start from person no. 01 and ask for all recorded persons.

PERSONS RECORDED IN Q1.1a

		01	02	03	04	05	06	07	08	09	10
A	Did spend at least four nights in this household during the following period?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
1	1 = 1 st week of diary keeping <i>Ask in week 2</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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>
2	2 = 2 nd week of diary keeping <i>Ask in week 3</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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>

NOT PREVIOUSLY RECORDED PERSONS

B	Did any other person spend at least four nights in this household during the following period?	Y N
1	a. 1 st week of diary keeping	<input type="checkbox"/> <input type="checkbox"/>
	b. If YES, how many persons?	<input type="checkbox"/> <input type="checkbox"/>
	<i>If no other person spent at least four nights, mark "No"</i>	
2	a. 2 nd week of diary keeping	<input type="checkbox"/> <input type="checkbox"/>
	b. If YES, how many persons?	<input type="checkbox"/> <input type="checkbox"/>
	<i>If no other person spent at least four nights, mark "No"</i>	

COMMENTS

4 INFORMATION REGARDING DWELLINGS AND SERVICES

The following questions cover information on dwellings and the services provided

4.1 Indicate the type of main dwelling and other dwelling that the household occupies on this piece of land.

Mark only two dwellings, even if the household occupies more than two dwellings

01 = DWELLING/HOUSE OR BRICK/CONCRETE BLOCK STRUCTURE ON A SEPARATE STAND OR YARD OR ON A FARM

02 = TRADITIONAL DWELLING/HUT/STRUCTURE MADE OF TRADITIONAL MATERIALS

03 = FLAT OR APARTMENT IN A BLOCK OF FLATS

04 = CLUSTER HOUSE IN SECURITY COMPLEX

05 = TOWN HOUSE/SEMI-DETACHED HOUSE

06 = DWELLING/HOUSE/FLAT/ROOM IN BACKYARD

07 = INFORMAL DWELLING/SHACK IN BACKYARD

08 = INFORMAL DWELLING/SHACK NOT IN BACKYARD, E.G. IN AN INFORMAL/SQUATTER SETTLEMENT OR ON FARM

09 = ROOM/FLATLET ON A PROPERTY OR A LARGER DWELLING, SERVANTS QUARTERS/GRANNY'S FLAT

10 = CARAVAN/TENT

11 = OTHER, *specify in the box*

	Main dwelling	Other dwelling
01	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>

Mark if no "Other dwelling" is occupied

4.2 What is the main material used for the walls and the roof of the main dwelling?
Mark only one code in each column

01 = BRICKS

02 = CEMENT BLOCK/CONCRETE

03 = CORRUGATED IRON/ZINC

04 = WOOD

05 = PLASTIC

06 = CARDBOARD

07 = MIXTURE OF MUD AND CEMENT

08 = WATTLE AND DAUB

09 = TILE

10 = MUD

11 = THATCHING

12 = ASBESTOS

13 = OTHER, *specify in the box*

	Walls	Roof
01	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>

4.3 In what condition are the roof and the walls of the main dwelling?

	Walls	Roof
1 = Weak, needs major repairs (e.g. not windproof, leaking)	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2 = Needs minor repairs	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 = Good	<input type="checkbox"/> 3	<input type="checkbox"/> 3

4.4 a. Did any member of this household receive an RDP house from the government?

Do not include housing subsidies for government employees

	Y	N	DK
1 = For this dwelling unit (that the household occupies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 = For a dwelling somewhere else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Is the dwelling you live in, a state subsidised house/flat?

Do not include RDP houses and housing subsidies for government employees

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

4.5 What is this household's main source of or access to water for drinking and for other use?

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

	Drinking	Other
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

--	--

4.6 Does this household have access to piped water from a local municipality or any other water scheme?

- 1 = YES 1
- 2 = No 2

→ *Go to Q4.8*

4.7 Does this household pay for water?

- 1 = YES 1
- 2 = No 2

4.8 What type of toilet facility is available for this household?
Mark only one code

- | | 1
In
dwelling | 2
On-
site | 3
Off-
site |
|--|-----------------------------|-----------------------------|-----------------------------|
| 1 = FLUSH TOILET WITH OFF-SITE DISPOSAL | <input type="checkbox"/> 11 | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| 2 = FLUSH TOILET WITH ON-SITE DISPOSAL (SEPTIC TANK) | <input type="checkbox"/> 21 | <input type="checkbox"/> 22 | |
| 3 = CHEMICAL TOILET | | <input type="checkbox"/> 32 | <input type="checkbox"/> 33 |
| 4 = PIT LATRINE WITH VENTILATION PIPE | | <input type="checkbox"/> 42 | <input type="checkbox"/> 43 |
| 5 = PIT LATRINE WITHOUT VENTILATION PIPE | | <input type="checkbox"/> 52 | <input type="checkbox"/> 53 |
| 6 = BUCKET TOILET | | <input type="checkbox"/> 62 | <input type="checkbox"/> 63 |
| 7 = NONE | | | <input type="checkbox"/> 73 |

4.9 Does this household have a connection to the main electricity supply?

- 1 = YES 1
- 2 = No 2

→ *Go to Section 5*

4.10 Does this household receive free electricity?

- 1 = YES 1
- 2 = No 2

COMMENTS

5 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 recorded in Q7.3.1.2
 The value of fringe benefits, including rent and interest subsidies, should be recorded below.
 Amounts recorded in 5.3.1 - 5.3.5 should relate to **one month** only, amounts relating to periods other than a month should be converted to show the estimated monthly value.

5.1 What is the total number of rooms that this household occupies?

Treat separate rondavels as rooms according to what they are used for as indicated by the household

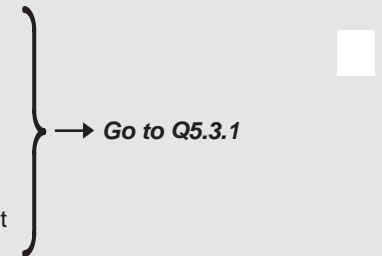
a. Bedrooms	<input type="text"/>	<input type="text"/>
b. Living rooms	<input type="text"/>	<input type="text"/>
c. Dining rooms	<input type="text"/>	<input type="text"/>
d. "Multipurpose" rooms	<input type="text"/>	<input type="text"/>
e. Kitchens	<input type="text"/>	<input type="text"/>
f. Bathrooms	<input type="text"/>	<input type="text"/>
g. Other	<input type="text"/>	<input type="text"/>

Total number of rooms in use (exclude "f. Bathrooms")

COMMENTS

5.2 Is the main dwelling

- 1 = Owned and fully paid off → **Go to Q5.3.5.5**
- 2 = Owned, but not yet fully paid off, financed by a mortgage bond → **Go to Q5.3.5**
- 3 = Owned, but not yet fully paid off, financed by another type of loan → **Go to Q5.3.5**
- 4 = Rented as part of employment contract of household member
- 5 = Rented not as part of employment contract of household member
- 6 = Occupied rent-free as part of employment contract of household member
- 7 = Occupied rent-free not as part of employment contract of household member
- 8 = Occupied as a boarder/lodger → **Go to Q5.3.4**
- 9 = Other, *specify*



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5.3 MONTHLY HOUSING DURING THE MONTH PRIOR TO THE SURVEY PERIOD

IF RENTED	
Item	Cost for the month
5.3.1 Rent paid for this dwelling unit	
a. Amount paid by the household	<input 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 type="text"/>
c. Amount subsidised (e.g. by employer)	<input type="text"/>
d. Rent paid for garage and/or domestic worker's room, if rented separately	<input type="text"/>
e. Total rent paid, or, if rented free, the total rent the household would pay, for this dwelling	<input type="text"/>
<i>Add (a or b) + c + d to confirm e</i>	
f. Does the total rent (or the free rental) include water, electricity, etc? 1 = YES <input type="checkbox"/> 1 2 = No <input type="checkbox"/> 2	
5.3.2 Levy paid in the case of dwelling units under sectional title or share-holding/ block scheme	<input type="text"/>
5.3.3 Insurance on contents of dwelling	
a. Insurance on contents of dwelling	<input type="text"/>
b. Package insurance	<input type="text"/>
5.3.4 Boarding/lodging paid <i>This item only covers permanent boarding/lodging. Include also amounts paid to family members if boarding with them.</i> Complete TOTAL VALUE below and → Go to Q5.7	<input type="text"/>
TOTAL VALUE (5.3.1 - 5.3.4)	<input type="text"/>

IF OWNED

Item	Cost for the month
5.3.5 Payment on dwelling (including additional payments for immovable improvements) <i>Note: If the composition of the instalment 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>	
5.3.5.1 Total monthly instalment for the month prior to the survey period (incl. voluntary additional monthly payment)	<input type="text"/>
a. Amount of the above instalment which is capital	<input type="text"/>
b. Amount of the above instalment which is interest	<input type="text"/>
5.3.5.2 Does this household receive any subsidy towards repayments for this dwelling unit or reduction in instalments if loan is repaid at an instalment lower than the normal? 1 = YES <input type="checkbox"/> 1 2 = No <input type="checkbox"/> 2 → Go to Q5.3.5.5	
5.3.5.3 Does the amount (in Q5.3.5.1) include subsidy or value of reduction in instalment? 1 = YES <input type="checkbox"/> 1 2 = No <input type="checkbox"/> 2 → Go to Q5.3.5.5	
5.3.5.4 Subsidy and/or value of reduction in instalment Amount received from e.g. employer or someone else, and/or value of reduction in instalment if loan is repaid at an instalment lower than the normal.	<input type="text"/>
5.3.5.5 Levy and other payments	<input type="text"/>

	Item	Cost for the month
5.3.5.6	Insurance on property	
	a. Insurance on buildings	<input type="text"/>
	b. Life insurance covering mortgage debt	<input type="text"/>
5.3.5.7	Insurance on contents of dwelling	
	a. Insurance on contents of dwelling (excluding package insurance)	<input type="text"/>
	b. Package insurance	<input type="text"/>
TOTAL VALUE (5.3.5.1 - 5.3.5.7)		<input type="text"/>
5.4	SINGLE PAYMENTS FOR HOUSING IN THE 12 MONTHS PRIOR TO THE SURVEY PERIOD	
5.4.1	Additional single amount paid regarding	
	a. Capital payments (including deposit)	<input type="text"/>
	b. Other payments such as transfer duty and transfer costs and registration of mortgage bond	<input type="text"/>
TOTAL VALUE (5.4.1 a - b)		<input type="text"/>
5.5	HOUSE CHARACTERISTICS	
5.5.1	What is the total number of rooms in the dwelling unit in total? <i>Treat separate rondavels as rooms according to what they are used for as indicated by the household</i>	
	a. Bedrooms	<input type="text"/>
	b. Living rooms	<input type="text"/>
	c. Dining rooms	<input type="text"/>
	d. "Multipurpose" room	<input type="text"/>
	e. Kitchens	<input type="text"/>
	f. Bathrooms	<input type="text"/>
	g. Other	<input type="text"/>
Total number of rooms in use (exclude "f. Bathrooms")		<input type="text"/>

5.5.2	Is there any garage that belongs to the dwelling unit that the household occupies?	Y N <input type="checkbox"/> <input type="checkbox"/>
	If YES, for how many cars?	<input type="text"/>
5.5.3	Area of the dwelling unit (in square metres, m ²). <i>If answer is given in a. → Go to Q5.5.4</i>	
	a. Exact area (given by respondent)	<input type="text"/>
	b. Estimated area of the dwelling unit	
	1 = Very small, less than 30m ²	<input type="checkbox"/> 1
	2 = Small, between 30 and 59m ²	<input type="checkbox"/> 2
	3 = Medium, between 60 and 119m ²	<input type="checkbox"/> 3
	4 = Large, between 120 and 239m ²	<input type="checkbox"/> 4
	5 = Very large, 240m ² or more	<input type="checkbox"/> 5
	c. Sketch has been made at the back	Y N <input type="checkbox"/> <input type="checkbox"/>
5.5.4	What is the value of the dwelling unit?	<input type="text"/>
<i>Ask Q5.5.5 if the respondent cannot give a value in Q5.5.4</i>		
5.5.5	What would you estimate the value of the dwelling unit (this property) to be? <i>Show prompt chart</i>	
	1 = LESS THAN R50 000	
	2 = R50001 - R250 000	
	3 = R250 001 - R500 000	
	4 = R500 001 - R1 000 000	<input type="checkbox"/>
	5 = R1 000 001 - R1 500 000	
	6 = R1 500 001 - R2 000 000	
	7 = R2 000 001 - R3 000 000	
	8 = MORE THAN R3 000 000	
	9 = DON'T KNOW	
5.6	IMPUTED RENT	
5.6.1	If you were to rent this dwelling, how much would you pay for it per month?	<input type="text"/>

5.8 HOUSING DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD

Item		Value for the 12 months
5.8.1	Contributions made towards communal provision of housing services, such as water facilities and electricity supply (e.g. communal tap)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5.8.2	Payment for right to access a piece of land for housing purposes (tribal/shacks)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
TOTAL VALUE (5.8.1 - 5.8.2)		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

5.8.3 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 5.3.5.1)?

1 = YES 1
 2 = No 2 **→ Go to Q5.9**

A AREA OF PURCHASE **Area**
 1 = In a big city (e.g. metro) 3 = In a rural/traditional area
 2 = In another urban area 4 = NOT APPLICABLE
 (town/township) 5 = DON'T KNOW

B TYPE OF RETAILER **Formal sector** **Informal sector**
 1 = Chain store 4 = Street trading 6 = NOT APPLICABLE
 2 = Internet 5 = Other 7 = DON'T KNOW
 3 = Other retailer

Item	Value for the 12 months	Place A B	COMMENTS
5.8.3.1 a. Material for maintenance and repair of dwelling (existing buildings, swimming pools, etc. incl paints wallpaper, etc.)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
b. Services for maintenance and repair of dwelling (plumbers, electricians, carpenters, etc)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
c. Labour and material for maintenance and repair of the dwelling	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
d. Material for improvements, additions and alterations (including built-in furniture, solar energy systems, swimming pools and garden layouts)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
e. Services for improvements, additions and alterations (carpenters, electricians, etc)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
f. Labour and material for improvements, additions and alterations	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
g. Security structures (including fences, electronic gates)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
h. Security systems (including alarms, panic buttons)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
i. Security services (including reaction services and neighbourhood watch)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
j. Firearms and ammunition (for security purposes)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
5.8.4 Building materials not included in Q5.8.3 (a) or (d) (e.g. for building houses)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
TOTAL VALUE (5.8.3.1 - 5.8.4)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

5.9 COST OF OTHER DWELLINGS DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD
Do not include expenditure for holiday dwellings which must be recorded in Q7.3.1.2.

	Item	Value for the 12 months								
5.9.1	All costs of other dwellings the household owns (not for business purposes)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> </table>								

5.10 HOUSEHOLD ASSETS AND ACQUISITIONS DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD

5.10.1 a. Does the household own any of the following items?
If YES in a, then ask b

b. Was the item (or service) acquired in the 12 months prior to the survey period?

	a		b	
	Y	N	Y	N
01. Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02. Stereo/Hi-Fi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03. Television set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04. DVD player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05. Refrigerator/freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06. Stove (gas, electric or paraffin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07. Microwave oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08. Washing machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09. Motor vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Motor cycle/scooter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Generator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Camera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Cellphone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.10.1 Cont.

	a		b	
	Y	N	Y	N
15. Landline telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. DStv	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Internet service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Power driven tool(s), e.g. electric drill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Kitchen furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Dining room furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Lounge furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Bedroom furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

6 SWIMMING POOL AND GARDENING DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD					
6.1 SWIMMING POOL AND SWIMMING POOL MAINTENANCE					
6.1.1 Did the household have access to private use of a swimming pool in the dwelling during the 12 months prior to the survey period?					
1 = YES <input type="checkbox"/> 1					
2 = No <input type="checkbox"/> 2 → Go to Q6.2					
A AREA OF PURCHASE Area 1 = In a big city (e.g. metro) 2 = In another urban area (town/township) 3 = In a rural/traditional area 4 = NOT APPLICABLE 5 = DON'T KNOW			B TYPE OF RETAILER Formal sector 1 = Chain store 2 = Internet 3 = Other retailer Informal sector 4 = Street trading 5 = Other 6 = NOT APPLICABLE 7 = DON'T KNOW		
	Item	Value for the 12 months	Place A B	COMMENTS	
6.1.2	a. Swimming pool equipment and repairs of equipment				
	b. Swimming pool maintenance (excluding wages of persons who maintain pools, see Section 8, but including chemicals)				
TOTAL VALUE (6.1.2 a - b)					
6.2 GARDEN EQUIPMENT AND REQUISITES					
6.2.1	Seeds, plants, shrubs and trees, fertiliser, plant and pest spray remedies				
6.2.2	Garden ornaments				
6.2.3	Garden water sprinklers				
6.2.4	Power driven garden tools				
6.2.5	Garden hand tools (such as spades)				
6.2.6	Bouquets and cut flowers for household use				
6.2.7	Other, specify				
TOTAL VALUE (6.2.1 - 6.2.7)					

7 EXPENDITURE WHEN AWAY FROM HOME DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD

7.1 EXPENDITURE WHEN AWAY FROM HOME

7.1.1 During the 12 months prior to the survey period, did one or more members of this household undertake any trip(s) that lasted at least one night away from home, for vacation or for attending a funeral, a wedding or any other event?
 Excluding for business purposes.
 1 = YES 1
 2 = No 2 → Go to Q7.3

7.1.2 ACCOMMODATION WHEN AWAY FROM HOME DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD (FOR VACATIONS, FUNERALS, WEDDINGS AND OTHER EVENTS)

Item	Value for the 12 months									
	Domestic					International				
7.1.2.1 Accommodation (paid for by the household) including boarding fees										
a. Hotels										
b. Bed & Breakfasts										
c. Guesthouses										
d. Lodges										
e. Motels										
f. Rent: Holiday flat or house, private house, caravan										
7.1.2.2 Holiday tour packages										
TOTAL VALUE (7.1.2.1 - 7.1.2.2)										

COMMENTS

Ask this question if answer to Q7.1.1 is 'YES'

7.2	TRANSPORT WHEN AWAY FROM HOME			
7.2.1	During the 12 months prior to the survey period, did this household make use of any public and/or hired transport for the purposes of vacation or for attending a funeral, a wedding or any other event lasting at least one night away from home? Excluding for business purposes. 1 = YES <input type="checkbox"/> 1 2 = No <input type="checkbox"/> 2 → Go to Q7.3			
7.2.2	TRANSPORT WHEN AWAY FROM HOME FOR THE PURPOSE OF VACATION, FUNERALS, WEDDINGS OR ANY OTHER EVENT DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD			
	<i>Amount spent on toll fees must be included in Q15.1.5.1</i>			
	Item	Value for the 12 months		
		Domestic	International	
7.2.2.1	Bus			
7.2.2.2	Train			
7.2.2.3	Aircraft			
7.2.2.4	Boat/ship			
7.2.2.5	Rented vehicle			
7.2.2.6	Taxi			
	a. Metered cab			
	b. Minibus taxi/combi (incl. 30 seater, e.g. Iveco)			
7.2.2.7	Supporting services (e.g. parking services, port operators)			
7.2.2.8	Insurance paid for holiday purposes (life, luggage, medical)			
7.2.2.9	Other (e.g. cable car, horse, trailer)			
TOTAL VALUE (7.2.2.1 - 7.2.2.9)				

7.3 TIMESHARE AND HOLIDAY ACCOMMODATION

7.3.1 During the 12 months prior to the survey period, did the household own any timeshare or holiday accommodation?

1 = YES

1

2 = No

→ Go to Section 8

2

Item	Value for the 12 months
7.3.1.1 Payment on timeshare	
a. Purchase	
b. Levy	
7.3.1.2 Expenses incurred as owner of a holiday home i.e. after deduction of income received from letting	
TOTAL VALUE (7.3.1.1 - 7.3.1.2)	

COMMENTS

8 DOMESTIC WORKERS IN THE MONTH PRIOR TO THE SURVEY PERIOD

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.

8.1 In the month prior to the survey period did this household make use of domestic or household workers' services, excluding for business purposes?

1 = YES

2 = No

→ Go to Section 9

1

2

8.2 VALUE OF SERVICES OF DOMESTIC WORKERS IN THE MONTH PRIOR TO THE SURVEY PERIOD

Particulars of domestic workers				Total remuneration to domestic workers in the month prior to the survey period					
Main activity	Number of domestic workers	Total no. of hours usually worked per month	No. of months worked in the 12 months prior to the survey period	1	2	Estimated value of			
				Cash wage incl. transport allowance	Contributions to benefits (e.g. pension, medical aid, UIF)	3 Free food	4 Free accommodation	5 Free clothing, health care, etc.	
8.2.1 General domestic worker									
8.2.2 Child minder/nanny									
8.2.3 Babysitter									
8.2.4 Minder of the elderly/sick									
8.2.5 Cook									
8.2.6 Clothes washer or ironer									
8.2.7 Chauffeur									
8.2.8 Garden worker									
8.2.9 Herder									
8.2.10 Collector of firewood/water									
8.2.11 Other, specify									
TOTAL REMUNERATION TO DOMESTIC WORKERS (TOTAL OF EACH OF COLUMNS 1-5)									
TOTAL VALUE OF DOMESTIC WORKERS' SERVICES (TOTAL OF COLUMNS 1 - 5)									

9 INPUT COSTS FOR HOME PRODUCTION DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD					
9.1 In the 12 months prior to the survey period has this household produced products and/or kept any livestock for own consumption or sale?					
1 = YES <input type="checkbox"/> 1 2 = No <input type="checkbox"/> 2 → Go to Section 10					
9.2 INPUT VALUE					
A AREA OF PURCHASE			B TYPE OF RETAILER		
Area 1 = In a big city (e.g. metro) 2 = In another urban area (town/township)			Formal sector 1 = Chain store 2 = Internet 3 = Other retailer		Informal sector 4 = Street trading 5 = Other 6 = NOT APPLICABLE 7 = DON'T KNOW
3 = In a rural/traditional area 4 = NOT APPLICABLE 5 = DON'T KNOW					
Item	Value for the 12 months	Place A B		COMMENTS	
9.2.1 Seeds					
9.2.2 Fertiliser					
9.2.3 Feed					
9.2.4 Large livestock such as cattle					
9.2.5 Medium livestock such as goats, sheep, pigs, etc					
9.2.6 Small livestock such as chickens, ducks, etc					
9.2.7 Services (e.g. ploughing, veterinary - not for pets)					
9.2.8 Processing (e.g. grinding, milling and slaughtering)					
9.2.9 Other, specify					
TOTAL VALUE (9.2.1 - 9.2.9)					

END OF MODULE 2

Date ^d ^d ^m ^m Ending time ^h ^h ^m ^m 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

COMMENTS

Was the interview interrupted by.....

	Y	N
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 under comments</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 under comments</i>	<input type="text"/>	<input type="text"/>

PREPARATIONS FOR THE NEXT INTERVIEW

Has

..... the appointment been made?	<input type="text"/>	<input type="text"/>
..... it been noted in the Appointment Log?	<input type="text"/>	<input type="text"/>
..... the household been briefed on the next module?	<input type="text"/>	<input type="text"/>
..... the preparation form, "M3", been handed out?	<input type="text"/>	<input type="text"/>

DECLARATION BY INTERVIEWER TO BE DONE AFTER THE INTERVIEW

I declare that I have checked my work regarding the above module and that I am confident that it truly reflects the information given by representatives of this household and that the quality of my work is the best possible.

Date ^d ^d ^m ^m Interviewer Name Signature

QUALITY CONTROL FORM

Q no.	Comments	Checked by: Name & signature	Date				Interviewer signature	Date				Has the error been corrected? <i>(To be signed by the supervisor)</i>
			d	d	m	m		d	d	m	m	

DECLARATION BY SUPERVISOR

I declare that I have checked the work of the Interviewer and that he/she has rectified the errors that I indicated with regards to the module above. I am confident that this information meets the quality standards as outlined in my responsibilities and that the quality of this work is the best possible.

Date

d	d	m	m
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 Supervisor Name Signature

10 CLOTHING AND FOOTWEAR DURING THE THREE MONTHS AND THE 12 MONTHS PRIOR TO THE SURVEY PERIOD
Include clothing and footwear received as gifts or in kind
Include uniforms and clothing for domestic workers who are household members
Exclude special sports clothes and shoes (e.g. golf shoes, soccer boots, diving outfit, etc.). Record these in Section 13.1 item 13.1.2 (c)
Infant Less than 3 years old
Boy/Girl 3-13 years old
Man/Woman More than 13 years old

10.1 CLOTHING

A AREA OF PURCHASE	Area 1 = In a big city (e.g. metro) 2 = In another urban area (town/township) 3 = In a rural/traditional area 4 = NOT APPLICABLE 5 = DON'T KNOW	B TYPE OF RETAILER	Formal sector 1 = Chain store 2 = Internet 3 = Other retailer	Informal sector 4 = Street trading 5 = Other 6 = NOT APPLICABLE 7 = DON'T KNOW
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	Item	Value for the 3 months	Value for the 12 months	Place		COMMENTS
				A	B	
10.1.1	Clothing accessories such as scarves, ties, belts, gloves, etc.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10.1.2	Infants' clothing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10.1.3	School uniforms	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10.1.4	Girls' clothing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10.1.5	Boys' clothing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10.1.6	Women's clothing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10.1.7	Men's clothing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10.1.8	Other clothing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
TOTAL VALUE (10.1.1 - 10.1.8)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

10.2 HOME-MADE AND SPECIALLY MADE-UP CLOTHES (NOT FOR RESALE), REPAIRS AND HIRE OF CLOTHING

A AREA OF PURCHASE		Area 1 = In a big city (e.g. metro) 3 = In a rural/traditional area 2 = In another urban area 4 = NOT APPLICABLE (town/township) 5 = DON'T KNOW			B TYPE OF RETAILER		Formal sector 1 = Chain store 2 = Internet 3 = Other retailer	Informal sector 4 = Street trading 6 = NOT APPLICABLE 5 = Other 7 = DON'T KNOW		
	Item	Value for the 3 months			Value for the 12 months			Place A B		COMMENTS
10.2.1	Material for clothing									
10.2.2	Specially made-up clothes (e.g. clothes made by dressmakers and tailors)									
10.2.3	Knitting wool and yarns									
10.2.4	Patterns, trimming lace, sewing cotton, etc									
10.2.5	Scissors, needles, pins									
10.2.6	Labour cost for making or knitting of clothing and repairs/alterations to clothing outside the household									
10.2.7	Hire of clothing									
TOTAL VALUE (10.2.1 - 10.2.7)										

10.3 FOOTWEAR AND REPAIR OF FOOTWEAR

A AREA OF PURCHASE		Area				B TYPE OF RETAILER		Formal sector		Informal sector	
		1 = In a big city (e.g. metro)	3 = In a rural/traditional area			1 = Chain store	4 = Street trading	6 = NOT APPLICABLE		7 = DON'T KNOW	
		2 = In another urban area (town/township)	4 = NOT APPLICABLE			2 = Internet	5 = Other				
			5 = DON'T KNOW			3 = Other retailer					
	Item	Value for the 3 months	Value for the 12 months	Place		COMMENTS					
				A	B						
10.3.1	Infants' footwear										
10.3.2	Girls' school footwear										
10.3.3	Boys' school footwear										
10.3.4	Girls' footwear										
10.3.5	Boys' footwear										
10.3.6	Women's footwear										
10.3.7	Men's footwear										
10.3.8	Other footwear										
10.3.9	Hire of footwear										
10.3.10	Repairs to footwear										
TOTAL VALUE (10.3.1 - 10.3.10)											

11 HOUSEHOLD TEXTILES
 Include materials for, and making of household textiles
 Materials for making clothes must be recorded in Section 10.2, item 10.2.1
 Read out:
 Now I am going to ask you about household textiles such as blankets, pillows, sheets, etc.

11.1 In the 12 months prior to the survey period did this household acquire any household textiles such as blankets, pillows, sheets, etc.?

1 = YES 1
 2 = No 2 → Go to Section 12

11.2 VALUE OF HOUSEHOLD TEXTILES FOR THE 12 MONTHS PRIOR TO THE SURVEY PERIOD

A AREA OF PURCHASE	Area 1 = In a big city (e.g. metro) 2 = In another urban area (town/township) 3 = In a rural/traditional area 4 = NOT APPLICABLE 5 = DON'T KNOW	B TYPE OF RETAILER	Formal sector 1 = Chain store 2 = Internet 3 = Other retailer	Informal sector 4 = Street trading 5 = Other 6 = NOT APPLICABLE 7 = DON'T KNOW
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	Item	Value for the 12 months	Place		COMMENTS
			A	B	
11.2.1	Blankets and travelling rugs				
11.2.2	Sheets and pillow cases				
11.2.3	Duvets, duvet covers and duvet packs (e.g. package including pillow cases and sheets)				
11.2.4	Pillows and cushions				
11.2.5	Table linen (e.g. tablecloths and napkins)				
11.2.6	Bathroom linen (e.g. towels and face-cloths, bathroom mats)				
11.2.7	Curtains (including making and hanging charges) and material for curtains				
11.2.8	Other household textiles, specify				
11.2.9	Repairs to household textiles				
TOTAL VALUE (11.2.1 - 11.2.9)					

12 FURNITURE AND EQUIPMENT DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD					
<p><i>Exclude expenditure on musical instruments and audio visual equipment. Record these in section 12.4.</i> <i>Include delivery and installation charges where applicable.</i> <i>Appliances such as refrigerators, microwaves, irons, etc. should be included in Q12.2.</i></p>					
12.1 VALUE OF FURNITURE AND FLOOR COVERINGS					
A		B			
AREA OF PURCHASE	Area	TYPE OF RETAILER	Formal sector	Informal sector	
	1 = In a big city (e.g. metro) 2 = In another urban area (town/township)	3 = In a rural/traditional area 4 = NOT APPLICABLE 5 = DON'T KNOW	1 = Chain store 2 = Internet 3 = Other retailer	4 = Street trading 5 = Other	6 = NOT APPLICABLE 7 = DON'T KNOW
	Item	Value for the 12 months	Place	COMMENTS	
			A	B	
12.1.1	Furniture				
	a. Beds (including bases and 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 (including furnishing, e.g. mirrors, paintings and other works of art)				
i. Upholstering					
12.1.2	Floor coverings (<i>fixtures to be recorded in Section 5.8.3</i>)				
	a. Carpets and rugs				
	b. Other floor coverings, (excluding bathroom & door mats, see Q11.2.6) <i>specify</i>				
12.1.3	Repairs to furniture and floor coverings, material for making own furniture				
TOTAL VALUE (12.1.1 - 12.1.3)					

12.2 VALUE OF APPLIANCES FOR THE 12 MONTHS PRIOR TO THE SURVEY PERIOD

*Expenditure on musical instruments, sound and video equipment must be recorded in section 12.4.
 Include delivery and installation charges where applicable.
 Exclude built-in appliances (to be shown in Section 5.8.3.d).*

A AREA OF PURCHASE	Area		B TYPE OF RETAILER	Formal sector	Informal sector	
	1 = In a big city (e.g. metro) 2 = In another urban area (town/township)	3 = In a rural/traditional area 4 = NOT APPLICABLE 5 = DON'T KNOW		1 = Chain store 2 = Internet 3 = Other retailer	4 = Street trading 5 = Other	6 = NOT APPLICABLE 7 = DON'T KNOW

	Item	Value for the 12 months	Place		COMMENTS
			A	B	
12.2.1	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, overlockers 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>					

A AREA OF PURCHASE		Area		B TYPE OF RETAILER		Formal sector	Informal sector	
		1 = In a big city (e.g. metro)	3 = In a rural/traditional area			1 = Chain store	4 = Street trading	6 = NOT APPLICABLE
		2 = In another urban area (town/township)	4 = NOT APPLICABLE			2 = Internet	5 = Other	7 = DON'T KNOW
		5 = DON'T KNOW				3 = Other retailer		
	Item	Value for the 12 months		Place A B		COMMENTS		
12.2.2	Non-electrical appliances							
	a. Refrigerators							
	b. Gas stoves and gas heaters							
	c. Coal, wood and anthracite stoves							
	d. Paraffin stoves and paraffin heaters							
	e. Sewing and knitting machines							
	f. Hand tools (such as screwdrivers)							
	g. Other (e.g. drying cabinets and safes), <i>specify</i>							
TOTAL VALUE (12.2.1 a - 12.2.2 g)								
12.3	REPAIRS TO APPLIANCES							
12.3.1	In the 12 months prior to the survey period did this household have any repairs done to appliances?							
	1 = YES	<input type="checkbox"/>		1				
	2 = No	<input type="checkbox"/>		2		→ Go to Q12.4		
	Item	Value for the 12 months		Place A B				
12.3.2	a. Electrical appliances							
	b. Non-electrical appliances							
TOTAL VALUE (12.3.2 a - b)								

12.4 VALUE OF MUSICAL INSTRUMENTS, AUDIO VISUAL EQUIPMENT AND ACCESSORIES FOR THE 12 MONTHS PRIOR TO THE SURVEY PERIOD

Include delivery and installation charges where applicable.

A AREA OF PURCHASE		Area		B TYPE OF RETAILER		Formal sector		Informal sector		
		1 = In a big city (e.g. metro)	3 = In a rural/traditional area			1 = Chain store	4 = Street trading	6 = NOT APPLICABLE		
		2 = In another urban area (town/township)	4 = NOT APPLICABLE			2 = Internet	5 = Other	7 = DON'T KNOW		
			5 = DON'T KNOW			3 = Other retailer				
Item		Value for the 12 months		Place A B		COMMENTS				
12.4.1	Musical instruments: pianos, organs and other musical instruments									
12.4.2	Audio visual equipment									
	a. Television sets, decoders, video recorders/DVD/Blu-ray 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. Compact disks - CDs (excl. software and video games; but including pre-recorded and unrecorded disks)									
	i. DVDs/Blu-rays (excluding software and video games; but including pre-recorded and unrecorded DVDs/Blu-rays)									
	j. VCDs (excluding software and video games; but including pre-recorded and unrecorded VCDs)									
	k. Other, <i>specify</i>									
	l. Repairs to musical instruments, sound equipment and accessories									
TOTAL VALUE (12.4.1 - 12.4.2 I)										

12.5 VALUE OF OTHER HOUSEHOLD EQUIPMENT FOR THE 12 MONTHS PRIOR TO THE SURVEY PERIOD

A AREA OF PURCHASE		Area			B TYPE OF RETAILER		Formal sector		Informal sector				
		1 = In a big city (e.g. metro)	2 = In another urban area (town/township)	3 = In a rural/traditional area	4 = NOT APPLICABLE	5 = DON'T KNOW	1 = Chain store	2 = Internet	3 = Other retailer	4 = Street trading	5 = Other	6 = NOT APPLICABLE	7 = DON'T KNOW
Item	Value for the 12 months	Place A B		COMMENTS									
12.5.1	Glass and crystal ware, tableware (including household or toilet articles of porcelain, ceramic, stoneware, china, etc.)												
12.5.2	Cutlery, flatware and silverware												
12.5.3	Kitchen and domestic utensils (non-electrical utensils such as frying pans, saucepans, etc.)												
12.5.4	Other (such as towel rails, bottle racks, etc), <i>specify</i>												
12.5.5	Repairs to glassware, tableware and household utensils.												
TOTAL VALUE (12.5.1 - 12.5.5)													

12.6 VALUE OF MISCELLANEOUS GOODS FOR THE 12 MONTHS PRIOR TO THE SURVEY PERIOD

Item	Value for the 12 months	Place A B		COMMENTS									
12.6.1	Watches and personal jewellery												
12.6.2	Handbags, travelling bags, schoolbags, etc.												
12.6.3	Goods for children and babies (e.g. prams, push-carts, car seats, carry-cots, toys, etc.)												
12.6.4	Other (umbrellas, pocket-knives, sunglasses, etc.), <i>specify</i> ...												
12.6.5	Repairs to miscellaneous items												
TOTAL VALUE (12.6.1 - 12.6.5)													

13 RECREATION, ENTERTAINMENT AND SPORT DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD

13.1 VALUE OF RECREATION, ENTERTAINMENT AND SPORTS EQUIPMENT AND ACCESSORIES

Include delivery charges where applicable.

A AREA OF PURCHASE		Area		B TYPE OF RETAILER		Formal sector		Informal sector	
		1 = In a big city (e.g. metro)	3 = In a rural/traditional area			1 = Chain store	4 = Street trading	6 = NOT APPLICABLE	
		2 = In another urban area (town/township)	5 = DON'T KNOW			2 = Internet	5 = Other	7 = DON'T KNOW	
						3 = Other retailer			
Item		Value for the 12 months		Place A B		COMMENTS			
13.1.1	Photography								
	a. Cameras, video cameras, projectors and flashes								
	b. Film development and photoprints								
13.1.2	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								
13.1.3	Toys and games, video games (including software games) .								
13.1.4	Camping equipment (tents, sleeping bags, etc.)								
13.1.5	Boats (including outboards motors), aircrafts, go-carts, etc.								
13.1.6	Repairs and service charges for recreation, entertainment and sports equipment								
TOTAL VALUE (13.1.1 - 13.1.6)									

13.2 VALUE OF OTHER RECREATION SERVICES IN THE 12 MONTHS PRIOR TO THE SURVEY PERIOD

A AREA OF PURCHASE		Area 1 = In a big city (e.g. metro) 2 = In another urban area (town/township) 3 = In a rural/traditional area 4 = NOT APPLICABLE 5 = DON'T KNOW			B TYPE OF RETAILER		Formal sector 1 = Chain store 2 = Internet 3 = Other retailer		Informal sector 4 = Street trading 5 = Other 6 = NOT APPLICABLE 7 = DON'T KNOW	
Item	Value for the 12 months	Place A B		COMMENTS						
13.2.1 Admission charges										
a. Cinemas, theatres, concerts, festivals										
b. Sports										
c. Museums and zoos, etc										
d. Amusement parks, etc.										
13.2.2 Fees for lessons related to recreation, entertainment and sport. For lessons in educational subjects, see Q2.4.1, and for motor vehicle driving lessons, see Q15.1.8.....										
13.2.3 Hobbies										
13.2.4 Other, specify										
TOTAL VALUE (13.2.1 - 13.2.4)										

13.3 VALUE OF HOUSE PETS, DOGS AND REQUISITES IN THE 12 MONTHS PRIOR TO THE SURVEY PERIOD

Excluding for business purposes.

13.3.1 In the 12 months prior to the survey period did this household keep and/or acquire any pets or watch dogs?

1 = YES

2 = No

→ Go to Section 14

1

2

A AREA OF PURCHASE	Area	B TYPE OF RETAILER	Formal sector	Informal sector
	1 = In a big city (e.g. metro) 2 = In another urban area (town/township) 3 = In a rural/traditional area 4 = NOT APPLICABLE 5 = DON'T KNOW	1 = Chain store 2 = Internet 3 = Other retailer	4 = Street trading 5 = Other	6 = NOT APPLICABLE 7 = DON'T KNOW

	Item	Value for the 12 months	Place A B	COMMENTS
13.3.2	Purchase of watch dogs			
13.3.3	Purchase of hunting dogs			
13.3.4	Purchase of herding dogs/sheep dogs			
13.3.5	Purchase of pets			
13.3.6	Pet foods/feeds and other requisites			
13.3.7	Licences			
13.3.8	Care (e.g. doggy parlour, kennels and veterinary costs)			
TOTAL VALUE (13.3.2 - 13.3.8)				

14 READING MATERIAL AND STATIONERY DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD						
14.1 READING MATERIAL AND STATIONERY <i>Include delivery charges where applicable.</i>						
A AREA OF PURCHASE			B TYPE OF RETAILER			
Area 1 = In a big city (e.g. metro) 2 = In another urban area (town/township) 3 = In a rural/traditional area 4 = NOT APPLICABLE 5 = DON'T KNOW			Formal sector 1 = Chain store 2 = Internet 3 = Other retailer		Informal sector 4 = Street trading 5 = Other 6 = NOT APPLICABLE 7 = DON'T KNOW	
	Item	Value for the 12 months	Place A B		COMMENTS	
14.1.1	Reading material					
	a. Newspaper - daily and weekly					
	b. Magazines and periodicals					
	c. Books (excluding those included in Q2.4.3)					
	d. Library fees and fines					
14.1.2	Stationery					
14.1.3	Miscellaneous printed matter (e.g. road maps, greeting cards, posters, etc.)					
TOTAL VALUE (14.1.1 - 14.1.3)						

15 TRANSPORT DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD
Note that Q15.1.1 - Q15.1.4 deal only with private vehicles:- Vehicles for business purposes must not be included. Include delivery charges where applicable.

15.1 PRIVATE TRANSPORT FOR HOUSEHOLD'S OWN USE

15.1 During the 12 months prior to the survey period did anyone in this household acquire any new or used vehicle(s) for private use (excluding hired vehicles)?

1 = YES, NEW ONLY → Go to Q15.1.1 1
 2 = YES, USED ONLY → Go to Q15.1.2 2
 3 = YES, BOTH NEW AND USED → Go to Q15.1.1 3
 4 = No → Go to Q15.1.3 4

15.1.1 VALUE OF NEW PRIVATE VEHICLES ACQUIRED IN THE 12 MONTHS PRIOR TO THE SURVEY PERIOD

A AREA OF PURCHASE	Area 1 = In a big city (e.g. metro) 2 = In another urban area (town/township) 3 = In a rural/traditional area 4 = NOT APPLICABLE 5 = DON'T KNOW	B TYPE OF RETAILER	Formal sector 1 = Chain store 2 = Internet 3 = Other retailer	Informal sector 4 = Street trading 5 = Other 6 = NOT APPLICABLE 7 = DON'T KNOW
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Item		Value for the 12 months	Place A B	COMMENTS
15.1.1.1	a. Motor cars			
	b. Station wagons			
	c. Mini buses			
	d. Bakkies (excluding four-wheel drive vehicles)			
	e. SUVs/MPVs (including four-wheel drive vehicles)			
	f. Motor cycles and scooters			
	g. Bicycles			
TOTAL VALUE (15.1.1.1 a - g)				

Ask only if "YES" in 15.1 = 2 or 3

15.1.2 VALUE OF USED PRIVATE VEHICLES ACQUIRED IN THE 12 MONTHS PRIOR TO THE SURVEY PERIOD						
A AREA OF PURCHASE		Area		B TYPE OF RETAILER		
		1 = In a big city (e.g. metro)	3 = In a rural/traditional area	Formal sector		
		2 = In another urban area (town/township)	4 = NOT APPLICABLE	Informal sector		
			5 = DON'T KNOW	1 = Chain store	4 = Street trading	
				2 = Internet	5 = Other	
				3 = Other retailer	6 = NOT APPLICABLE	
					7 = DON'T KNOW	
Item		Value for the 12 months		Place A B		COMMENTS
15.1.2.1	a. Motor cars					
	b. Station wagons					
	c. Mini buses					
	d. Bakkies (excluding four-wheel drive vehicles)					
	e. SUVs/MPVs (including four-wheel drive vehicles)					
	f. Motor cycles and scooters					
	g. Bicycles					
TOTAL VALUE (15.1.2.1 a - g)						
15.1.3 VALUE OF INSURANCE FOR TRANSPORT IN THE 12 MONTHS PRIOR TO THE SURVEY PERIOD						
Item		Value for the 12 months		Place A B		
15.1.3.1	Insurance of private transport (excluding package insurance)					

15.1.4 TRANSPORT RUNNING COSTS DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD

*Expenditure in connection with the purchase and maintenance of aircraft, boats, etc. must be recorded in section 13.1.5.
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.*

15.1.4.1 During the 12 months prior to the survey period did this household incur running costs for privately used vehicles?

- 1 = YES
- 2 = No

1
 2
 → **Go to Q15.1.6**

A	Area	B	Formal sector	Informal sector
AREA OF PURCHASE	1 = In a big city (e.g. metro) 2 = In another urban area (town/township)	3 = In a rural/traditional area 4 = NOT APPLICABLE 5 = DON'T KNOW	1 = Chain store 2 = Internet 3 = Other retailer	4 = Street trading 5 = Other 6 = NOT APPLICABLE 7 = DON'T KNOW

	Item	Value for the 12 months	Place A B		COMMENTS
15.1.5.1	Running and related costs				
	a. Traffic fines				
	b. Toll fees				
	c. Oil and grease				
	d. Tyres and tubes				
	1. New				
	2. Retreaded/patched				
	e. Batteries (new and used)				
	f. Spare parts and accessories purchased for private repair and installation				
	g. Cleaning materials				
	h. Maintenance and lubrication services				
	i. Air conditioner for vehicles, including installation				
	j. Security systems for vehicles, including installation				
	k. 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				

A AREA OF PURCHASE		Area		B TYPE OF RETAILER		Formal sector		Informal sector	
		1 = In a big city (e.g. metro)	3 = In a rural/traditional area			1 = Chain store	4 = Street trading	6 = NOT APPLICABLE	
		2 = In another urban area (town/township)	4 = NOT APPLICABLE			2 = Internet	5 = Other	7 = DON'T KNOW	
			5 = DON'T KNOW			3 = Other retailer			
Item		Value for the 12 months		Place A B		COMMENTS			
15.1.5.1 Cont.	l. 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								
	m. Licence and registration fees (including that of motor cycles)								
	n. Valet services								
	o. Other, <i>specify</i>								
TOTAL VALUE (15.1.5.1 a - o)									
VALUE OF DRIVING LESSONS, DRIVING TESTS AND DRIVING LICENCES DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD									
15.1.6	During the 12 months prior to the survey period did anyone in this household have driving lessons, driving tests or was issued a driving licence (including learners' licence)?								
	1 = YES			<input type="checkbox"/>	1				
	2 = No	→ Go to Q15.2		<input type="checkbox"/>	2				
Item		Value for the 12 months		Place A B		COMMENTS			
15.1.7	Driving lessons and driving tests								
15.1.8	Driving/Learner's licences (including renewal costs)								
TOTAL VALUE (15.1.7 - 15.1.8)									

15.2 VALUE OF PUBLIC AND HIRED TRANSPORT

Exclude transport for the purpose of vacation, funerals, weddings or any other event, which is covered in Q 7.2.2.

Item	Value for the 12 months				COMMENTS
	Incurred in attending educational institutions		Other		
15.2.1 Bus					
15.2.2 Train					
15.2.3 Aircraft					
15.2.4 Boat/ship					
15.2.5 Rented vehicle					
15.2.6 Taxi					
a. Metered taxi					
b. Minibus taxi/combi (including 30 seaters, e.g. Iveco)					
15.2.7 Value of discounted fares					
15.2.8 Furniture removal and transport of goods (not for sale)					
15.2.9 Lift clubs					
15.2.10 Other (e.g. horse, trailer), <i>specify</i>					
TOTAL VALUE (15.2.1 - 15.2.10)					

END OF MODULE 3

Date ^d ^d ^m ^m Ending time ^h ^h ^m ^m 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

COMMENTS

Was the interview interrupted by.....

Y N

telephone ringing

visitor(s) arriving

baby/-ies, child/-ren, pet/-s disturbing

other, *specify under comments*

Were there other problems, e.g.

disagreement within household

disagreement with interview/interviewer

other, *specify under comments*

PREPARATIONS FOR THE NEXT INTERVIEW

Has

..... the appointment been made?

..... it been noted in the Appointment Log?

..... the household been briefed on Module 4?

..... the preparation form, "M4", been handed out?

DECLARATION BY INTERVIEWER TO BE DONE AFTER THE INTERVIEW

I declare that I have checked my work regarding the above module and that I am confident that it truly reflects the information given by representatives of this household and that the quality of my work is the best possible.

Date ^d ^d ^m ^m Interviewer Name Signature

QUALITY CONTROL FORM

Q no.	Comments	Checked by: Name & signature	Date				Interviewer signature	Date				Has the error been corrected? <i>(To be signed by the supervisor)</i>
			d	d	m	m		d	d	m	m	

DECLARATION BY SUPERVISOR

I declare that I have checked the work of the Interviewer and that he/she has rectified the errors that I indicated with regards to the module above. I am confident that this information meets the quality standards as outlined in my responsibilities and that the quality of this work is the best possible.

Date Supervisor Name Signature

Go through HOUSEHOLD COMPOSITION CONTROL on page 18 Mark here when it has been completed

16 COMPUTER AND TELECOMMUNICATION EQUIPMENT DURING THE 12 MONTHS PRIOR TO THE SURVEY PERIOD

16.1 COMPUTER AND TELECOMMUNICATION EQUIPMENT
Excluding for business purposes.

A	Area		B	Formal sector	Informal sector
AREA OF PURCHASE	1 = In a big city (e.g. metro) 2 = In another urban area (town/township)	3 = In a rural/traditional area 4 = NOT APPLICABLE 5 = DON'T KNOW	TYPE OF RETAILER	1 = Chain store 2 = Internet 3 = Other retailer	4 = Street trading 5 = Other 6 = NOT APPLICABLE 7 = DON'T KNOW

	Item	Value for the 12 months		Place		COMMENTS
		New	Used	A	B	
16.1.1	Personal desktop computers (excluding laptops)					
16.1.2	Laptops/notebooks/tablets					
16.1.3	Palmtops					
16.1.4	Software (excluding games, playstations, etc)					
16.1.5	Calculators					
16.1.6	Computer parts, accessories and consumables					
	a. Computer parts (e.g. motherboard, CPU, memory/ RAM, graphics card, hard drives) ...					
	b. Flash disks and portable external hard drives					
	c. CDs/DVDs/Blu-ray discs					
	d. Other consumables (e.g. toners, ink cartridges)					
16.1.7	Printers/scanners/copiers					
16.1.8	Modems and routers					

	Item	Value for the 12 months						Place		COMMENTS
		New			Used			A	B	
16.1.9	Communication equipment									
	a. Cellphones (including pagers)									
	b. Telephones, cordless telephones ..									
	c. Fax and telephone answering machines									
16.1.10	Insurance on cellphones									
16.1.11	Two-way radios									
16.1.12	Repairs to computers and communication equipment									
TOTAL VALUE (16.1.1 - 16.1.12)										

16.2 COMMUNICATION FOR HOUSEHOLD PURPOSES

Excluding expenses incurred for business purposes.

	Item	Value for the 12 months
16.2.1	Landline telephone fees	
	a. Telephone installation and rental	
	1. Installation	
	2. Rental	
	b. Telephone calls from private phone	
16.2.2	c. Value Added Tax (VAT) <i>Only if telephone account is available</i>	
	d. Connection to the network	
	Cellphone fees	
	a. Rental	
16.2.3	b. Calls (including phone cards)	
	c. Value Added Tax (VAT) <i>Only if cellphone account is available</i>	
	d. Connection to the network	
	Internet	
	a. Subscription	
	b. Other	

	Item	Value for the 12 months
16.2.4	Postage	
	a. Stamps	
	b. Packages	
	c. Courier services	
16.2.5	d. Other	
	Post box rental	
16.2.6	Other (e.g. telegrams)	
TOTAL VALUE (16.2.1 - 16.2.6)		
COMMENTS		

17 FINANCE AND BANKING		
17.1 FINANCE AND BANKING IN THE MONTH PRIOR TO THE SURVEY PERIOD		
	Item	Value for the month
17.1.1	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 instalments shown elsewhere e.g. housing, furniture, studies, vehicles and recreational equipment)	
TOTAL VALUE (17.1.1 a - c)		
17.2 PROFESSIONAL AND MEMBERSHIP FEES IN THE 12 MONTHS PRIOR TO THE SURVEY PERIOD		
	Item	Value for the 12 months
17.2.1	Professional fees	
	a. Legal fees, architects' and other professional fees not shown elsewhere	
17.2.2	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	
TOTAL VALUE (17.2.1 a - 17.2.2 b)		

17.3 PERSONAL INSURANCE IN THE 12 MONTHS PRIOR TO THE SURVEY PERIOD		
	Item	Value for the 12 months
17.3.1	Insurance premiums paid by you or your employer	
	a. Funeral policies	
	b. Medical insurance	
	c. Unemployment Insurance Fund (UIF)	
TOTAL VALUE (17.3.1 a - c)		
17.3.2	Contributions to pension, provident and annuity funds	
	a. Paid by you	
	b. Paid by your employer	
TOTAL VALUE (17.3.2 a - b)		
COMMENTS		

17.4 REMITTANCES, GIFTS AND MAINTENANCE

17.4.1 REMITTANCES, GIFTS AND MAINTENANCE IN CASH IN THE 12 MONTHS PRIOR TO THE SURVEY PERIOD

Include amounts paid by means of stop or debit orders and employer deductions.

	Item	Value for the 12 months
17.4.1	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	
TOTAL VALUE (17.4.1 a - b)		

17.4.2 REMITTANCES, GIFTS AND MAINTENANCE IN KIND IN THE 12 MONTHS PRIOR TO THE SURVEY PERIOD

	Item	Value for the 12 months
17.4.2	a. Maintenance of 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)	
TOTAL VALUE (17.4.2 a - b)		

17.5 OTHER EXPENDITURE

17.5.1 CEREMONIES AND OTHER EXPENDITURE IN THE 12 MONTHS PRIOR TO THE SURVEY PERIOD

Include amounts paid by means of stop or debit orders and employer deductions.

	Item	Value for the 12 months
17.5.1.1	Funeral expenses	
17.5.1.2	Gravestones and maintenance of graves (excluding unveiling)	
17.5.2 GAMBLING AND STOKVELS IN THE 12 MONTHS PRIOR TO THE SURVEY PERIOD		
17.5.2.1	Gambling	
	a. Casinos	
	b. Other, such as horse racing, sports, etc.	
17.5.2.2	Contributions to stokvels	
TOTAL VALUE (17.5.1.1 - 17.5.2.2)		

17.6 OTHER EXPENDITURE IN THE 12 MONTHS PRIOR TO THE SURVEY PERIOD		
	Item	Value for the 12 months
17.6.1	All other expenditure, <i>specify</i>	
	a.	
	b.	
	c.	
	d.	
	e.	
	f.	
	g.	
TOTAL VALUE (17.6.1 a - g)		
COMMENTS		

17.7 DEBTS			
The following questions are on debts incurred on items acquired in the 12 months prior to the survey period as well as outstanding debts.			
	Item	Debts incurred on items acquired in the 12 months	Outstanding debts
17.7.1	Bank		
	a. Bond (for the main dwelling unit)		
	b. Other bonds		
	c. Motor vehicle (<i>check running costs in Section 15</i>)		
	d. Bank overdraft/credit card(s)		
	e. Other bank loans		
17.7.2	Retail stores (furniture and appliances)		
17.7.3	Retail stores (clothing, footwear and food)		
17.7.4	Loans from friends and family (cash loans)		
17.7.5	Loans from money lenders (e.g. Mashonisa)		
17.7.6	Arrears on municipal bills		
17.7.7	Other loans, specify, ie. retail store loans, stokvel loans, etc.		
TOTAL VALUE (17.7.1 - 17.7.7)			

18 PARTICULARS OF INCOME

Ask for all individuals who have contributed to the household's income in the 12 months prior to the survey period.
Income should be shown before deductions (commonly referred to as gross income).

		01	02	03	04	05	06	07	08	09	10
<i>Ask for all persons listed in Q1.1.a</i>											
18.1	In the 12 months prior to the survey period, did	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	1 = work for someone else for pay (include household members who are paid domestic workers, gardeners or security guards)?	<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>
	2 = run an own business (self-employed/employer)?	<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Excluding income from subsistence farming. Excluding income from letting of fixed property (only if the letting of property is not a bona fide business).</i>											
<i>If No to both → Go to Q18.8</i>											
<i>If YES in Q18.1.1 and/or Q18.1.2</i>											
18.2	What is 's total salary/wages and/or income from business for the 12 months prior to the survey period? Including overtime, allowances and bonuses, before any tax or deductions.	<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"/>	<input type="checkbox"/>
	<i>If the income before tax and other deductions is not known (gross income) ask for the income after such deductions (net income).</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"/>	<input type="checkbox"/>
<i>If REFUSE or DON'T KNOW → Go to Q18.3</i>											

COMMENTS

Ask If REFUSE or DON'T KNOW on Q18.2

			01	02	03	04	05	06	07	08	09	10
18.3	a. Within which interval does’s total salary/wages or income from business lie? <i>Show prompt chart</i>											
	WEEKLY	MONTHLY	ANNUALLY									
	01 NONE	NONE	NONE									
	02 R1 - 46	R1 - 200	R1 - 2 400									
	03 R47 - 115	R201 - 500	R2 401 - 6 000									
	04 R116 - 231	R501 - 1 000	R6 001 - 12 000									
	05 R232 - 346	R1 001 - 1 500	R12 001 - 18 000									
	06 R347 - 577	R1 501 - 2 500	R18 001 - 30 000	<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"/> <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"/>
	07 R578 - 808	R2 501 - 3 500	R30 001 - 42 000	<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"/> <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"/>
	08 R809 - 1 039	R3 501 - 4 500	R42 001 - 54 000									
	09 R1 040 - 1 386	R4 501 - 6 000	R54 001 - 72 000									
	10 R1 387 - 1 848	R6 001 - 8 000	R72 001 - 96 000									
	11 R1 849 - 2 540	R8 001 - 11 000	R96 001 - 132 000									
	12 R2 541 - 3 695	R11 001 - 16 000	R132 001 - 192 000									
	13 R3 696 - 6 928	R16 001 - 30 000	R192 001 - 360 000									
	14 More than R6 928	More than R30 000	More than R360 000									
15 DON'T KNOW	DON'T KNOW	DON'T KNOW										
16 REFUSE	REFUSE	REFUSE										
	<i>Ask if weekly or monthly interval in 02 - 14 is given</i>											
	b. For how many months in the 12 months prior to the survey period has had this salary/wages or income from business? 1 = DON'T KNOW		<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"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
18.4	<i>Ask if amount or interval is given in Q18.2 or Q18.3, otherwise go to Q18.8</i>											
	Is the given amount for’s salary/wages or income from business before any deductions, i.e. the gross income?											
	1 = YES, GROSS INCOME		<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = NO, NET INCOME		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 = DON'T KNOW		<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	

		01	02	03	04	05	06	07	08	09	10	
18.5	Did receive any benefits from employer/own business such as medical aid, pension, housing, etc. in the 12 months prior to the survey period? 1 = YES 2 = No 3 = DON'T KNOW } → Go to Q18.8	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
		<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
18.6	Does the amount ofs total income include contributions from the employer/own business on medical aid, pension, housing, etc? 1 = YES 2 = No 3 = DON'T KNOW → Go to Q18.8	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
		<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
18.7	In the 12 months prior to the survey period, how much in total did receive in benefits such as medical aid, pension, housing, etc. from his/her employer/own business?	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = DON'T KNOW 2 = REFUSE	<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	

Ask for all persons in the household

18.8	In the 12 months prior to the survey period, what wass total income from all other sources of income, such as remittances, royalties, investments, etc., but excluding social grants, salaries and wages? <i>See preparation form, "M4", for details</i> 1 = DON'T KNOW 2 = REFUSE <i>If amount is given</i> → Go to Q18.10	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<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	

		01	02	03	04	05	06	07	08	09	10
18.9	<p>Within which interval does 's total income from other sources of income such as remittances, royalties, investments (excluding social grants) lie?</p> <p><i>Show prompt chart</i> <i>See preparation form, "M4", for details</i></p> <p>Total income from other sources in the 12 months prior to the survey period</p> <p>01 = NONE 02 = R1 - 2 400 03 = R2 401 - 6 000 04 = R6 001 - 12 000 05 = R12 001 - 18 000 06 = R18 001 - 30 000 07 = R30 001 - 42 000 08 = R42 001 - 54 000 09 = R54 001 - 72 000 10 = R72 001 - 96 000 11 = R96 001 - 132 000 12 = R132 001 - 192 000 13 = R192 001 - 360 000 14 = More than R360 000 15 = DON'T KNOW 16 = REFUSE</p>										
		<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"/>	<input type="checkbox"/>

+

Ask if YES in Q1.1b

+

18.10 INCOME OF PERSONS CURRENTLY NOT HOUSEHOLD MEMBERS IN THE 12 MONTHS PRIOR TO THE SURVEY PERIOD	
	Value for the 12 months
<i>See preparation form, "M4", for details</i>	
18.10.1	In the 12 months prior to the survey period, what is the income contributed by persons who for six months or more were members of this household, but who are currently not?
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<i>Record only their contribution during their stay with the household</i>	
	1 = DON'T KNOW <input type="checkbox"/> 1
	2 = REFUSE <input type="checkbox"/> 2

Ask all households

18.11 OTHER HOUSEHOLD INCOME IN THE 12 MONTHS PRIOR TO THE SURVEY PERIOD	
	Value for the 12 months
<i>See preparation form, "M4", for details</i>	
18.11.1	In-kind income, such as gifts and maintenance
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	1 = DON'T KNOW <input type="checkbox"/> 1
	2 = REFUSE <input type="checkbox"/> 2
18.11.2	Other household income not elsewhere specified
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	1 = DON'T KNOW <input type="checkbox"/> 1
	2 = REFUSE <input type="checkbox"/> 2
TOTAL VALUE (18.11.1 - 18.11.2)	
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

65

+

+

END OF MODULE 4

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="checkbox"/>	02 English	<input type="checkbox"/>	03 isiNdebele	<input type="checkbox"/>	04 isiXhosa	<input type="checkbox"/>	05 isiZulu	<input type="checkbox"/>	06 Sepedi	<input type="checkbox"/>
07 seSotho	<input type="checkbox"/>	08 Setswana	<input type="checkbox"/>	09 Siswati	<input type="checkbox"/>	10 Tshivenda	<input type="checkbox"/>	11 Xitsonga	<input type="checkbox"/>	12 Other	<input type="checkbox"/>

INTERVIEW CIRCUMSTANCES

COMMENTS

Was the interview interrupted by.....

	Y	N
telephone ringing	<input type="checkbox"/>	<input type="checkbox"/>
visitor(s) arriving	<input type="checkbox"/>	<input type="checkbox"/>
baby/-ies, child/-ren, pet/-s disturbing	<input type="checkbox"/>	<input type="checkbox"/>
other, <i>specify under comments</i>	<input type="checkbox"/>	<input type="checkbox"/>

Were there other problems, e.g.

disagreement within household	<input type="checkbox"/>	<input type="checkbox"/>
disagreement with interview/interviewer	<input type="checkbox"/>	<input type="checkbox"/>
other, <i>specify under comments</i>	<input type="checkbox"/>	<input type="checkbox"/>

Blank area for handwritten or typed comments.

DECLARATION BY INTERVIEWER TO BE DONE AFTER THE INTERVIEW

I declare that I have checked my work regarding the above module and that I am confident that it truly reflects the information given by representatives of this household and that the quality of my work is the best possible.

Date Interviewer Name Signature

QUALITY CONTROL FORM

Q no.	Comments	Checked by: Name & signature	Date				Interviewer signature	Date				Has the error been corrected? <i>(To be signed by the supervisor)</i>
			d	d	m	m		d	d	m	m	

DECLARATION BY SUPERVISOR

I declare that I have checked the work of the Interviewer and that he/she has rectified the errors that I indicated with regards to the module above. I am confident that this information meets the quality standards as outlined in my responsibilities and that the quality of this work is the best possible.

Date Supervisor Name Signature

SKETCH OF THE DWELLING(S) AT THE SELECTED DWELLING UNIT

Give measures in metres

A large, empty rectangular box with a thin black border, intended for a hand-drawn sketch of a dwelling. The box occupies most of the page's width and height, leaving space for the header and footer.

RESULT CODES

10 Completed

20 Non-contact

- 21 Informed that household is away during data collection period
- 22 No one to be found, no information 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
- 54 Incorrectly recorded information (reserved for management)

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
- 92 Collected information lost (reserved for management)

SURVEY AND REFERENCE PERIODS

Data Collection Period	Survey Date	Team	Year	Publicity and Data Collection Periods								Reference Periods for Data Collection		
				Publicity and Preparations		Module 1		Diary Keeping		Wrap-up		1 Month	3 Months	12 Months
				Start	End	Start	End	Start	End	Start	End			
01	Aug '10	A	2010	9-Aug	22-Aug	23-Aug	29-Aug	30-Aug	12-Sep	13-Sep	19-Sep	Jul '10	May '10 - Jul '10	Aug '09 - Jul '10
02	Sept '10	B		23-Aug	5-Sep	6-Sep	12-Sep	13-Sep	26-Sep	27-Sep	3-Oct	Aug '10	Jun '10 to Aug '10	Sep '09 to Aug '10
03	Sept '10	C		6-Sep	19-Sep	20-Sep	26-Sep	27-Sep	10-Oct	11-Oct	17-Oct	Aug '10	Jun '10 to Aug '10	Sep '09 to Aug '10
04	Oct '10	A		20-Sep	3-Oct	4-Oct	10-Oct	11-Oct	24-Oct	25-Oct	31-Oct	Sep '10	Jul '10 to Sep '10	Oct '09 to Sep '10
05	Oct '10	B		4-Oct	17-Oct	18-Oct	24-Oct	25-Oct	7-Nov	8-Nov	14-Nov	Sep '10	Jul '10 to Sep '10	Oct '09 to Sep '10
06	Nov '10	C		18-Oct	31-Oct	1-Nov	7-Nov	8-Nov	21-Nov	22-Nov	28-Nov	Oct '10	Aug '10 to Oct '10	Nov '09 to Oct '10
07	Nov '10	A		1-Nov	14-Nov	15-Nov	21-Nov	22-Nov	5-Dec	6-Dec	12-Dec	Oct '10	Aug '10 to Oct '10	Nov '09 to Oct '10
08	Dec '10	B		15-Nov	28-Nov	29-Nov	5-Dec	6-Dec	19-Dec	20-Dec	26-Dec	Oct '10	Aug '10 to Oct '10	Nov '09 to Oct '10
09	Dec '10	C		29-Nov	12-Dec	13-Dec	19-Dec	20-Dec	2-Jan	3-Jan	9-Jan	Nov '10	Sep '10 to Nov '10	Dec '09 to Nov '10
10	Jan '11	A		13-Dec	26-Dec	27-Dec	2-Jan	3-Jan	16-Jan	17-Jan	23-Jan	Nov '10	Sep '10 to Nov '10	Dec '09 to Nov '10
11	Jan '11	B		27-Dec	9-Jan	10-Jan	16-Jan	17-Jan	30-Jan	31-Jan	6-Feb	Dec '10	Oct '10 to Dec '10	Jan '10 to Dec '10

SURVEY AND REFERENCE PERIODS														
Data Collection Period	Survey Date	Team	Year	Publicity and Data Collection Periods								Reference Periods for Data Collection		
				Publicity and Preparations		Module 1		Diary Keeping		Wrap-up		1 Month	3 Months	12 Months
				Start	End	Start	End	Start	End	Start	End			
12	Jan '11	C	2011	10-Jan	23-Jan	24-Jan	30-Jan	31-Jan	13-Feb	14-Feb	20-Feb	Dec '10	Oct '10 to Dec '10	Jan '10 to Dec '10
13	Feb '11	A		24-Jan	6-Feb	7-Feb	13-Feb	14-Feb	27-Feb	28-Feb	6-Mar	Jan '11	Nov '10 to Jan '11	Feb '10 to Jan '11
14	Feb '11	B		7-Feb	20-Feb	21-Feb	27-Feb	28-Feb	13-Mar	14-Mar	20-Mar	Jan '11	Nov '10 to Jan '11	Feb '10 to Jan '11
15	Mar '11	C		21-Feb	6-Mar	7-Mar	13-Mar	14-Mar	27-Mar	28-Mar	3-Apr	Feb '11	Dec '10 to Feb '11	Mar '10 to Feb '11
16	Mar '11	A		7-Mar	20-Mar	21-Mar	27-Mar	28-Mar	10-Apr	11-Apr	17-Apr	Feb '11	Dec '10 to Feb '11	Mar '10 to Feb '11
17	Apr '11	B		21-Mar	3-Apr	4-Apr	10-Apr	11-Apr	24-Apr	25-Apr	1-May	Mar '11	Jan '11 to Mar '11	Apr '10 to Mar '11
18	Apr '11	C		4-Apr	17-Apr	18-Apr	24-Apr	25-Apr	8-May	9-May	15-May	Mar '11	Jan '11 to Mar '11	Apr '10 to Mar '11
19	May '11	A		18-Apr	1-May	2-May	8-May	9-May	22-May	23-May	29-May	Apr '11	Feb '11 to Apr '11	May '10 to Apr '11
20	May '11	B		2-May	15-May	16-May	22-May	23-May	5-Jun	6-Jun	12-Jun	Apr '11	Feb '11 to Apr '11	May '10 to Apr '11
21	Jun '11	C		16-May	29-May	30-May	5-Jun	6-Jun	19-Jun	20-Jun	26-Jun	Apr '11	Feb '11 to Apr '11	May '10 to Apr '11
22	Jun '11	A		30-May	12-Jun	13-Jun	19-Jun	20-Jun	3-Jul	4-Jul	10-Jul	May '11	Mar '11 to May '11	Jun '10 to May '11
23	July '11	B		13-Jun	26-Jun	27-Jun	3-Jul	4-Jul	17-Jul	18-Jul	24-Jul	May '11	Mar '11 to May '11	Jun '10 to May '11
24	July '11	C		27-Jun	10-Jul	11-Jul	17-Jul	18-Jul	31-Jul	1-Aug	7-Aug	Jun '11	Apr '11 to Jun '11	Jul '10 to Jun '11
25	Aug '11	A	11-Jul	24-Jul	25-Jul	31-Jul	1-Aug	14-Aug	15-Aug	21-Aug	Jun '11	Apr '11 to Jun '11	Jul '10 to Jun '11	
26	Aug '11	B	25-Jul	7-Aug	8-Aug	14-Aug	15-Aug	29-Aug	30-Aug	4-Sep	Jul '11	May '11 to Jul '11	Aug '10 to Jul '11	

DECLARATION BY DSC

I declare that I have checked the work of the Interviewer and the Supervisor with regards to this questionnaire. I am confident that this information is complete, accurate and consistent and meets the quality standards as outlined in my responsibilities.

Date ^d ^d ^m ^m

DSC Name

Signature

FIELDWORK

	Name	Number	Date Completed/Checked			
			Module 1	Module 2	Module 3	Module 4
Interviewer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DSC	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



INCOME AND EXPENDITURE SURVEY 2010/11 HOUSEHOLD DIARY

WEEK 1

UNIQUE IDENTIFIER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SURVEY PERIOD

--	--

SURVEY DATE

0					2	0	1
---	--	--	--	--	---	---	---

PARTICULARS OF SAMPLED UNIT

Primary Sampling Unit (PSU) number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Dwelling Unit (DU) number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

HOUSEHOLDS AT THE DWELLING UNIT

Household number for this household

--	--

Total number of households at the dwelling unit

--	--

NUMBER OF DIARIES

Diary number (this diary)

--

Total number of diaries for this week

--

Barcode of 1st Diary for this Week (if more than one diary)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NUMBER OF ENTRIES PER DAY

Purchases, consumption from own production and nature, payments for services, gifts, remittances, etc.

Weekday	Day of Month	Number of entries for the day		
		Form 1	Form 2	Form 3
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Total				

PHYSICAL IDENTIFICATION OF DWELLING UNIT

COMMENTS

FIELDWORK

Date issued (ddmm)

--	--	--	--

Date to collect (ddmm)

--	--	--	--

Date collected (ddmm)

--	--	--	--

Interviewer Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Number

--	--	--	--	--	--	--	--	--	--

Supervisor Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Number

--	--	--	--	--	--	--	--	--	--

Checklist

1.	Is there anyone in this household aged 2 years or younger?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
2.	Does any member of this household use alcoholic beverages?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
3.	Does anyone in this household support someone who is in a boarding school, old age home, etc.?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
4.	Does any member of this household use tobacco or tobacco products?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
5.	How many dwelling units are owned by members of this household?	<input type="text"/>		<input type="text"/>	
6.	Does any member of the household own a cellular phone?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
7.	Does the household own or make use of a functional telephone?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
8.	Does the household have access to electricity for cooking, lighting and/or heating?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
9.	Does anyone in this household make use of public transport to go to school or work?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
10.	Does anyone in this household make use of private transport to go to school or work?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
11.	Does anyone in this household own a car (vehicle)?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
12.	Does anyone in this household attend an educational institution?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
13.	Is there anyone in this household who is covered by medical aid or health insurance?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
14.	Are there any TV licences for TV sets owned by this household?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
15.	Does anyone in this household subscribe to any kind of magazine or newspaper?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
16.	Does anyone in this household subscribe to DStv, internet, etc.?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
17.	Does anyone in this household have a bank account?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
18.	Does this household or anyone in this household grow produce (e.g. vegetables) and/or raise livestock for the household's own consumption?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
19.	Does this household regularly purchase items from informal markets?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

Does anyone in the household have debit orders, such as

20.	Medical aid or health insurance	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
21.	Car insurance	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
22.	Other insurance	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
23.	Subscription to DStv	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
24.	Subscription to the internet	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
25.	Subscription to magazines and newspapers	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
26.	TV licence	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
27.	Parking	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
28.	Other debit orders	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

List all deductions from salaries/wages of household members:

29.	<input type="text"/>
30.	<input type="text"/>
31.	<input type="text"/>
32.	<input type="text"/>
33.	<input type="text"/>

INCOME AND EXPENDITURE SURVEY 2010/11

GUIDELINES FOR FILLING IN DAILY ACQUISITIONS

TO BE RECORDED DAILY IN:

Form 1 (pages 6-11)

- All food and non-food items purchased by any member of the household, such as bread, milk, rice, furniture, electric appliances, wood, etc. for the household's consumption as well as to give away as a gift or maintenance.

Households to record the full price of the item at the time of acquisition.

- All items acquired by the household without paying for them, such as items from own production, (e.g. from own garden or kraal) or from nature (e.g. items from hunting, fishing and gathering of vegetables).
To be recorded when the item was consumed by the household.
- All items received as gifts or maintenance from someone who is not a household member.

Households to record the estimated value of the item acquired.

Form 2 (pages 12-13)

- All food and beverages (such as hamburgers, fruit, soft drinks, etc) acquired at restaurants, canteens and other food outlet.
- "Small" acquisitions (such as cigarettes, newspapers, sweets, soft drinks, etc) by individual household members.

To be recorded when purchased/acquired.

Form 3 (pages 14-15)

- All payments made by household members for services such as car insurance, telephone bills, DSTv, bus and taxi fares, etc. whether paid for when receiving the service or paid monthly.

Households to record the amount paid for the service.

SEE ALSO THE EXAMPLES ON THE NEXT TWO PAGES

NOT TO BE RECORDED IN THE DIARY:

- Items purchased for business purposes.

HOW TO COMPLETE THE DIARY

Instructions to the main respondent:

- The household member who knows the most about the household's acquisitions should take responsibility for completing the Household Diary.
- A notebook should be issued to individual household members to be carried when away from home, in order to record acquisitions which take place during the day. After completion of a week, tear out the used pages from the notebook and put inside the envelope provided, seal the envelope and give it to the interviewer at his/her next visit.
- Ask each member of the household about any transactions for the day which have not been recorded in the Household Diary.
- Please use the checklist as a reminder regarding items which are easily forgotten.
- *In order to ensure complete recording, please keep receipts from all purchases.*

FORM 1

ITEMS **PURCHASED** BY THE HOUSEHOLD, OR **RECEIVED** AS GIFTS OR MAINTENANCE, OR **CONSUMED**

Note: Items purchased from restaurants, fastfood outlets, etc. should be recorded in Form 2

PAYMENTS FOR SERVICES (e.g. taxi fares, airtime, telephone bills, internet and DStv subscriptions,

FOR OFFICE USE					Value							
I	COICOP				CHK	Day	Description	Rand			Cent	
						0 1	Brown bread			8	5 0	101
						0 1	Long life full cream milk			7	0 0	102
						0 1	Newspaper			4	5 0	103
						0 1	Milk chocolate			1	1 9 5	104
						0 2	Rice			1	7 9 5	105
						0 5	Women's skirt		2	9 9	9 5	106
						0 5	Fresh potatoes			7	0 0	107
						0 6	Fish caught by household			2	0 0	108

FORM 2

FOOD, BEVERAGES AND SMALL ITEMS **ACQUIRED** (PURCHASED, RECEIVED AS GIFT, ETC.) FROM

Note: PAYMENTS FOR **SERVICES** (e.g. taxi fares, airtime, telephone bills, internet and DStv subscriptions,

FOR OFFICE USE					Value							
I	COICOP				CHK	Day	Description	Rand			Cent	
						0 5	Burger and chips			1	6 9 5	201
						0 5	Potato chips			6	8 0	202
						0 6	Apple			2	0 0	203
						0 6	Pap and meat			2	0 0 0	204
						0 7	Cigarettes			1	1 9 5	205
						0 7	Cup of rooibos tea			8	5 0	206

FORM 3

PAYMENTS FOR SERVICES (e.g. taxi fares, airtime, telephone bills, internet and DStv subscriptions,

FOR OFFICE USE					Value							
I	COICOP				CHK	Day	Description	Rand			Cent	
						0 2	Return taxi fare to shopping mall			3	7 0 0	301
						0 2	Pre-primary school fee		2	0 0 0	0 0	302
						0 2	Transport to school			1	0 0 0	303
						0 4	Parking at work			8	0 0	304
						0 6	DStv payment			4	9 5 0 0	305
						0 7	Airtime			6	0 0 0	306

insurance premiums, etc.) should be recorded in Form 3

	Source 1 = Shop 2 = Own business 3 = Own produce (from own garden, livestock, etc.) 4 = Gift or maintenance received or from nature (hunted, gathered, fished, etc.) 5 = Other	Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No, maintenance given away	Area of purchase 1 = In a big city (Metro) 2 = In another urban area (town/city/township) 3 = In a rural area 4 = NOT APPLICABLE 5 = DON'T KNOW	Type of retailer		FOR OFFICE USE	
				Formal sector 1 = Chain store 2 = Internet 3 = Other retailer 6 = NOT APPLICABLE 7 = DON'T KNOW	Informal sector 4 = Street trading 5 = Other		
				S	D		
101	1	1	1	1			
102	1	1	1	1			
103	1	1	1	3			
104	4	1	2	4			
105	1	1	1	1			
106	1	2	4	6			
107	5	1	2	4			
108	5	1	4	6			

RESTAURANTS, FASTFOOD OUTLETS, KIOSKS, ETC.

insurance premiums, etc.) should be recorded in Form 3

	Source 1 = Shop 2 = Own business 3 = Own produce (from own garden, livestock, etc.) 4 = Gift or maintenance received or from nature (hunted, gathered, fished, etc.) 5 = Other	Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No, maintenance given away	Area of purchase 1 = In a big city (Metro) 2 = In another urban area (town/city/township) 3 = In a rural area 4 = NOT APPLICABLE 5 = DON'T KNOW	Type of retailer		FOR OFFICE USE	
				Formal sector 1 = Chain store 2 = Internet 3 = Other retailer 6 = NOT APPLICABLE 7 = DON'T KNOW	Informal sector 4 = Street trading 5 = Other		
				S	D		
201	1	1	1	2			
202	3	1	1	2			
203	5	1	2	3			
204	1	1	1	2			
205	2	2	2	2			
206	6	1	1	4			

insurance premiums, etc.)

	Method of payment 1 = Debit order 2 = Deducted from salary 3 = Internet payments 4 = Cash 5 = Other	Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No, maintenance given away	FOR OFFICE USE	
			S	D
			301	4
302	4	1		
303	4	1		
304	4	1		
305	1	1		
306	4	2		

FORM 1

ITEMS **PURCHASED** BY THE HOUSEHOLD, OR **RECEIVED** AS GIFTS OR MAINTENANCE, OR **CONSUMED**

Note: Items purchased from restaurants, fastfood outlets, etc. should be recorded in Form 2

PAYMENTS FOR SERVICES (e.g. taxi fares, airtime, telephone bills, internet and DStv subscriptions,

FOR OFFICE USE						Value				
I	COICOP				CHK	Day	Description	Rand		Cent
										101
										102
										103
										104
										105
										106
										107
										108
										109
										110
										111
										112
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										132
										133
										134
										135

PLEASE COMPLETE FORM 2 AND FORM 3 WHERE APPLICABLE

insurance premiums, etc.) should be recorded in Form 3

Source 1 = Shop 2 = Own business 3 = Own produce (from own garden, livestock, etc.) 4 = Gift or maintenance received or from nature (hunted, gathered, fished, etc.) 5 = Other	Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No. maintenance given away	Area of purchase 1 = In a big city (Metro) 2 = In another urban area (town/city/township) 3 = In a rural area 4 = NOT APPLICABLE 5 = DON'T KNOW	Type of retailer		FOR OFFICE USE S D	
			Formal sector 1 = Chain store 2 = Internet 3 = Other retailer 6 = NOT APPLICABLE 7 = DON'T KNOW	Informal sector 4 = Street trading 5 = Other		
101						
102						
103						
104						
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106						
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FORM 1

ITEMS **PURCHASED** BY THE HOUSEHOLD, OR **RECEIVED** AS GIFTS OR MAINTENANCE, OR **CONSUMED**

Note: *Items purchased from restaurants, fastfood outlets, etc. should be recorded in Form 2*

PAYMENTS FOR SERVICES (e.g. taxi fares, airtime, telephone bills, internet and DStv subscriptions,

FOR OFFICE USE				Day	Description	Value		
I	COICOP	CHK	Rand			Cent		
								136
								137
								138
								139
								140
								141
								142
								143
								144
								145
								146
								147
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								166
								167
								168
								169
								170

PLEASE COMPLETE FORM 2 AND FORM 3 WHERE APPLICABLE

insurance premiums, etc.) should be recorded in Form 3

Source 1 = Shop 2 = Own business 3 = Own produce (from own garden, livestock, etc.) 4 = Gift or maintenance received or from nature (hunted, gathered, fished, etc.) 5 = Other	Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No. maintenance given away	Area of purchase 1 = In a big city (Metro) 2 = In another urban area (town/city/township) 3 = In a rural area 4 = NOT APPLICABLE 5 = DON'T KNOW	Type of retailer		FOR OFFICE USE S D	
			Formal sector 1 = Chain store 2 = Internet 3 = Other retailer 6 = NOT APPLICABLE 7 = DON'T KNOW	Informal sector 4 = Street trading 5 = Other		
136						
137						
138						
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FORM 1

ITEMS **PURCHASED** BY THE HOUSEHOLD, OR **RECEIVED** AS GIFTS OR MAINTENANCE, OR **CONSUMED**

Note: *Items purchased from restaurants, fastfood outlets, etc. should be recorded in Form 2*

PAYMENTS FOR SERVICES (e.g. taxi fares, airtime, telephone bills, internet and DStv subscriptions,

FOR OFFICE USE						Value				
I	COICOP				CHK	Day	Description	Rand		Cent
										171
										172
										173
										174
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										199
										010
										011
										012
										013
										014
										015

PLEASE COMPLETE FORM 2 AND FORM 3 WHERE APPLICABLE

insurance premiums, etc.) should be recorded in Form 3

Source 1 = Shop 2 = Own business 3 = Own produce (from own garden, livestock, etc.) 4 = Gift or maintenance received or from nature (hunted, gathered, fished, etc.) 5 = Other	Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No. maintenance given away	Area of purchase 1 = In a big city (Metro) 2 = In another urban area (town/city/township) 3 = In a rural area 4 = NOT APPLICABLE 5 = DON'T KNOW	Type of retailer		FOR OFFICE USE	
			Formal sector 1 = Chain store 2 = Internet 3 = Other retailer 6 = NOT APPLICABLE 7 = DON'T KNOW	Informal sector 4 = Street trading 5 = Other		
			S	D		
171						
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FORM 2

FOOD, BEVERAGES AND SMALL ITEMS **ACQUIRED** (PURCHASED, RECEIVED AS GIFT, ETC.) FROM

Note: PAYMENTS FOR **SERVICES** (e.g. taxi fares, airtime, telephone bills, internet and DStv subscriptions,

FOR OFFICE USE										Value	
I	COICOP					CHK	Day	Description	Rand	Cent	
											201
											202
											203
											204
											205
											206
											207
											208
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											234
											235

PLEASE COMPLETE FORM 3 WHERE APPLICABLE

RESTAURANTS, FAST FOOD OUTLETS, KIOSKS, ETC.

insurance premiums, etc.) should be recorded in Form 3

Source 1 = Shop 2 = Own business 3 = Own produce (from own garden, livestock, etc.) 4 = Gift or maintenance received or from nature (hunted, gathered, fished, etc.) 5 = Other	Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No. maintenance given away	Area of purchase 1 = In a big city (Metro) 2 = In another urban area (town/city/township) 3 = In a rural area 4 = NOT APPLICABLE 5 = DON'T KNOW	Type of retailer		FOR OFFICE USE S D	
			Formal sector 1 = Chain store 2 = Internet 3 = Other retailer 6 = NOT APPLICABLE 7 = DON'T KNOW	Informal sector 4 = Street trading 5 = Other		
201						
202						
203						
204						
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FORM 3

PAYMENTS FOR **SERVICES** (e.g. taxi fares, airtime, telephone bills, internet and DStv subscriptions,

FOR OFFICE USE										Value	
I	COICOP					CHK	Day	Description	Rand	Cent	
											301
											302
											303
											304
											305
											306
											307
											308
											309
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											333
											334
											335

insurance premiums, etc.)

Method of payment 1 = Debit order 2 = Deducted from salary 3 = Internet payments 4 = Cash 5 = Other	Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No, maintenance given away	FOR OFFICE USE	
		S	D
301			
302			
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TO BE COMPLETED BY THE INTERVIEWER

1. CONFIRMATION OF ACQUISITIONS DURING THE DIARY WEEK, ETC.

1.1 During the week that this diary refers to, did the household acquire any of the following?

Read each item and mark YES or NO under Q1.1

If YES in Q1.1 ask Q1.2

1.2 Was it fully recorded (Y), was some of it recorded (S) or was it not recorded at all (N)? Mark under Q1.2

If in Q1.2 only some was recorded (S) or it was not recorded at all (N), ask Q1.3

1.3 Can it be recorded now? (Y = YES, S = SOME OF IT, N = NO)

	1.1		1.2			1.3		
	Y	N	Y	S	N	Y	S	N
01 Bread								
02 Milk								
03 Flour, mealie meal								
04 Sugar								
05 Meat								
06 Fish								
07 Food items from own production								
08 Other food and beverage items								
09 Alcoholic beverages								
10 Tobacco								
11 Meals away from home for any household member								
12 Soft drinks								
13 Snacks								
14 Newspapers, magazines								
15 Clothing								
16 Footwear								
17 Payments for any licenses, TV, DStv								
18 Transport costs for any household members								
19 Fuel (petrol, diesel) for private use								
20 Parking expenses								
21 Payments for any maintenance, etc. for the dwelling								
22 Admittance charges, like cinema, sports events								
23 Lotto or other expenditures for gambling								
24 Airtime for cellphone/phone cards for landline telephone								

2. UNREPORTED ITEMS

2.1 Were there other items that the household acquired during the past week, which have not been recorded?

1 = YES

2 = NO

3 = DON'T KNOW

1

2

3

If YES, ask for the items, list them below and record them in the diary. Then, answer the next question yourself.

Q2.2 to be answered by the interviewer

2.2 Have all items now been recorded?

1 = YES

1

2 = NO

2

3 = DON'T KNOW

3

3. NOTEBOOKS

3.1 Did the household members use the note books to record their acquisitions during the past week?

1 = YES, ALL

1

2 = YES, SOME HOUSEHOLD MEMBERS

2

3 = NO, NO ONE USED THE NOTEBOOK

3

If the answer to Q3.1 is "1 = YES, ALL" or "2 = YES, SOME HOUSEHOLD MEMBERS", ask Q3.2

3.2 Have their recordings been transferred to the diary?

1 = YES, ALL

1

2 = YES, SOME

2

3 = NO

3

4. THE DIARY WEEK

4.1 Was this a "normal" spending and/or consuming week?

1 = YES

1

2 = NO, MORE THAN NORMALLY WAS SPENT AND/OR CONSUMED

2

3 = NO, LESS THAN NORMALLY WAS SPENT AND/OR CONSUMED

3

If the answer to Q4.1 is No (i.e. option 2 or 3), ask Q4.2

4.2 Why was this week different to a "normal" spending and/or consuming week? Please, describe.

5. OTHER COMMENTS

FOR OFFICE USE: QUALITY CONTROL FORM

Line no., etc	Comments	Checked by: Name & signature	Date			
			d	d	m	m

FOR OFFICE USE

Interviewer signature	Date	Has error been corrected?		To be signed by supervisor
	d d m m	Yes	No	

LIST OF BIG CITIES AND METROS

Note: If an item was acquired in one of these towns then option 1 should be recorded in Form 1 and Form 2 in the area of purchase column.

- City of Johannesburg
- City of Tswane (Pretoria)
- City of Cape Town
- Ekurhuleni
- eThekweni (Durban/Pinetown)
- Nelson Mandela Bay (Port Elizabeth)
- Buffalo City (East London)
- Sol Plaatjie (Kimberley)
- Mangaung (Bloemfontein)
- Matjhabeng (Welkom)
- Msunduzi (Pietermaritzburg)
- City Council of Klerksdorp (Rustenburg incl.)
- eMalahleni (Witbank)
- Mbombela (Nelspruit)
- Polokwane

CHECKING

	Name	Number	Date Completed/ Checked d d m m
Interviewer Supervisor DSC			



INCOME AND EXPENDITURE SURVEY 2010/11 HOUSEHOLD DIARY

WEEK 2

UNIQUE IDENTIFIER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SURVEY PERIOD

SURVEY DATE 0 2 0 1

PARTICULARS OF SAMPLED UNIT

Primary Sampling Unit (PSU) number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Dwelling Unit (DU) number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

HOUSEHOLDS AT THE DWELLING UNIT

Household number for this household

--	--	--	--	--

Total number of households at the dwelling unit

--	--	--	--	--

NUMBER OF DIARIES

Diary number (this diary)

--	--	--	--	--	--	--	--	--	--

Total number of diaries for this week

--	--	--	--	--	--	--	--	--	--

Barcode of 1st Diary for this Week (if more than one diary)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NUMBER OF ENTRIES PER DAY

Purchases, consumption from own production and nature, payments for services, gifts, remittances, etc.

PHYSICAL IDENTIFICATION OF DWELLING UNIT

Weekday	Day of Month	Number of entries for the day		
		Form 1	Form 2	Form 3
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Total				

COMMENTS

FIELDWORK

Date issued (ddmm)

Date to collect (ddmm)

Date collected (ddmm)

Interviewer Name Number

Supervisor Name Number

Checklist

1.	Is there anyone in this household aged 2 years or younger?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
2.	Does any member of this household use alcoholic beverages?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
3.	Does anyone in this household support someone who is in a boarding school, old age home, etc.?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
4.	Does any member of this household use tobacco or tobacco products?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
5.	How many dwelling units are owned by members of this household?	<input type="text"/>		<input type="text"/>	
6.	Does any member of the household own a cellular phone?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
7.	Does the household own or make use of a functional telephone?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
8.	Does the household have access to electricity for cooking, lighting and/or heating?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
9.	Does anyone in this household make use of public transport to go to school or work?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
10.	Does anyone in this household make use of private transport to go to school or work?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
11.	Does anyone in this household own a car (vehicle)?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
12.	Does anyone in this household attend an educational institution?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
13.	Is there anyone in this household who is covered by medical aid or health insurance?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
14.	Are there any TV licences for TV sets owned by this household?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
15.	Does anyone in this household subscribe to any kind of magazine or newspaper?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
16.	Does anyone in this household subscribe to DStv, internet, etc.?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
17.	Does anyone in this household have a bank account?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
18.	Does this household or anyone in this household grow produce (e.g. vegetables) and/or raise livestock for the household's own consumption?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
19.	Does this household regularly purchase items from informal markets?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

Does anyone in the household have debit orders, such as

20.	Medical aid or health insurance	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
21.	Car insurance	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
22.	Other insurance	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
23.	Subscription to DStv	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
24.	Subscription to the internet	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
25.	Subscription to magazines and newspapers	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
26.	TV licence	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
27.	Parking	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
28.	Other debit orders	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

List all deductions from salaries/wages of household members:

29.	<input type="text"/>
30.	<input type="text"/>
31.	<input type="text"/>
32.	<input type="text"/>
33.	<input type="text"/>

INCOME AND EXPENDITURE SURVEY 2010/11

GUIDELINES FOR FILLING IN DAILY ACQUISITIONS

TO BE RECORDED DAILY IN:

Form 1 (pages 6-11)

- All food and non-food items purchased by any member of the household, such as bread, milk, rice, furniture, electric appliances, wood, etc. for the household's consumption as well as to give away as a gift or maintenance.

Households to record the full price of the item at the time of acquisition.

- All items acquired by the household without paying for them, such as items from own production, (e.g. from own garden or kraal) or from nature (e.g. items from hunting, fishing and gathering of vegetables).
To be recorded when the item was consumed by the household.
- All items received as gifts or maintenance from someone who is not a household member.

Households to record the estimated value of the item acquired.

Form 2 (pages 12-13)

- All food and beverages (such as hamburgers, fruit, soft drinks, etc) acquired at restaurants, canteens and other food outlet.
- "Small" acquisitions (such as cigarettes, newspapers, sweets, soft drinks, etc) by individual household members.

To be recorded when purchased/acquired.

Form 3 (pages 14-15)

- All payments made by household members for services such as car insurance, telephone bills, DSTv, bus and taxi fares, etc. whether paid for when receiving the service or paid monthly.

Households to record the amount paid for the service.

SEE ALSO THE EXAMPLES ON THE NEXT TWO PAGES

NOT TO BE RECORDED IN THE DIARY:

- Items purchased for business purposes.

HOW TO COMPLETE THE DIARY

Instructions to the main respondent:

- The household member who knows the most about the household's acquisitions should take responsibility for completing the Household Diary.
- A notebook should be issued to individual household members to be carried when away from home, in order to record acquisitions which take place during the day. After completion of a week, tear out the used pages from the notebook and put inside the envelope provided, seal the envelope and give it to the interviewer at his/her next visit.
- Ask each member of the household about any transactions for the day which have not been recorded in the Household Diary.
- Please use the checklist as a reminder regarding items which are easily forgotten.
- *In order to ensure complete recording, please keep receipts from all purchases.*

FORM 1

ITEMS **PURCHASED** BY THE HOUSEHOLD, OR **RECEIVED** AS GIFTS OR MAINTENANCE, OR **CONSUMED**

Note: Items purchased from restaurants, fastfood outlets, etc. should be recorded in Form 2

PAYMENTS FOR SERVICES (e.g. taxi fares, airtime, telephone bills, internet and DStv subscriptions,

FOR OFFICE USE					Value						
I	COICOP				CHK	Day	Description	Rand			Cent
						0 1	Brown bread			8 5	0 101
						0 1	Long life full cream milk			7 0	0 102
						0 1	Newspaper			4 5	0 103
						0 1	Milk chocolate			1 1 9 5	104
						0 2	Rice			1 7 9 5	105
						0 5	Women's skirt			2 9 9 9 5	106
						0 5	Fresh potatoes			7 0 0	107
						0 6	Fish caught by household			2 0 0 0	108

FORM 2

FOOD, BEVERAGES AND SMALL ITEMS **ACQUIRED** (PURCHASED, RECEIVED AS GIFT, ETC.) FROM

Note: PAYMENTS FOR **SERVICES** (e.g. taxi fares, airtime, telephone bills, internet and DStv subscriptions,

FOR OFFICE USE					Value						
I	COICOP				CHK	Day	Description	Rand			Cent
						0 5	Burger and chips			1 6 9 5	201
						0 5	Potato chips			6 8 0	202
						0 6	Apple			2 0 0	203
						0 6	Pap and meat			2 0 0 0	204
						0 7	Cigarettes			1 1 9 5	205
						0 7	Cup of rooibos tea			8 5 0	206

FORM 3

PAYMENTS FOR SERVICES (e.g. taxi fares, airtime, telephone bills, internet and DStv subscriptions,

FOR OFFICE USE					Value						
I	COICOP				CHK	Day	Description	Rand			Cent
						0 2	Return taxi fare to shopping mall			3 7 0 0	301
						0 2	Pre-primary school fee			2 0 0 0 0 0	302
						0 2	Transport to school			1 0 0 0	303
						0 4	Parking at work			8 0 0	304
						0 6	DStv payment			4 9 5 0 0	305
						0 7	Airtime			6 0 0 0	306

insurance premiums, etc.) should be recorded in Form 3

	Source 1 = Shop 2 = Own business 3 = Own produce (from own garden, livestock, etc.) 4 = Gift or maintenance received or from nature (hunted, gathered, fished, etc.) 5 = Other	Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No, maintenance given away	Area of purchase 1 = In a big city (Metro) 2 = In another urban area (town/city/township) 3 = In a rural area 4 = NOT APPLICABLE 5 = DON'T KNOW	Type of retailer		FOR OFFICE USE	
				Formal sector 1 = Chain store 2 = Internet 3 = Other retailer 6 = NOT APPLICABLE 7 = DON'T KNOW	Informal sector 4 = Street trading 5 = Other		
				S	D		
101	1	1	1	1			
102	1	1	1	1			
103	1	1	1	3			
104	4	1	2	4			
105	1	1	1	1			
106	1	2	4	6			
107	5	1	2	4			
108	5	1	4	6			

RESTAURANTS, FASTFOOD OUTLETS, KIOSKS, ETC.

insurance premiums, etc.) should be recorded in Form 3

	Source 1 = Shop 2 = Own business 3 = Own produce (from own garden, livestock, etc.) 4 = Gift or maintenance received or from nature (hunted, gathered, fished, etc.) 5 = Other	Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No, maintenance given away	Area of purchase 1 = In a big city (Metro) 2 = In another urban area (town/city/township) 3 = In a rural area 4 = NOT APPLICABLE 5 = DON'T KNOW	Type of retailer		FOR OFFICE USE	
				Formal sector 1 = Chain store 2 = Internet 3 = Other retailer 6 = NOT APPLICABLE 7 = DON'T KNOW	Informal sector 4 = Street trading 5 = Other		
				S	D		
201	1	1	1	2			
202	3	1	1	2			
203	5	1	2	3			
204	1	1	1	2			
205	2	2	2	2			
206	6	1	1	4			

insurance premiums, etc.)

	Method of payment 1 = Debit order 2 = Deducted from salary 3 = Internet payments 4 = Cash 5 = Other	Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No, maintenance given away	FOR OFFICE USE	
			S	D
			301	4
302	4	1		
303	4	1		
304	4	1		
305	1	1		
306	4	2		

FORM 1

ITEMS **PURCHASED** BY THE HOUSEHOLD, OR **RECEIVED** AS GIFTS OR MAINTENANCE, OR **CONSUMED**

Note: *Items purchased from restaurants, fastfood outlets, etc. should be recorded in Form 2*

PAYMENTS FOR SERVICES (e.g. taxi fares, airtime, telephone bills, internet and DStv subscriptions,

FOR OFFICE USE						Value				
I	COICOP				CHK	Day	Description	Rand		Cent
										101
										102
										103
										104
										105
										106
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										109
										110
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										134
										135

PLEASE COMPLETE FORM 2 AND FORM 3 WHERE APPLICABLE

insurance premiums, etc.) should be recorded in Form 3

Source 1 = Shop 2 = Own business 3 = Own produce (from own garden, livestock, etc.) 4 = Gift or maintenance received or from nature (hunted, gathered, fished, etc.) 5 = Other	Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No. maintenance given away	Area of purchase 1 = In a big city (Metro) 2 = In another urban area (town/city/township) 3 = In a rural area 4 = NOT APPLICABLE 5 = DON'T KNOW	Type of retailer		FOR OFFICE USE S D	
			Formal sector 1 = Chain store 2 = Internet 3 = Other retailer 6 = NOT APPLICABLE 7 = DON'T KNOW	Informal sector 4 = Street trading 5 = Other		
101						
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FORM 1

ITEMS **PURCHASED** BY THE HOUSEHOLD, OR **RECEIVED** AS GIFTS OR MAINTENANCE, OR **CONSUMED**

Note: *Items purchased from restaurants, fastfood outlets, etc. should be recorded in Form 2*

PAYMENTS FOR SERVICES (e.g. taxi fares, airtime, telephone bills, internet and DStv subscriptions,

FOR OFFICE USE										Value	
I	COICOP				CHK	Day	Description	Rand		Cent	
											136
											137
											138
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PLEASE COMPLETE FORM 2 AND FORM 3 WHERE APPLICABLE

insurance premiums, etc.) should be recorded in Form 3

Source 1 = Shop 2 = Own business 3 = Own produce (from own garden, livestock, etc.) 4 = Gift or maintenance received or from nature (hunted, gathered, fished, etc.) 5 = Other	Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No. maintenance given away	Area of purchase 1 = In a big city (Metro) 2 = In another urban area (town/city/township) 3 = In a rural area 4 = NOT APPLICABLE 5 = DON'T KNOW	Type of retailer		FOR OFFICE USE S D	
			Formal sector 1 = Chain store 2 = Internet 3 = Other retailer 6 = NOT APPLICABLE 7 = DON'T KNOW	Informal sector 4 = Street trading 5 = Other		
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FORM 1

ITEMS **PURCHASED** BY THE HOUSEHOLD, OR **RECEIVED** AS GIFTS OR MAINTENANCE, OR **CONSUMED**

Note: Items purchased from restaurants, fastfood outlets, etc. should be recorded in Form 2

PAYMENTS FOR SERVICES (e.g. taxi fares, airtime, telephone bills, internet and DStv subscriptions,

FOR OFFICE USE					Description	Value		
I	COICOP			CHK		Day	Rand	Cent
								171
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								015

PLEASE COMPLETE FORM 2 AND FORM 3 WHERE APPLICABLE

insurance premiums, etc.) should be recorded in Form 3

Source 1 = Shop 2 = Own business 3 = Own produce (from own garden, livestock, etc.) 4 = Gift or maintenance received or from nature (hunted, gathered, fished, etc.) 5 = Other	Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No. maintenance given away	Area of purchase 1 = In a big city (Metro) 2 = In another urban area (town/city/township) 3 = In a rural area 4 = NOT APPLICABLE 5 = DON'T KNOW	Type of retailer		FOR OFFICE USE S D	
			Formal sector 1 = Chain store 2 = Internet 3 = Other retailer 6 = NOT APPLICABLE 7 = DON'T KNOW	Informal sector 4 = Street trading 5 = Other		
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FORM 2

FOOD, BEVERAGES AND SMALL ITEMS **ACQUIRED** (PURCHASED, RECEIVED AS GIFT, ETC.) FROM

Note: PAYMENTS FOR **SERVICES** (e.g. taxi fares, airtime, telephone bills, internet and DStv subscriptions,

FOR OFFICE USE										Value	
I	COICOP					CHK	Day	Description	Rand	Cent	
											201
											202
											203
											204
											205
											206
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PLEASE COMPLETE FORM 3 WHERE APPLICABLE

RESTAURANTS, FAST FOOD OUTLETS, KIOSKS, ETC.

insurance premiums, etc.) should be recorded in Form 3

Source 1 = Shop 2 = Own business 3 = Own produce (from own garden, livestock, etc.) 4 = Gift or maintenance received or from nature (hunted, gathered, fished, etc.) 5 = Other	Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No. maintenance given away	Area of purchase 1 = In a big city (Metro) 2 = In another urban area (town/city/township) 3 = In a rural area 4 = NOT APPLICABLE 5 = DON'T KNOW	Type of retailer		FOR OFFICE USE	
			Formal sector 1 = Chain store 2 = Internet 3 = Other retailer 6 = NOT APPLICABLE 7 = DON'T KNOW	Informal sector 4 = Street trading 5 = Other		
					S	D
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FORM 3

PAYMENTS FOR **SERVICES** (e.g. taxi fares, airtime, telephone bills, internet and DStv subscriptions,

FOR OFFICE USE										Value	
I	COICOP						CHK	Day	Description	Rand	Cent
											301
											302
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											304
											305
											306
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insurance premiums, etc.)

Method of payment 1 = Debit order 2 = Deducted from salary 3 = Internet payments 4 = Cash 5 = Other	Was this for this household's own consumption? 1 = Yes 2 = No, gift given away 3 = No, maintenance given away	FOR OFFICE USE	
		S	D
301			
302			
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TO BE COMPLETED BY THE INTERVIEWER

1. CONFIRMATION OF ACQUISITIONS DURING THE DIARY WEEK, ETC.

1.1 During the week that this diary refers to, did the household acquire any of the following?

Read each item and mark YES or NO under Q1.1

If YES in Q1.1 ask Q1.2

1.2 Was it fully recorded (Y), was some of it recorded (S) or was it not recorded at all (N)? Mark under Q1.2

If in Q1.2 only some was recorded (S) or it was not recorded at all (N), ask Q1.3

1.3 Can it be recorded now? (Y = YES, S = SOME OF IT, N = NO)

	1.1		1.2			1.3		
	Y	N	Y	S	N	Y	S	N
01 Bread								
02 Milk								
03 Flour, mealie meal								
04 Sugar								
05 Meat								
06 Fish								
07 Food items from own production								
08 Other food and beverage items								
09 Alcoholic beverages								
10 Tobacco								
11 Meals away from home for any household member								
12 Soft drinks								
13 Snacks								
14 Newspapers, magazines								
15 Clothing								
16 Footwear								
17 Payments for any licenses, TV, DStv								
18 Transport costs for any household members								
19 Fuel (petrol, diesel) for private use								
20 Parking expenses								
21 Payments for any maintenance, etc. for the dwelling								
22 Admittance charges, like cinema, sports events								
23 Lotto or other expenditures for gambling								
24 Airtime for cellphone/phone cards for landline telephone								

2. UNREPORTED ITEMS

2.1 Were there other items that the household acquired during the past week, which have not been recorded?

1 = YES

2 = NO

3 = DON'T KNOW

1

2

3

If YES, ask for the items, list them below and record them in the diary. Then, answer the next question yourself.

Q2.2 to be answered by the interviewer

2.2 Have all items now been recorded?

1 = YES 1

2 = NO 2

3 = DON'T KNOW 3

3. NOTEBOOKS

3.1 Did the household members use the note books to record their acquisitions during the past week?

1 = YES, ALL 1

2 = YES, SOME HOUSEHOLD MEMBERS 2

3 = NO, NO ONE USED THE NOTEBOOK 3

If the answer to Q3.1 is "1 = YES, ALL" or "2 = YES, SOME HOUSEHOLD MEMBERS", ask Q3.2

3.2 Have their recordings been transferred to the diary?

1 = YES, ALL 1

2 = YES, SOME 2

3 = NO 3

4. THE DIARY WEEK

4.1 Was this a "normal" spending and/or consuming week?

1 = YES 1

2 = NO, MORE THAN NORMALLY WAS SPENT AND/OR CONSUMED 2

3 = NO, LESS THAN NORMALLY WAS SPENT AND/OR CONSUMED 3

If the answer to Q4.1 is No (i.e. option 2 or 3), ask Q4.2

4.2 Why was this week different to a "normal" spending and/or consuming week? Please, describe.

5. OTHER COMMENTS

LIST OF BIG CITIES AND METROS

Note: If an item was acquired in one of these towns then option 1 should be recorded in Form 1 and Form 2 in the area of purchase column.

- City of Johannesburg
- City of Tswane (Pretoria)
- City of Cape Town
- Ekurhuleni
- eThekweni (Durban/Pinetown)
- Nelson Mandela Bay (Port Elizabeth)
- Buffalo City (East London)
- Sol Plaatjie (Kimberley)
- Mangaung (Bloemfontein)
- Matjhabeng (Welkom)
- Msunduzi (Pietermaritzburg)
- City Council of Klerksdorp (Rustenburg incl.)
- eMalahleni (Witbank)
- Mbombela (Nelspruit)
- Polokwane

CHECKING

	Name	Number	Date Completed/ Checked d d m m
Interviewer Supervisor DSC			

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	ITEM	WEEK 1	
		Line	Value
	01	FOOD AND NON NON-ALCOHOLIC BEVERAGES	
	01.1	FOOD	
	01.1.1	BREAD AND CEREALS	
001	01.1.1.1.1.01	Rice	
002	01.1.1.2.1.01	White bread	
003	01.1.1.2.1.02	Brown bread	
004	01.1.1.2.1.03	Garlic bread	
005	01.1.1.2.1.04	Whole wheat bread	
006	01.1.1.2.1.05	Other bread loaves	
007	01.1.1.2.2.01	Bread rolls	
008	01.1.1.2.3.01	Rusks	
009	01.1.1.2.3.02	Marie biscuits	
010	01.1.1.2.3.03	Other biscuits	
011	01.1.1.2.3.04	Crackers	
012	01.1.1.2.3.05	Other baked products	
013	01.1.1.3.1.01	Spaghetti	
014	01.1.1.3.1.02	Macaroni	
015	01.1.1.3.1.03	Other pasta	
016	01.1.1.4.1.01	Cakes	
017	01.1.1.4.1.02	Tarts	
018	01.1.1.4.1.03	Other (Vetkoek, Fat cakes)	
019	01.1.1.5.1.01	Sandwiches	
020	01.1.1.6.1.01	Mealie meal/Maize flour	
021	01.1.1.6.1.02	Cake flour	
022	01.1.1.6.1.03	Self raising meal	
023	01.1.1.6.1.04	Bread flour	
024	01.1.1.6.1.05	Sorghum meal/powder	
025	01.1.1.6.1.06	Corn flour	
026	01.1.1.6.1.07	Other meal and flour	
027	01.1.1.6.2.01	Taystee wheat	

	ITEM	WEEK 1	Value
		Line	
028	01.1.1.6.2.02 Mabella		
029	01.1.1.6.3.01 Corn flakes		
030	01.1.1.6.3.02 Puffed rice		
031	01.1.1.6.3.03 Muesli		
032	01.1.1.6.3.04 Other baked cereals		
033	01.1.1.6.4.01 Mealie rice		
034	01.1.1.6.4.02 Samp		
035	01.1.1.6.5.01 Other grain products (pies, except meat pies and fruit pies)		
	01.1.2 MEAT		
036	01.1.2.1.0.00 Beef and veal (incl. heads and feet)		
037	01.1.2.2.0.00 Pork (incl. heads and feet)		
038	01.1.2.3.0.00 Mutton (incl. heads and feet)		
039	01.1.2.3.2.00 Lamb (incl. heads and feet)		
040	01.1.2.3.3.00 Goat (incl. heads and feet)		
041	01.1.2.4.1.00 Poultry (incl. heads and feet)		
042	01.1.2.5.1.01 Boerewors		
043	01.1.2.5.1.02 Pork sausage		
044	01.1.2.5.1.03 Beef sausage		
045	01.1.2.5.1.04 Other sausages (chicken, game, etc.)		
046	01.1.2.5.2.01 Viennas		
047	01.1.2.5.2.02 Polony		
048	01.1.2.5.2.03 Ham		
049	01.1.2.5.2.04 Bacon		
050	01.1.2.5.2.05 Other processed meat (Russians)		
051	01.1.2.5.3.01 Biltong		
052	01.1.2.5.3.02 Dried sausages		
053	01.1.2.5.3.03 Mopane worms		
054	01.1.2.6.1.01 Pre-cooked frozen meat		
055	01.1.2.6.1.02 Meat spread (Marmite)		

	ITEM	WEEK 1	Value
		Line	
056	01.1.2.6.4.01 Beef extract cubes		
057	01.1.2.6.4.02 Chicken extract cubes		
058	01.1.2.6.5.01 Other meat and meat products (incl. meat pies)		
059	01.1.2.6.6.01 Meat patties		
060	01.1.2.7.1.00 Other meat (incl. heads and feet)		
	01.1.3 FISH		
061	01.1.3.1.1.00 Fresh or chilled fish		
062	01.1.3.1.2.00 Frozen fish		
063	01.1.3.2.1.00 Fresh or chilled seafood		
064	01.1.3.2.2.01 Frozen shrimps		
065	01.1.3.2.2.02 Frozen lobster		
066	01.1.3.2.2.03 Frozen mixed seafood		
067	01.1.3.3.1.01 Dried fish		
068	01.1.3.3.2.01 Smoked fish		
069	01.1.3.4.1.01 Fish cakes		
070	01.1.3.4.1.02 Fish fingers		
071	01.1.3.4.1.03 Fish portions		
072	01.1.3.4.2.01 Fish paste		
073	01.1.3.4.3.01 Canned tuna		
074	01.1.3.4.3.02 Canned pilchards		
075	01.1.3.4.3.03 Other canned fish		
076	01.1.3.4.4.00 Other preserved or processed fish and seafood		
	01.1.4 MILK, CHEESE AND EGGS		
077	01.1.4.1.1.01 Fresh full cream milk		
078	01.1.4.1.2.01 Longlife full cream milk		
079	01.1.4.2.1.01 Fresh low fat milk		
080	01.1.4.2.2.01 Longlife low fat milk		
081	01.1.4.3.1.01 Condensed milk		
082	01.1.4.3.2.01 Evaporated milk		

	ITEM	WEEK 1	Value
		Line	
083	01.1.4.3.3.01 Powdered milk		
084	01.1.4.3.4.01 Whiteners (Cremora, Ellis Brown)		
085	01.1.4.4.1.01 Plain yoghurt		
086	01.1.4.4.2.01 Flavoured yoghurt		
087	01.1.4.5.1.01 Cheddar cheese		
088	01.1.4.5.2.01 Gouda cheese		
089	01.1.4.5.3.01 White cheese		
090	01.1.4.5.4.01 Cottage cheese		
091	01.1.4.5.5.01 Cheese spread		
092	01.1.4.5.6.01 Other cheese, specify		
093	01.1.4.6.1.01 Fresh cream		
094	01.1.4.6.2.01 Butter milk		
095	01.1.4.6.3.01 Sour milk/maas		
096	01.1.4.6.4.01 Soya milk		
097	01.1.4.6.5.01 Prepared custard (e.g. Ultramel)		
098	01.1.4.6.6.01 Amageu		
099	01.1.4.6.7.01 Other milk products		
100	01.1.4.7.1.01 Jumbo eggs		
101	01.1.4.7.2.01 Extra large eggs		
102	01.1.4.7.3.01 Large eggs		
103	01.1.4.7.4.01 Medium eggs		
	01.1.5 OIL AND FATS		
104	01.1.5.1.1.01 Butter		
105	01.1.5.2.1.01 Medium fat margarine spread		
106	01.1.5.2.1.02 Low fat margarine spread		
107	01.1.5.2.1.03 Yellow brick margarine		
108	01.1.5.2.2.01 Peanut butter		
109	01.1.5.2.3.01 Cooking fat, vegetable (e.g. Holsum)		
110	01.1.5.3.1.00 Olive oils		

	ITEM	WEEK 1	Value
		Line	
111	01.1.5.4.1.01 Edible oils (e.g. cooking oils)		
112	01.1.5.5.1.01 Other edible animal fats (e.g. lard)		
	01.1.6 FRUITS		
113	01.1.6.1.1.01 Oranges		
114	01.1.6.1.2.01 Naartjies		
115	01.1.6.1.3.01 Grapefruit		
116	01.1.6.1.4.01 Lemons		
117	01.1.6.1.5.01 Other citrus		
118	01.1.6.2.1.01 Bananas		
119	01.1.6.3.1.01 Apples		
120	01.1.6.4.1.01 Pears		
121	01.1.6.5.1.01 Apricots		
122	01.1.6.5.2.01 Peaches		
123	01.1.6.5.3.01 Plums		
124	01.1.6.5.4.01 Avocados		
125	01.1.6.5.5.01 Cherries		
126	01.1.6.5.6.01 Other stone fruit		
127	01.1.6.6.1.01 Grapes		
128	01.1.6.6.2.01 Strawberries		
129	01.1.6.6.3.01 Other berries, specify		
130	01.1.6.7.1.01 Paw paw		
131	01.1.6.7.2.01 Pineapple		
132	01.1.6.7.3.01 Mango		
133	01.1.6.7.4.01 Guava		
134	01.1.6.7.5.01 Watermelon		
135	01.1.6.7.6.01 Melon		
136	01.1.6.7.7.01 Other tropical fruit, specify		
137	01.1.6.8.1.01 Peaches dried		
138	01.1.6.8.1.02 Prunes dried		

	ITEM	WEEK 1	Value
		Line	
139	01.1.6.8.1.03 Raisins		
140	01.1.6.8.1.04 Dates		
141	01.1.6.8.1.05 Other dried fruit		
142	01.1.6.8.1.06 Assorted dried fruit		
143	01.1.6.8.2.01 Coconut		
144	01.1.6.8.2.02 Almonds		
145	01.1.6.8.2.03 Pecan nuts		
146	01.1.6.8.2.04 Walnuts		
147	01.1.6.8.2.05 Peanuts		
148	01.1.6.8.2.06 Other nuts, specify		
149	01.1.6.9.1.01 Canned pears		
150	01.1.6.9.1.02 Canned peaches		
151	01.1.6.9.1.03 Canned guavas		
152	01.1.6.9.1.04 Canned fruit cocktail		
153	01.1.6.9.1.05 Canned granadilla pulp		
154	01.1.6.9.1.06 Other, specify		
	01.1.7 VEGETABLES		
155	01.1.7.1.1.01 Lettuce		
156	01.1.7.1.1.02 Spinach/morogo fresh		
157	01.1.7.2.1.01 Cabbage fresh		
158	01.1.7.2.1.02 Cauliflower fresh		
159	01.1.7.2.1.03 Broccoli fresh		
160	01.1.7.2.2.01 Cauliflower frozen		
161	01.1.7.3.1.01 Green mealies fresh		
162	01.1.7.3.1.02 Tomatoes fresh		
163	01.1.7.3.1.03 Green beans fresh		
164	01.1.7.3.1.04 Pumpkin (butternut) fresh		
165	01.1.7.3.1.05 Marrow fresh		
166	01.1.7.3.1.06 Gem squashes fresh		

	ITEM	WEEK 1	Value
		Line	
167	01.1.7.3.1.07 Green/red/yellow pepper fresh		
168	01.1.7.3.1.08 Chillies fresh		
169	01.1.7.3.1.09 Cucumber fresh		
170	01.1.7.3.1.88 Mixed vegetables fresh		
171	01.1.7.3.1.91 Other, fresh vegetables, specify		
172	01.1.7.3.2.01 Corn kernels frozen		
173	01.1.7.3.2.03 Green beans frozen		
174	01.1.7.3.2.04 Pumpkin frozen		
175	01.1.7.3.2.10 Peas frozen		
176	01.1.7.3.2.88 Mixed vegetables frozen		
177	01.1.7.3.2.99 Other frozen vegetables		
178	01.1.7.4.1.01 Onions		
179	01.1.7.4.1.02 Carrots fresh		
180	01.1.7.4.1.03 Beetroot		
181	01.1.7.4.1.04 Mushrooms		
182	01.1.7.4.2.02 Carrots frozen		
183	01.1.7.5.1.01 Peas dried		
184	01.1.7.5.2.01 Beans dried		
185	01.1.7.5.3.01 Lentils dried		
186	01.1.7.5.4.01 Other dried vegetables, specify		
187	01.1.7.6.1.01 Sweet corn, cream style		
188	01.1.7.6.1.02 Corn kernels canned		
189	01.1.7.6.1.03 Baked beans in tomato sauce		
190	01.1.7.6.1.04 Peas tinned		
191	01.1.7.6.1.05 Butter beans		
192	01.1.7.6.1.06 Green beans canned		
193	01.1.7.6.1.07 Other canned vegetables		
194	01.1.7.6.1.08 Pickles		
195	01.1.7.6.1.09 Atchaar		

	ITEM	WEEK 1	Value
		Line	
196	01.1.7.6.1.10 Vegetable spread (Bovril, Fray Bentos)		
197	01.1.7.6.2.01 Prepared salads		
198	01.1.7.7.1.01 Potatoes		
199	01.1.7.8.1.01 Potato chips frozen		
200	01.1.7.8.2.01 Sweet potatoes		
201	01.1.7.8.3.01 Potato crisps		
202	01.1.7.8.3.02 Cheese curls		
203	01.1.7.8.3.03 Corn chips		
204	01.1.7.8.3.04 Pop corn kernels		
205	01.1.7.8.3.05 Prepared pop corn		
206	01.1.7.8.3.07 Other, vegetable products, specify		
	01.1.8 SUGAR, JAM, HONEY AND CONFECTIONERY		
207	01.1.8.1.1.01 White sugar		
208	01.1.8.1.1.02 Brown sugar		
209	01.1.8.1.1.03 Icing sugar		
210	01.1.8.1.1.04 Castor sugar		
211	01.1.8.1.2.01 Artificial sweeteners		
212	01.1.8.1.3.01 Other sugar, specify		
213	01.1.8.2.1.01 Honey		
214	01.1.8.2.2.01 Smooth apricot jam		
215	01.1.8.2.2.02 Smooth peach jam		
216	01.1.8.2.2.03 Melon and ginger jam		
217	01.1.8.2.2.04 Other jam (incl. strawberry)		
218	01.1.8.2.2.05 Preserves, specify		
219	01.1.8.2.2.06 Marmalade		
220	01.1.8.3.1.01 Milk, plain slabs		
221	01.18.3.1.02 Milk, whole nut slabs		
222	01.1.8.3.2.01 Bar with filling		

	ITEM	WEEK 1	Value
		Line	
223	01.1.8.3.3.01 Other, chocolates, specify		
224	01.1.8.4.1.01 Toffees		
225	01.1.8.4.2.01 Glucose sweets		
226	01.1.8.4.3.01 Health bars		
227	01.1.8.4.4.01 Other sweets		
228	01.1.8.5.1.01 Full cream ice cream		
229	01.1.8.5.1.02 Sorbet		
230	01.1.8.5.1.03 Frozen yogurt		
231	01.1.8.5.1.04 Ice cubes		
232	01.1.8.5.1.05 Other edible ices and ice cream, specify		
233	01.1.8.6.1.01 Jelly powder		
234	01.1.8.6.2.01 Golden syrup		
235	01.1.8.6.3.01 Other sugar products		
	01.1.9 FOOD PRODUCTS N.E.C.		
236	01.1.9.1.1.01 Vinegar		
237	01.1.9.1.2.01 Chutney		
238	01.1.9.1.3.01 Mustard		
239	01.1.9.1.4.01 Tomato sauce		
240	01.1.9.1.5.01 Mayonnaise		
241	01.1.9.1.6.01 Salad dressing		
242	01.1.9.1.7.01 Other sauces and condiments		
243	01.1.9.2.1.01 Salt		
244	01.1.9.2.2.01 Fine white pepper		
245	01.1.9.2.2.02 Pepper, black corns and fine black pepper ...		
246	01.1.9.2.2.03 Curry powder		
247	01.1.9.2.3.01 Chicken spice		
248	01.1.9.2.3.02 Steak and chops spice		
249	01.1.9.2.3.04 Chilli powder		
250	01.1.9.2.3.05 Cinnamon		

	ITEM	WEEK 1	
		Line	Value
251	01.1.9.2.4.01 Cloves		
252	01.1.9.2.5.01 Other salt and spices, specify (Aromat)		
253	01.1.9.3.1.01 Baby food, predominantly grain		
254	01.1.9.3.1.02 Baby food, predominantly meat		
255	01.1.9.3.1.03 Baby food, predominantly vegetables		
256	01.1.9.3.1.04 Baby food, predominantly fruit		
257	01.1.9.3.1.05 Baby food, predominantly milk		
258	01.1.9.3.2.01 Canned soup		
259	01.1.9.3.2.02 Powder soup		
260	01.1.9.3.3.01 Custard powder		
261	01.1.9.3.3.02 Instant yeast		
262	01.1.9.3.3.03 Baking powder		
263	01.1.9.3.3.04 Bicarbonate of soda		
264	01.1.9.3.3.05 Other food products specify		
265	01.1.9.3.3.06 Instant pudding powder		
266	01.1.9.4.1.01 Soya product (excl. soy milk)		
267	01.1.9.5.0.00 Food hampers		
	01.2 NON-ALCOHOLIC BEVERAGES		
	01.2.1 COFFEE, TEA AND COCOA		
268	01.2.1.1.1.01 Instant coffee		
269	01.2.1.1.2.01 Ground coffee		
270	01.2.1.1.3.01 Coffee beans		
271	01.2.1.2.1.01 Tee leaves		
272	01.2.1.2.1.02 Tagged tea bags		
273	01.2.1.2.1.03 Tag less tea bags		
274	01.2.1.2.2.01 Rooibos tea leaves		
275	01.2.1.2.2.02 Rooibos tea bags		
276	01.2.1.2.3.00 Herbal tea not from food service places		
277	01.2.1.2.4.01 Other tea, specify		

	ITEM	WEEK 1	
		Line	Value
278	01.2.1.3.1.01 Cocoa powder		
279	01.2.1.3.2.01 Powdered chocolate		
280	01.2.1.3.3.01 Other hot drinks		
	01.2.2 MINERAL WATERS, SOFT DRINKS, FRUIT AND VEGETABLE JUICES		
281	01.2.2.1.1.00 Mineral water/spring water (aerated and still)		
282	01.2.2.2.1.01 Aerated cold drinks		
283	01.2.2.2.1.02 Other (e.g. Energade, Lucozade, Ice tea, etc.)		
284	01.2.2.3.1.01 Fruit juices not from food service places		
285	01.2.2.3.1.02 Concentrates and drink powders		
286	01.2.2.4.1.01 Vegetable juices not from food service places ...		
287	01.2.2.5.1.01 Fruit and vegetable juices (combined) not from food service places		
	02 ALCOHOLIC BEVERAGES, TOBACCO AND NARCOTICS		
	02.1 ALCOHOLIC BEVERAGES		
	02.1.1 SPIRITS		
288	02.1.1.1.1.00 Spirits (such as brandy, whiskey, gin, liqueurs) ..		
	02.1.2 WINE		
289	02.1.2.1.1.00 Table wines (incl. sparkling wine) not from food service places		
290	02.1.2.1.2.01 Cooking wines not from food service places		
291	02.1.2.1.3.00 Fortified wines (sherry, port, etc.) not from food service places		
292	02.1.2.2.1.00 Spirit coolers (cider, Hooch, etc.) not from food service places		
293	02.1.2.2.2.00 Other (e.g. mampoer, home brewed) not from food service places		
	02.1.3 BEER		
294	02.1.3.1.1.00 Clear beer not purchased from food service places		
295	02.1.3.1.2.01 Sorghum beer (pre-packed) not from food service places		
296	02.1.3.1.3.01 Sorghum beer (traditional) not from food service places		

WEEK 2		CHECKED			
Line	Value	Week 1		Week 2	
01.2.2 MINERAL WATERS, SOFT DRINKS, FRUIT AND VEGETABLE JUICES					
02 ALCOHOLIC BEVERAGES, TOBACCO AND NARCOTICS					
02.1 ALCOHOLIC BEVERAGES					
02.1.1 SPIRITS					
02.1.2 WINE					
02.1.3 BEER					

	ITEM	WEEK 1	
		Line	Value
	02.2 TOBACCO		
	02.2.1 TOBACCO		
297	02.2.1.1.1.00 Cigarettes		
298	02.2.1.2.1.00 Cigars and cigarillos		
299	02.2.1.3.1.00 Pipe and cigarette tobacco		
300	02.2.1.3.2.00 Chewing tobacco and snuff		
301	02.2.1.3.3.00 Other items smoked		
	03 CLOTHING AND FOOTWEAR		
	03.1 CLOTHING		
	03.1.1 CLOTHING MATERIALS		
302	03.1.1.1.1.00 Material for clothing		
	03.1.2 GARMENTS		
303	03.1.2.1.0.01 Men's clothing		
304	03.1.2.2.0.01 Women's clothing		
305	03.1.2.2.0.02 Specially made-up clothes (e.g. clothes made by dressmakers and tailors)		
306	03.1.2.3.1.00 Infants' clothing		
307	03.1.2.3.2.00 School uniform		
308	03.1.2.3.4.00 Girls' clothing		
309	03.1.2.3.5.00 Boys' clothing		
310	03.1.2.6.0.00 Other, specify		
	03.1.3 OTHER ARTICLES OF CLOTHING AND CLOTHING ACCESSORIES		
311	03.1.3.1.0.01 Clothing accessories such as scarves, ties, belts, gloves etc.		
312	03.1.3.1.1.01 Knitting wool and yarns		
313	03.1.3.1.1.02 Patterns, trimming lace, sewing cotton etc.		
314	03.1.3.1.1.03 Scissors, needles, pins		

WEEK 2		CHECKED	
Line	Value	Week 1	Week 2
02.2 TOBACCO			
02.2.1 TOBACCO			
03 CLOTHING AND FOOTWEAR			
03.1 CLOTHING			
03.1.1 CLOTHING MATERIALS			
03.1.2 GARMENTS			
03.1.3 OTHER ARTICLES OF CLOTHING AND CLOTHING ACCESSORIES			

	ITEM	WEEK 1	
		Line	Value
	03.1.4 CLEANING, REPAIR AND HIRE OF CLOTHING		
315	03.1.4.1.1.00 Cleaning of clothing		
316	03.1.4.1.2.00 Labour cost for making or knitting of clothing and repairs/alterations to clothing		
317	03.1.4.1.3.00 Cost of the hire of clothing		
	03.2 FOOTWEAR		
	03.2.1 SHOES AND OTHER FOOTWEAR		
318	03.2.1.1.0.01 Men's footwear		
319	03.2.1.1.0.02 Sports footwear		
320	03.2.1.1.0.03 Other footwear		
321	03.2.1.2.0.01 Women's footwear		
322	03.2.1.3.1.00 Girls' school footwear		
323	03.2.1.3.2.00 Boys' school footwear		
324	03.2.1.3.3.00 Girls' footwear		
325	03.2.1.3.4.00 Boys' footwear		
326	03.2.1.3.5.00 Infants' footwear		
	03.2.2 REPAIR AND HIRE OF FOOTWEAR		
327	03.2.2.1.1.00 Repair of footwear		
328	03.2.2.1.2.00 Cost of hire of shoes		
	04 HOUSING, WATER, ELECTRICITY, GAS AND OTHER FUELS		
	04.3 MAINTENANCE AND REPAIR OF THE DWELLING		
	04.3.1 MATERIALS FOR MAINTENANCE AND REPAIR OF THE DWELLING		
329	04.3.1.1.1.00 Maintenance and repair of dwelling (existing buildings, swimming pools etc. incl. paints, wallpaper, etc.)		
	04.3.2 SERVICE OF THE MAINTENANCE AND REPAIR OF THE DWELLING		
330	04.3.2.1.1.00 Services for maintenance and repair of dwelling (plumbers, electricians, carpenters) .		
331	04.3.2.1.2.01 Labour and material for maintenance and repair of dwelling		

WEEK 2		CHECKED	
Line	Value	Week 1	Week 2
03.1.4 CLEANING, REPAIR AND HIRE OF CLOTHING			
03.2 FOOTWEAR			
03.2.1 SHOES AND OTHER FOOTWEAR			
03.2.2 REPAIR AND HIRE OF FOOTWEAR			
04 HOUSING, WATER, ELECTRICITY, GAS AND OTHER FUELS			
04.3 MAINTENANCE AND REPAIR OF THE DWELLING			
04.3.1 MATERIALS FOR MAINTENANCE AND REPAIR OF THE DWELLING			
04.3.2 SERVICE OF THE MAINTENANCE AND REPAIR OF THE DWELLING			

	ITEM	WEEK 1	
		Line	Value
	04.5.2 GAS		
332	04.5.2.2.1.02 Gas in cylinders (incl. gas for heating purposes)		
	04.5.3 LIQUID FUELS		
333	04.5.3.1.1.01 Paraffin		
334	04.5.3.1.1.02 Petrol for household use (not transport)		
335	04.5.3.1.1.03 Diesel for household use (not transport)		
	04.5.4 SOLID FUELS		
336	04.5.4.1.1.01 Firewood bought		
337	04.5.4.1.1.02 Firewood fetched (value)		
338	04.5.4.1.2.01 Charcoal		
339	04.5.4.1.3.01 Candles		
340	04.5.4.1.4.01 Coal (incl. anthracite)		
341	04.5.4.1.5.01 Dung bought		
342	04.5.4.1.5.02 Dung fetched (value)		
343	04.5.4.1.6.01 Crop waste		
344	04.5.4.1.7.10 Other household fuel		
	05 FURNISHING, HOUSEHOLD EQUIPMENT AND ROUTINE MAINTENANCE OF THE HOUSE		
	05.1 FURNITURE AND FURNISHINGS, CARPETS AND OTHER FLOOR COVERING		
	05.1.1 FURNITURE AND FURNISHINGS		
345	05.1.1.1.1.10 Bedroom furniture		
346	05.1.1.1.2.01 Dining room furniture		
347	05.1.1.1.3.00 Lounge furniture		
348	05.1.1.1.4.00 Kitchen furniture and units (excl. appliances, e.g. refrigerators)		
349	05.1.1.1.5.00 Study desks, bookshelves and other study furniture		
350	05.1.1.1.6.00 Garden and patio furniture		
351	05.1.1.1.6.10 Other (e.g. ornaments, paintings and other works of art, beanbags, mirrors, etc.), specify		

WEEK 2		CHECKED	
Line	Value	Week 1	Week 2
04.5.2 GAS			
04.5.3 LIQUID FUELS			
04.5.4 SOLID FUELS			
05	FURNISHING, HOUSEHOLD EQUIPMENT AND ROUTINE MAINTENANCE OF THE HOUSE		
05.1	FURNITURE AND FURNISHINGS, CARPETS AND OTHER FLOOR COVERING		
05.1.1	FURNITURE AND FURNISHINGS		

	ITEM	WEEK 1	
		Line	Value
	05.1.2	CARPETS AND OTHER FLOOR COVERING	
352	05.1.2.1.1.02	Loose carpets and rugs	
353	05.1.2.1.2.00	Other floor coverings (excl. bathroom and door mats), specify	
	05.1.3	REPAIR OF FURNITURE, FURNISHINGS AND FLOOR COVERING	
354	05.1.3.1.1.00	Upholstering	
355	05.1.3.1.2.10	Repairs to furniture and floor coverings	
	05.2	HOUSEHOLD TEXTILES	
	05.2.1	HOUSEHOLD TEXTILES	
356	05.2.1.1.0.00	Bed bases and mattresses	
357	05.2.1.1.1.00	Blankets and travelling rugs	
358	05.2.1.1.2.00	Sheets and pillow cases	
359	05.2.1.1.3.00	Duvets and duvet covers and duvet packs (e.g. package including pillow cases and sheets)	
360	05.2.1.1.4.00	Table linen (e.g. table cloths and napkins) ..	
361	05.2.1.1.8.00	Bathroom linen (e.g. towels & face cloths) ..	
362	05.2.1.1.5.00	Curtains (incl. making and hanging charges) and material for curtains	
363	05.2.1.1.6.00	Pillows and cushions	
364	05.2.1.1.7.00	Other household textiles	
365	05.2.1.1.9.00	Value of repairs to household textiles	
	05.3	HOUSEHOLD APPLIANCES	
	05.3.1	MAJOR HOUSEHOLD APPLIANCES, ELECTRICAL AND NON-ELECTRICAL	
366	05.3.1.1.1.00	Refrigerators, deep freezers and refrigerator/deep-freeze combinations	
367	05.3.1.1.2.00	Refrigerators	
368	05.3.1.2.1.00	Washing machines, dishwashers and tumble dryers	
369	05.3.1.3.1.00	Stoves and ovens, incl. microwave ovens	
370	05.3.1.3.2.00	Coal, wood and anthracite stoves	
371	05.3.1.3.3.00	Gas stoves and heaters	

	ITEM	WEEK 1	
		Line	Value
372	05.3.1.4.1.00 Heaters and airconditioners		
373	05.3.1.4.2.00 Paraffin stoves and heaters		
374	05.3.1.5.1.00 Vacuum cleaners, polishers and carpet cleaning machines		
375	05.3.1.6.1.00 Sewing machines, over-lockers and knitting machines		
	05.3.2 SMALL ELECTRICAL HOUSEHOLD APPLIANCES		
376	05.3.2.1.1.01 Hotplates		
377	05.3.2.1.2.00 Irons		
378	05.3.2.1.3.00 Kettles and percolators, coffee makers		
379	05.3.2.1.4.00 Food mixers, processors and similar appliances		
380	05.3.2.1.5.00 Frying pans and woks		
381	05.3.2.1.6.00 Toaster, waffle pans and sandwich toasters ...		
382	05.3.2.1.8.00 Other electrical appliances (e.g. electric blankets, water-pumps and fans), specify		
383	05.3.2.1.9.00 Other (e.g. dry cabinets and safes), specify ...		
	05.3.3 REPAIR OF HOUSEHOLD APPLIANCES		
384	05.3.3.1.1.00 Repairs and service charges for electrical appliances		
385	05.3.3.1.2.00 Repairs and service charges for non- electrical appliances		
	05.4 GLASSWARE, TABLEWARE AND HOUSEHOLD UTENSILS		
	05.4.1 GLASSWARE, TABLEWARE AND HOUSEHOLD UTENSILS		
386	05.4.1.1.0.00 Glass and crystal ware, tableware (incl. household or toilet articles of porcelain, ceramic stoneware, china, etc.)		
387	05.4.1.2.0.00 Cutlery flatware and silverware		
388	05.4.1.2.1.00 Kitchen and domestic utensils (non-electrical utensils, such as frying pans saucepans, etc.)		
389	05.4.1.3.4.00 Other (such as towel rails, bottle racks, etc.), specify		
390	05.4.1.4.2.00 Value of repairs on glassware, tableware and household utensils		

WEEK 2		CHECKED			
Line	Value	Week 1		Week 2	
05.3.2 SMALL ELECTRICAL HOUSEHOLD APPLIANCES					
05.3.3 REPAIR OF HOUSEHOLD APPLIANCES					
05.4 GLASSWARE, TABLEWARE AND HOUSEHOLD UTENSILS					
05.4.1 GLASSWARE, TABLEWARE AND HOUSEHOLD UTENSILS					

	ITEM	WEEK 1	
		Line	Value
	05.5 TOOLS AND EQUIPMENT FOR HOUSE AND GARDEN		
	05.5.1 MAJOR TOOLS AND EQUIPMENT		
391	05.5.1.1.1.10 Power driven garden tools		
392	05.5.1.1.1.30 Power drills		
	05.5.2 SMALL TOOLS AND MISCELLANEOUS ASSECCORIES		
393	05.5.2.1.1.01 Light bulbs		
394	05.5.2.1.2.01 Dry cells		
395	05.5.2.1.2.02 Recharging of rechargeable cells (not car batteries)		
396	05.5.2.1.3.01 Hand tools (such as screwdrivers)		
397	05.5.2.1.3.02 Garden hand tools (such as spades)		
398	05.5.2.1.3.03 Garden water sprinkler		
399	05.5.2.1.3.04 Other garden equipment		
	05.6 GOODS AND SERVICES FOR ROUTINE HOUSEHOLD MAINTENANCE		
	05.6.1 NON-DURABLE HOUSEHOLD GOODS		
400	05.6.1.1.1.00 Soap, (bars and cakes, not toilet soap), washing powders, liquid detergents and bleaches, dishwasher tablets		
401	05.6.1.1.2.00 Scouring powders, pot scourers, etc.		
402	05.6.1.1.3.00 Floor, shoe and furniture polish		
403	05.6.1.1.4.00 Insecticides (indoor), pesticides, drain and toilet cleansers, air freshener, etc.		
404	05.6.1.2.0.10 Scissors, needles, pins		
405	05.6.1.2.1.10 Packaging materials (plastic bags and sachets, foil, wax paper, etc.)		
406	05.6.1.2.1.20 Paper serviettes/napkins, disposable dinner ware (plates, tumblers, etc.)		
407	05.6.1.2.2.10 Brooms, brushes, feather dusters, etc.		
408	05.6.1.2.2.20 Dish cloths (wash and dry)		
409	05.6.1.2.3.10 Matches		
410	05.6.1.2.3.20 Fire lighters		
411	05.6.1.2.4.10 Other (clothes-pegs, hangers, etc.) specify ...		
412	05.6.1.2.5.00 Methylated spirits, fuel for lawnmowers and generators and for heating (excl. fuel for motor vehicles)		

	ITEM	WEEK 1	
		Line	Value
	05.6.2 DOMESTIC SERVICES AND HOUSEHOLD ARTICLES		
413	05.6.2.2.1.00 Dry cleaning of household linen, textiles and carpets		
414	05.6.2.2.2.00 Laundry service for household textile and carpets and nappy services (incl. laundrettes)		
415	05.6.2.2.3.00 Hiring of furniture, furnishings, carpets		
416	05.6.2.2.4.00 Fumigation and cleaning services (incl. those of upholstery, swimming pool, window cleaning etc.)		
	06 HEALTH		
	06.1 MEDICAL PRODUCTS, APPLIANCES AND EQUIPMENT		
	06.1.1 PHARMACEUTICAL PRODUCTS		
417	06.1.1.1.1.00 Medicine purchased with prescription in private institutions		
418	06.1.1.1.1.01 Medicine purchased with prescription in public institutions		
419	06.1.1.1.2.00 Medicine purchased without prescription in private institutions		
420	06.1.1.1.2.01 Medicine purchased without prescription in public institutions		
421	06.1.1.1.3.00 Pharmacy dispensing fees in private institutions		
422	06.1.1.1.3.01 Pharmacy dispensing fees in public institutions		
423	06.1.1.1.4.00 Pharmacy service fees in private institutions		
424	06.1.1.1.4.01 Pharmacy service fees in public institutions ...		
	06.1.2 OTHER MEDICAL PRODUCTS		
425	06.1.2.1.0.00 Other medical products (bandages, syringes, knee supports, etc.) in private institutions		
426	06.1.2.1.0.01 Other medical products (bandages, syringes, knee supports, etc.) in public institutions		
427	06.1.2.1.1.00 Condoms, strings and other contraceptives, (excl. tablets and injections)		
	06.1.3 THERAPEUTICAL APPLIANCES AND EQUIPMENT		
428	06.1.3.1.0.00 Therapeutic appliances and equipment (like spectacles and hearing aids) in private institutions		
429	06.1.3.1.0.01 Therapeutic appliances and equipment (like spectacles and hearing aids) in public institutions		

WEEK 2		CHECKED	
Line	Value	Week 1	Week 2
05.6.2 DOMESTIC SERVICES AND HOUSEHOLD ARTICLES			
06 HEALTH			
06.1 MEDICAL PRODUCTS, APPLIANCES AND EQUIPMENT			
06.1.1 PHARMACEUTICAL PRODUCTS			
06.1.2 OTHER MEDICAL PRODUCTS			
06.1.3 THERAPEUTICAL APPLIANCES AND EQUIPMENT			

	ITEM	WEEK 1	
		Line	Value
	06.2	OUT-PATIENT SERVICES	
	06.2.1	MEDICAL SERVICES	
430	06.2.1.1.1.00	Medical services in private institutions	
431	06.2.1.1.1.01	Medical services in public institutions	
432	06.2.1.1.1.10	Flat rate in respect of services and medicine obtained at hospital/clinic in private institutions	
433	06.2.1.1.1.11	Flat rate in respect of services and medicine obtained at hospital/clinic in public institutions	
434	06.2.1.1.1.20	Other medical services in private institutions .	
435	06.2.1.1.1.21	Other medical services in public institutions ..	
436	06.2.1.1.2.00	Consultations of traditional healers in private institutions/work places	
437	06.2.1.1.2.01	Consultations of traditional healers in public institutions	
	06.2.2	DENTAL SERVICES	
438	06.2.2.1.0.00	Dental service (service of dentists incl. oral-hygienists) in private institutions	
439	06.2.2.1.0.01	Dental service (service of dentists incl. oral-hygienists) in public institutions	
	06.2.3	PARAMEDIC SERVICES	
440	06.2.3.1.1.01	Medical analysis laboratories and X-ray service in private institutions	
441	06.2.3.1.1.02	Medical analysis laboratories and X-ray service in public institutions	
442	06.2.3.2.0.00	Service of medical auxiliaries (freelance nurse, midwife, freelance optometrist, physiotherapist, speech therapist etc.) in private institutions	
443	06.2.3.2.0.01	Service of medical auxiliaries (freelance nurse, midwife, freelance optometrist, physiotherapist, speech therapist etc.) in public institutions	
444	06.2.3.3.0.00	Non-hospital service (ambulance service other than hospital) in public institutions	
445	06.2.3.3.0.01	Non-hospital service (ambulance service other than hospital) in private institutions	
	06.3	HOSPITAL SERVICES	
	06.3.1	HOSPITAL SERVICES	
446	06.3.1.1.1.00	Hospital service fees (e.g. wards, beds and theatre fees) in private institutions	
447	06.3.1.1.1.01	Hospital service fees (e.g. wards, beds and theatre fees) in public institutions	

WEEK 2		CHECKED	
Line	Value	Week 1	Week 2
06.2 OUT-PATIENT SERVICES			
06.2.1 MEDICAL SERVICES			
06.2.2 DENTAL SERVICES			
06.2.3 PARAMEDIC SERVICES			
06.3 HOSPITAL SERVICES			
06.3.1 HOSPITAL SERVICES			

	ITEM	WEEK 1	
		Line	Value
	07	TRANSPORT	
	07.1	VEHICLES (NOT FOR BUSINESS PURPOSES)	
	07.1.1	MOTOR-CARS	
448	07.1.1.1.1.01	New motor cars	
449	07.1.1.1.1.02	New station wagons	
450	07.1.1.1.1.03	New minibuses	
451	07.1.1.1.2.00	New bakkies (excl 4-wheel drive vehicles) ..	
452	07.1.1.1.3.00	New SUVs/MPVs	
453	07.1.1.2.1.01	Used motor cars	
454	07.1.1.2.1.02	Used station wagons	
455	07.1.1.2.1.03	Used minibuses	
456	07.1.1.2.2.00	Used bakkies (excl. 4-wheel drive vehicles)	
457	07.1.1.2.3.00	Used SUVs/MPVs	
	07.1.2	MOTOR-CYCLES	
458	07.1.2.1.1.00	New motor cycles and scooters	
458	07.1.2.1.2.00	Used motor cycles and scooters	
	07.1.3	BICYCLES	
459	07.1.3.1.1.00	New bicycles	
460	07.1.3.1.2.00	Used bicycles	
	07.2	OPERATION OF PERSONAL TRANSPORT EQUIPMENT	
	07.2.1	SPARE PARTS AND ACCESSORIES	
461	07.2.1.1.1.00	New tyres and tubes	
462	07.2.1.1.2.00	Re-treaded/patched tyres and tubes	
463	07.2.1.1.3.00	Spare parts and accessories purchased for private repair and installation	
464	07.2.1.1.4.00	Cleaning materials	
465	07.2.1.1.4.10	Batteries (new and used)	
466	07.2.1.1.5.00	Airconditioner for cars incl. installation	
467	07.2.1.1.6.00	Security systems for cars incl. installation ..	

	ITEM	WEEK 1	
		Line	Value
	07.2.2 FUELS AND LUBRICANTS		
468	07.2.2.1.1.10 Motor car fuel		
469	07.2.2.1.2.00 Oil and grease		
	07.2.3 MAINTENANCE AND REPAIRS OF PERSONAL TRANSPORT EQUIPMENT		
470	07.2.3.1.1.00 Maintenance and lubrication services		
471	07.2.3.1.4.10 Panel-beating repairs paid for by household		
472	07.2.3.1.5.10 Other repair work paid for by household		
473	07.2.3.1.6.00 Car wash		
474	07.2.3.1.7.00 Valet services		
	07.2.4 OTHER SERVICES IN RESPECT OF PERSONAL TRANSPORT EQUIPMENT		
475	07.2.4.1.1.00 Parking fees		
476	07.2.4.1.2.00 Traffic fines		
477	07.2.4.1.3.00 Toll fees		
478	07.2.4.1.4.00 Licenses and registration fees (incl. that of motor cycles)		
479	07.2.4.1.5.00 Driving lessons, driving tests		
480	07.2.4.1.6.00 Driving/Learners' licenses		
481	07.2.4.1.7.00 Rented vehicles educational trips		
482	07.2.4.1.7.01 Rented vehicles other than educational		
483	07.2.4.1.7.02 Estimated value of private use of company or similar vehicle		
484	07.2.4.1.8.01 Rented on holiday		
485	07.2.4.1.9.00 Other, specify		
	07.3 TRANSPORT SERVICES		
	07.3.1 PASSENGER TRANSPORT BY RAILWAY		
486	07.3.1.1.1.10 Train for attending educational institutions		
487	07.3.1.1.1.11 Train for non-educational institutions		
488	07.3.1.1.2.10 Train for when away from home		

WEEK 2		CHECKED	
Line	Value	Week 1	Week 2
07.2.2 FUELS AND LUBRICANTS			
07.2.3 MAINTENANCE AND REPAIRS OF PERSONAL TRANSPORT EQUIPMENT			
07.2.4 OTHER SERVICES IN RESPECT OF PERSONAL TRANSPORT EQUIPMENT			
07.3 TRANSPORT SERVICES			
07.3.1 PASSENGER TRANSPORT BY RAILWAY			

	ITEM	WEEK 1	
		Line	Value
	07.3.2 PASSENGER TRANSPORT BY ROAD		
489	07.3.2.1.1.10 Bus (incl. school bus) for educational purposes		
490	07.3.2.1.1.11 Bus (incl. school bus) for non-educational purposes		
491	07.3.2.1.2.10 Bus for when away from home		
492	07.3.2.1.3.10 Metered cab attending educational trips		
493	07.3.2.1.3.11 Metered cab other than educational		
494	07.3.2.1.3.20 Minibus taxi/combi (incl. 30 seaters e.g. Iveco) for non-educational purposes		
495	07.3.2.1.3.21 Minibus taxi/combi (incl. 30 seaters e.g. Iveco) for educational purposes		
496	07.3.2.1.3.30 Other (incl. bakkies used as taxis) for educational purposes		
497	07.3.2.1.3.31 Other (incl. bakkies used as taxis) for non-educational purposes		
498	07.3.2.1.4.10 Metered cab while on holiday		
499	07.3.2.1.4.20 Minibus taxi (incl. 30 seaters, e.g. Iveco) while on holiday		
500	07.3.2.1.4.30 Other (incl. bakkies used as taxis) while on holiday		
501	07.3.2.1.5.10 Lift clubs educational trips		
502	07.3.2.1.5.11 Lift clubs other		
503	07.3.2.1.6.10 Value of discounted fares for educational purposes		
504	07.3.2.1.6.11 Value of discounted fares for non-educational purposes		
	07.3.3 PASSENGER TRANSPORT BY AIR		
505	07.3.3.1.1.10 Aircraft educational trips		
506	07.3.3.1.1.11 Aircraft other than educational		
507	07.3.3.1.2.10 Aircraft		
	07.3.4 PASSENGER TRANSPORT BY SEA AND INLAND WATERWAY		
508	07.3.4.1.1.10 Boat/ship educational trips		
509	07.3.4.1.1.11 Boat/ship other than educational		
510	07.3.4.1.2.10 Boat/ship while on holiday		

	ITEM	WEEK 1	
		Line	Value
	07.3.6	OTHER PURCHASED TRANSPORT SERVICES	
511	07.3.6.1.1.10	Furniture removals and transport of goods (not for business purposes) for educational purposes	
512	07.3.6.1.1.11	Furniture removals and transport of goods (not for business purposes) for non-educational purposes	
513	07.3.6.1.1.30	Supporting services (e.g. parking services, port operators)	
514	07.3.6.1.1.40	Other (e.g. cable car, horse)	
	08	COMMUNICATION	
	08.1	POSTAL SERVICES	
	08.1.1	POSTAL SERVICES	
515	08.1.1.1.1.00	Stamps	
516	08.1.1.1.2.00	Packages	
517	08.1.1.1.3.00	Courier services	
518	08.1.1.1.3.01	Other postage	
519	08.1.1.1.4.00	Renting of post boxes	
520	08.1.1.1.5.00	Other (e.g. telegrams)	
	08.2	TELEPHONE AND TELEFAX EQUIPMENT	
	08.2.1	TELEPHONE AND TELEFAX EQUIPMENT	
521	08.2.1.1.1.00	Cellular phones	
522	08.2.1.1.2.00	Telephones, cordless telephones, motor telephones	
523	08.2.1.1.3.00	Fax machines and telephone answering machines for household purposes	
524	08.2.1.1.4.00	Pagers	
525	08.2.1.1.6.00	Repairs of computers and communication equipment	

WEEK 2		CHECKED	
Line	Value	Week 1	Week 2
07.3.6 OTHER PURCHASED TRANSPORT SERVICES			
08 COMMUNICATION			
08.1 POSTAL SERVICES			
08.1.1 POSTAL SERVICES			
08.2 TELEPHONE AND TELEFAX EQUIPMENT			
08.2.1 TELEPHONE AND TELEFAX EQUIPMENT			

	ITEM	WEEK 1	
		Line	Value
	08.3 TELEPHONE AND TELEFAX SERVICES		
	08.3.1 TELEPHONE AND TELEFAX SERVICES		
526	08.3.1.1.101 Installation		
527	08.3.1.1.2.01 Private calls		
528	08.3.1.1.2.02 Calls from public phones		
529	08.3.1.1.2.03 Calls (incl. phone cards)		
530	08.3.1.1.3.01 Rental landline		
531	08.3.1.1.3.02 Rental cellphone		
532	08.3.1.1.4.01 Value added tax (VAT) (only if telephone account is available)		
533	08.3.1.1.4.02 Value added tax (VAT) on calls (only if telephone account is available)		
534	08.3.1.1.5.01 Connection to the network for a landline		
535	08.3.1.1.5.02 Connection to the network for a cellphone		
536	08.3.1.1.5.03 Internet subscription		
537	08.3.1.1.5.04 Other internet related costs		
	09 RECREATION AND CULTURE		
	09.1 AUDIO-VISUAL, PHOTOGRAPHIC AND INFORMATION PROCESSING EQUIPMENT		
	09.1.1 EQUIPMENT FOR THE RECEPTION, RECORDING AND REPRODUCTION OF SOUND AND PICTURES		
538	09.1.1.1.1.00 Radios (incl. motor car radios), tape recorders, compact disk players and similar equipment)		
539	09.1.1.1.2.00 Two-way radios		
540	09.1.1.2.1.00 Television sets, decoders, video recorders/DVD players/recorders		
541	09.1.1.2.2.00 Aerials and satellite dishes		
	09.1.2 PHOTOGRAPHIC AND CINEMATOGRAPHIC EQUIPMENT AND OPTICAL INSTRUMENTS		
542	09.1.2.1.1.00 Cameras, video cameras, projectors and flashes		
543	09.1.2.1.3.00 Other recreational services		

WEEK 2		CHECKED	
Line	Value	Week 1	Week 2
08.3 TELEPHONE AND TELEFAX SERVICES			
08.3.1 TELEPHONE AND TELEFAX SERVICES			
09 RECREATION AND CULTURE			
09.1 AUDIO-VISUAL, PHOTOGRAPHIC AND INFORMATION PROCESSING EQUIPMENT			
09.1.1 EQUIPMENT FOR THE RECEPTION, RECORDING AND REPRODUCTION OF SOUND AND PICTURES			
09.1.2 PHOTOGRAPHIC AND CINEMATOGRAPHIC EQUIPMENT AND OPTICAL INSTRUMENTS			

	ITEM	WEEK 1	
		Line	Value
	09.1.3 INFORMATION PROCESSING EQUIPMENT		
544	09.1.3.1.1.00 Personal desktop computers (excl. laptops)		
545	09.1.3.1.2.00 Laptops/Notebooks/Tablets		
546	09.1.3.1.2.01 Palm tops		
547	09.1.3.1.3.00 Software (excl. games, play-stations etc)		
548	09.1.3.1.4.00 Calculators		
549	09.1.3.1.5.00 Printers/scanners/copiers		
550	09.1.3.1.8.01 Computer parts (e.g. motherboard, CPU, memory/RAM, graphics card, hard drives)		
551	09.1.3.1.8.02 Flash disks and portable external hard drives		
552	09.1.3.1.8.03 CDs/DVDs/Blue rays		
553	09.1.3.1.8.04 Other consumables		
554	09.1.3.1.6.00 Modems		
555	09.1.3.1.7.00 Parts and upgrading of computers		
	09.1.4 RECORDING MEDIA		
556	09.1.4.1.1.00 Diskettes, CDs, flash disks and other consumable goods		
557	09.1.4.1.2.00 Magnetic tapes (excl. software and video games incl. pre-recorded and unrecorded music tapes)		
558	09.1.4.1.3.00 Disks for photographic and cinematographic use		
559	09.1.4.1.4.00 Compact disks/CDs (excl. software and video games; incl. pre-recorded and unrecorded disks)		
560	09.1.4.1.5.00 DVDs (excl. software and video games, incl. pre-recorded and unrecorded DVDs)		
561	09.1.4.1.6.00 VCDs (excl. software and video games; incl. pre-recorded and unrecorded VCDs)		
562	09.1.4.1.7.00 Other musical instruments, sound equipment and accessories		
	09.2 OTHER MAJOR DURABLES FOR RECREATION AND CULTURE		
	09.2.1 MAJOR DURABLES FOR OUTDOOR RECREATION		
563	09.2.1.1.0.00 Boats (incl. outboard motors), aircrafts, go-carts		
564	09.2.1.1.1.00 New caravans and trailers incl. motorised caravans		
565	09.2.1.1.2.00 Used caravans and trailers incl. motorised caravans		

	ITEM	WEEK 1	
		Line	Value
	09.2.2	MUSICAL INSTRUMENTS AND MAJOR DURABLES FOR OUTDOOR RECREATION	
566	09.2.2.1.0.00	Musical instruments: Pianos, organs and other musical instruments	
	09.2.3	MAINTENANCE AND REPAIR OF OTHER MAJOR DURABLES FOR OUTDOOR RECREATION	
567	09.2.3.1.0.01	Repairs and service charges for musical instruments, sound equipment and accessories	
568	09.2.3.1.0.02	Repairs and maintenance services to recreation, entertainment and sports equipment.....	
	09.3	OTHER RECREATIONAL ITEMS AND EQUIPMENT, GARDEN AND PETS	
	09.3.1	GAMES, TOYS AND HOBBIES	
569	09.3.1.1.1.00	Hobbies	
570	09.3.1.1.2.00	Toys and games, video games (incl. software games)	
571	09.3.1.1.4.00	Fire works	
	09.3.2	EQUIPMENT FOR SPORT, CAMPING AND OPEN-AIR RECREATION	
572	09.3.2.1.1.00	Firearms and ammunition	
573	09.3.2.1.1.01	Firearms and ammunition (for security services)	
574	09.3.2.1.2.00	Tennis rackets and balls, fishing rods, etc. .	
575	09.3.2.1.3.00	Special sports clothes and shoes	
576	09.3.2.1.4.00	Camping equipment (tents, sleeping bags, etc.)	
577	09.3.2.1.5.00	Swimming pool equipment and repairs of equipment.....	
	09.3.3	GARDEN, PLANTS AND FLOWERS	
578	09.3.3.1.1.00	Seed, plants, shrubs, and trees, fertilizer, plant and pest spray remedies	
579	09.3.3.1.2.00	Bouquets and cut flowers for household use	
580	09.3.3.1.2.10	Garden ornaments	
	09.3.4	PETS AND RELATED PRODUCTS	
581	09.3.4.1.0.00	Purchase of pet	
582	09.3.4.1.2.00	Pet food/feeds and other requisites	
	09.3.5	VETERINARY AND OTHER SERVICES	
583	09.3.5.1.1.00	Licenses	
584	09.3.5.1.2.00	Care (e.g. doggy parlour, kennels and veterinary costs)	

WEEK 2		CHECKED	
Line	Value	Week 1	Week 2
09.2.2	MUSICAL INSTRUMENTS AND MAJOR DURABLES FOR OUTDOOR RECREATION		
09.2.3	MAINTENANCE AND REPAIR OF OTHER MAJOR DURABLES FOR OUTDOOR RECREATION		
09.3	OTHER RECREATIONAL ITEMS AND EQUIPMENT, GARDEN AND PETS		
09.3.1	GAMES, TOYS AND HOBBIES		
09.3.2	EQUIPMENT FOR SPORT, CAMPING AND OPEN-AIR RECREATION		
09.3.3	GARDEN, PLANTS AND FLOWERS		
09.3.4	PETS AND RELATED PRODUCTS		
09.3.5	VETERINARY AND OTHER SERVICES		

	ITEM	WEEK 1	
		Line	Value
	09.4 RECREATIONAL AND CULTURAL SERVICES		
	09.4.1 RECREATIONAL AND SPORTING SERVICES		
585	09.4.1.1.0.20 Amusement parks		
586	09.4.1.1.0.30 Membership fees for gymnasiums, health, sport and social clubs		
587	09.4.1.1.1.00 Sports		
588	09.4.1.1.2.00 Fees for lessons connecting with recreation, entertainment and sport		
589	09.4.1.1.3.00 Schools and other educational institutions (expenses incurred not normally regarded as tuition, e.g. contributions to sports grounds) in public		
590	09.4.1.1.3.01 Schools and other educational institutions (expenses incurred not normally regarded as tuition, e.g. contributions to sports grounds) in private		
591	09.4.1.1.3.10 Schools and other educational institutions Grant (expenses incurred not normally regarded as tuition, e.g. contributions to sports grounds) in public		
592	09.4.1.1.3.11 Schools and other educational institutions Grant (expenses incurred not normally regarded as tuition, e.g. contributions to sports grounds) in private		
	09.4.2 CULTURAL SERVICES		
593	09.4.2.1.0.00 Cinema, theatres, concerts, festivals		
594	09.4.2.1.0.02 Sports		
595	09.4.2.2.1.00 Museums and zoos, etc.		
596	09.4.2.2.2.00 Library fees and fines		
597	09.4.2.3.1.01 Television licences		
598	09.4.2.3.1.02 Television rental		
599	09.4.2.3.1.03 Subscription to pay-TV channels		
600	09.4.2.3.1.04 Rent for decoder, video equipment, DVDs and tapes		
601	09.4.2.4.3.00 Film development and photoprints		
602	09.4.2.4.4.00 Admission charges, other		
	09.4.3 GAMES OF CHANCES		
603	09.4.3.1.2.00 Casinos		
604	09.4.3.1.3.00 Other gambling		

	ITEM	WEEK 1	
		Line	Value
	09.5	NEWSPAPERS, BOOKS AND STATIONERY	
	09.5.1	BOOKS	
605	09.5.1.1.1.00	Textbooks for public institutions	
606	09.5.1.1.1.01	Textbooks for private institutions	
607	09.5.1.1.1.10	Textbooks for public institutions - Grant	
608	09.5.1.1.1.11	Textbooks for private institutions - Grant	
609	09.5.1.1.2.00	Books	
	09.5.2	NEWSPAPERS AND PERIODICALS	
610	09.5.2.1.1.00	Newspapers - daily/weekly	
611	09.5.2.1.2.00	Magazines and periodicals	
	09.5.3	MISCELLANEOUS PRINTED MATTER	
612	09.5.3.1.0.00	Miscellaneous printed matter (e.g. road maps, greeting cards, posters, etc.)	
	09.5.4	STATIONERY AND DRAWING MATERIALS	
613	09.5.4.1.1.00	Stationery	
614	09.5.4.1.4.00	Other, specify (e.g. junior laptops, training and adult education) for public institutions	
615	09.5.4.1.4.01	Other, specify (e.g. junior laptops, training and adult education) for private institutions	
616	09.5.4.1.4.10	Other, specify - Grant (e.g. junior laptops, training and adult education) for public institutions	
617	09.5.4.1.4.11	Other, specify - Grant (e.g. junior laptops, training and adult education) for private institutions	
	09.6	PACKAGE HOLIDAYS	
	09.6.1	PACKAGE HOLIDAYS	
618	09.6.1.1.0.00	Holiday tour package	
	10	EDUCATION	
	10.1	PRE-PRIMARY AND PRIMARY EDUCATION	
	10.1.1	PRE-PRIMARY AND PRIMARY EDUCATION	
619	10.1.1.1.1.01	Pre-primary education in public institutions - loans/paid by the household	
620	10.1.1.1.1.02	Pre-primary education in public institutions - Grant	

WEEK 2		CHECKED	
Line	Value	Week 1	Week 2
09.5	NEWSPAPERS, BOOKS AND STATIONERY		
09.5.1	BOOKS		
09.5.2	NEWSPAPERS AND PERIODICALS		
09.5.3	MISCELLANEOUS PRINTED MATTER		
09.5.4	STATIONERY AND DRAWING MATERIALS		
09.6	PACKAGE HOLIDAYS		
09.6.1	PACKAGE HOLIDAYS		
10	EDUCATION		
10.1	PRE-PRIMARY AND PRIMARY EDUCATION		
10.1.1	PRE-PRIMARY AND PRIMARY EDUCATION		

	ITEM	WEEK 1	
		Line	Value
621	10.1.1.1.1.11 Pre-primary education in private institutions loans/paid by the household		
622	10.1.1.1.1.12 Pre-primary education in private institutions - Grant		
623	10.1.1.1.2.01 Primary education (incl. literacy programmes for students too old for primary school) in public institutions - loans/paid by the household		
624	10.1.1.1.2.02 Primary education (incl. literacy programmes for students too old for primary school) in public institutions - Grant		
625	10.1.1.1.2.01 Primary education (incl. literacy programmes) private-loans/paid by the household		
626	10.1.1.1.3.02 Primary education (incl. literacy programmes private - Grant		
	10.2 SECONDARY EDUCATION		
	10.2.1 SECONDARY EDUCATION		
627	10.2.1.1.1.01 Secondary education (incl. out-of-school secondary education for adults and young people) in public institution (Loans)		
628	10.2.1.1.1.02 Secondary education (incl. out-of-school secondary education for adults and young people) in public institution - Grant		
629	10.2.1.1.1.11 Secondary education (incl. out-of-school secondary education for adults and young people) in private institution (Loans)		
630	10.2.1.1.1.12 Secondary education (incl. out-of-school secondary education for adults and young people) in private institution - Grant		
	10.4 TERTIARY EDUCATION		
	10.4.1 TERTIARY EDUCATION		
631	10.4.1.1.1.01 Tertiary education. Education, not definable by level (excl. driving and music lessons, sport etc.) in public institutions (Loans)		
632	10.4.1.1.1.02 Tertiary education. Education, not definable by level (excl. driving and music lessons, sport etc.) in public institutions - Grant		
633	10.4.1.1.1.11 Tertiary education. Education, not definable by level (excl. driving and music lessons, sport etc.) in private institutions (Loans)		
634	10.4.1.1.1.12 Tertiary education. Education, not definable by level (excl. driving and music lessons, sport etc.) in private institutions - Grant		

WEEK 2		CHECKED	
Line	Value	Week 1	Week 2
10.2 SECONDARY EDUCATION			
10.2.1 SECONDARY EDUCATION			
10.4 TERTIARY EDUCATION			
10.4.1 TERTIARY EDUCATION			

	ITEM	WEEK 1	
		Line	Value
	10.5	EDUCATION NOT DEFINABLE BY LEVEL	
	10.5.1	EDUCATION NOT DEFINABLE BY LEVEL	
635	10.5.1.1.1.01	Vocational training in public institutions	
636	10.5.1.1.1.21	Vocational training in public institutions - Grant	
637	10.5.1.1.1.02	Computer certification public schools	
638	10.5.1.1.1.22	Computer certification public schools - Grant	
639	10.5.1.1.1.03	Other (incl. language classes) in public institutions	
640	10.5.1.1.1.23	Other (incl. language classes) in public institutions - Grant.....	
641	10.5.1.1.1.04	Excursions (field trips) in public institutions	
642	10.5.1.1.1.24	Excursions (field trips) in public institutions - Grant	
643	10.5.1.1.1.05	Other tuition fees for private institutions	
644	10.5.1.1.1.25	Other tuition fees for private institutions - Grant	
645	10.5.1.1.1.11	Vocational training in private institutions	
646	10.5.1.1.1.31	Vocational training in private institutions - Grant	
647	10.5.1.1.1.12	Computer certification private schools	
648	10.5.1.1.1.32	Computer certification private schools - Grant	
649	10.5.1.1.1.13	Other (incl. language classes) in private institutions	
650	10.5.1.1.1.33	Other (incl. language classes) in private institutions - Grant.....	
651	10.5.1.1.1.14	Excursions (field trips) in private institutions	
652	10.5.1.1.1.34	Excursions (field trips) in private institutions - Grant	
653	10.5.1.1.1.15	Other tuition fees for public institutions	
654	10.5.1.1.1.35	Other tuition fees for public institutions – Grant	
	11	RESTAURANTS AND HOTELS	
	11.1	CATERING SERVICES	
	11.1.1	BEVERAGES IN RESTAURANTS, CAFES, CANTEENS AND THE LIKES	
655	11.1.1.1.2.11	Coffee	
656	11.1.1.1.2.21	Ordinary tea	
657	11.1.1.1.2.22	Rooibos tea	
658	11.1.1.1.2.23	Herbal tea from food service places	

	ITEM	WEEK 1	Value
		Line	
660	11.1.1.1.2.31 Cocoa and powdered chocolate		
661	11.1.1.1.2.41 Mineral water/spring water		
662	11.1.1.1.2.51 Soft drinks		
663	11.1.1.1.2.61 Fruit juices from food service places		
664	11.1.1.1.2.62 Fruit and vegetable juices (combined) from food service places		
665	11.1.1.1.2.71 Vegetables juices from food service places		
666	11.1.1.1.3.11 Spirits		
667	11.1.1.1.3.21 Table wines (incl. sparkling wine) from food service places		
668	11.1.1.1.3.22 Cooking wines from food service places		
669	11.1.1.1.3.23 Fortified wines (sherry, port, etc) from food service places		
670	11.1.1.1.3.24 Spirit collers (cider, Hooch, etc.) from food services places		
671	11.1.1.1.3.25 Other (e.g. mampoer, home brewed) from food service places		
672	11.1.1.1.3.31 Clear beer purchased from food service places		
673	11.1.1.1.3.32 Sorghum beer (pre-packed) from food service places		
674	11.1.1.1.3.33 Sorghum beer (traditional) from food service places		
	11.1.2 MEALS IN RESTAURANTS, CAFES, CANTEENS AND THE LIKES		
675	11.1.2.1.1.10 Prepared meals		
	<i>(Extra space for prepared meals)</i>		
	<i>(Extra space for prepared meals)</i>		
	<i>(Extra space for prepared meals)</i>		
	<i>(Extra space for prepared meals)</i>		
	11.2.1 ACCOMMODATION SERVICES		
	11.2.1.1 ACCOMMODATION SERVICES		
676	11.2.1.1.1.01 Hotel		
677	11.2.1.1.1.02 Bed and breakfast		
678	11.2.1.1.1.03 Guesthouses		
679	11.2.1.1.1.04 Lodges		
680	11.2.1.1.1.05 Motels		

	ITEM	WEEK 1	
		Line	Value
681	11.2.1.1.2.00 Rent: Holiday flat or house, caravan, etc. (incl. site fees) (household paying for itself)		
682	11.2.1.1.3.01 Schools boarding fees in public institutions .		
683	11.2.1.1.3.02 Teachers training and technical colleges, technikons boarding fees in public institutions		
684	11.2.1.1.3.03 Universities boarding fees in public institutions		
685	11.2.1.1.3.11 Schools boarding fees in private institutions		
686	11.2.1.1.3.12 Teachers training and technical colleges, technikons boarding fees in private institutions		
687	11.2.1.1.3.13 Universities boarding fees in private institution		
688	11.2.1.1.3.21 Schools boarding fees in public institutions - Grant		
689	11.2.1.1.3.22 Teachers training and technical colleges, technikons boarding fees in public institutions - Grant		
690	11.2.1.1.3.23 Universities boarding fees in public institution - Grant		
691	11.2.1.1.3.31 Schools boarding fees in private institutions - Grant		
692	11.2.1.1.3.32 Teachers training and technical colleges, technikons boarding fees in private institutions - Grant		
693	11.2.1.1.3.33 Universities boarding fees in private institution - Grant		
694	11.2.1.1.4.01 Expenses occurred as owner of a holiday home i.e. after deduction of income received from letting		
695	11.2.1.1.5.02 Boarding and lodging		
	12 MISCELLANEOUS GOODS AND SERVICES		
	12.1. PERSONAL CARE		
	12.1.1 HAIRDRESSING SALONS AND PERSONAL GROOMING ESTABLISHMENT		
696	12.1.1.1.1.00 Men's and boys'		
697	12.1.1.1.2.00 Women's and girls'		
	12.1.2 ELECTRICAL APPLIANCES FOR PERSONAL CARE		
698	12.1.2.1.1.00 Hairdryers		
699	12.1.2.1.2.00 Shavers		
700	12.1.2.1.3.00 Other (e.g. hot brush, vibrator, etc.)		

	ITEM	WEEK 1	
		Line	Value
	12.1.3	OTHER APPLIANCES, ARTICLES AND PRODUCTS FOR PERSONAL CARE	
701	12.1.3.1.1.10	Hair pieces	
702	12.1.3.1.1.20	Hair care preparations (mousse, relaxers, gels, etc.)	
703	12.1.3.1.1.30	Shampoo and conditioners	
704	12.1.3.1.1.40	Sprays	
705	12.1.3.1.1.50	Other	
706	12.1.3.1.2.10	Body soap (incl. Sunlight, liquid soap)	
707	12.1.3.1.2.20	Bubble bath, bath oils and bath salts	
708	12.1.3.1.2.30	Toothpaste, toothbrushes, electrical toothbrushes	
709	12.1.3.1.2.40	Mouth-wash and dental floss	
710	12.1.3.1.2.50	Shaving soap and cream and aftershave lotions	
711	12.1.3.1.2.60	Razors and razor blades	
712	12.1.3.1.2.70	Skin creams and lotions (incl. baby lotions), facial cleansers and toners, perfumes and colognes	
713	12.1.3.1.2.80	Powder (incl. baby powder) and deodorants	
714	12.1.3.1.2.90	Make-up preparations, not shown elsewhere (e.g. lipstick, eye shadow, etc.)	
715	12.1.3.1.3.10	Toilet paper	
716	12.1.3.1.3.20	Disposable nappies	
717	12.1.3.1.3.30	Tissues	
718	12.1.3.1.3.40	Sanitary towels and tampons	
719	12.1.3.1.4.00	Other personal care products	
	12.3	PERSONAL EFFECTS	
	12.3.1	JEWELLERY, CLOCKS AND WATCHES	
720	12.3.1.1.1.00	Watches and personal jewellery	
	12.3.2	OTHER PERSONAL EFFECTS	
721	12.3.2.1.1.00	Handbags, travelling bags, schoolbags, etc.	
722	12.3.2.2.0.00	Value of repairs to miscellaneous items	
723	12.3.2.2.1.00	Smokers requisites	
724	12.3.2.2.1.10	Goods for children and babies (e.g. prams and push-carts, car seats, carry-cots)	
725	12.3.2.2.1.30	Carry-cots, toys, etc.	
726	12.3.2.2.2.00	Other (umbrellas, pocket-knives, sunglasses, etc.) incl. repairs	

	ITEM	WEEK 1	
		Line	Value
	12.4	SOCIAL PROTECTION	
	12.4.1	SOCIAL PROTECTION SERVICES	
727	12.4.1.2.0.10	Day-care mothers, crèches and playgrounds in public institutions	
728	12.4.1.2.0.11	Day-care mothers, crèches and playgrounds in public institutions - Grant	
729	12.4.1.2.0.20	Day-care mothers, crèches and playgrounds in private institutions	
730	12.4.1.2.0.21	Day-care mothers, crèches and playgrounds in private institutions - Grant	
	12.5	INSURANCE	
	12.5.3	INSURANCE CONNECTED WITH THE HEALTH	
731	12.5.3.1.1.10	Medical aid contributions paid by household member in private institution	
732	12.5.3.1.1.11	Medical aid contributions paid by household member in public institution	
733	12.5.3.1.1.20	Medical aid contributions, contribution by employer in private institution	
734	12.5.3.1.1.21	Medical aid contribution, contribution by employer in public institutions	
735	12.5.3.1.2.00	Insurance paid for holiday purposes (life, luggage, medical)	
	12.5.4	INSURANCE CONNECTED WITH TRANSPORT	
736	12.5.4.1.1.00	Insurance for private transport	
	12.7	OTHER SERVICES N.E.C.	
	12.7.1	OTHER SERVICES	
737	12.7.1.1.0.11	Contribution towards communal provision of services	
738	12.7.1.1.0.12	Payment for right to access land	
739	12.7.1.1.7.00	Other expenditure	
	66	CONSUMPTION FROM THE HOUSEHOLD'S OWN PRODUCTION	
	66.1.1	BREAD AND CEREALS, MILK AND EGGS, FRUIT AND VEGETABLES	
740	66.1.1.1.1.01	Maize	
741	66.1.1.1.2.01	Wheat	
742	66.1.1.1.3.01	Other grains	
743	66.1.1.1.4.01	Milk	

WEEK 2		CHECKED	
Line	Value	Week 1	Week 2
12.4	SOCIAL PROTECTION		
12.4.1	SOCIAL PROTECTION SERVICES		
12.5	INSURANCE		
12.5.3	INSURANCE CONNECTED WITH THE HEALTH		
12.5.4	INSURANCE CONNECTED WITH TRANSPORT		
12.7	OTHER SERVICES N.E.C.		
12.7.1	OTHER SERVICES		
66	CONSUMPTION FROM THE HOUSEHOLD'S OWN PRODUCTION		
66.1.1	BREAD AND CEREALS, MILK AND EGGS, FRUIT AND VEGETABLES		

	ITEM	WEEK 1	
		Line	Value
744	66.1.1.1.5.01 Eggs		
745	66.1.1.1.6.01 Fruit		
746	66.1.1.1.7.01 Vegetables		
747	66.1.1.1.8.01 Other produce, specify		
	66.2.1 MEAT		
748	66.2.1.1.1.01 Cattle		
749	66.2.1.1.2.01 Sheep		
750	66.2.1.1.3.01 Pigs		
751	66.2.1.1.4.01 Goats		
752	66.2.1.1.5.01 Poultry		
753	66.2.1.1.6.01 Other livestock		
	66.3.1 INPUT ITEMS AND SERVICES		
754	66.3.1.1.1.01 Seeds		
755	66.3.1.1.2.01 Fertilizer		
756	66.3.1.1.3.01 Feed		
757	66.3.1.1.4.01 Large livestock such as cattle		
758	66.3.1.1.4.02 Medium livestock such as goats, sheep, pigs, etc		
759	66.3.1.1.4.03 Small livestock such as chickens, ducks, etc.		
760	66.3.1.1.5.01 Services (e.g. ploughing, veterinary - not for pets)		
761	66.3.1.1.6.01 Processing (e.g. grinding, milling and slaughtering)		
762	66.3.1.1.7.01 Other items for own production		

WEEK 2		CHECKED	
Line	Value	Week 1	Week 2
66.2.1 MEAT			
66.3.1 INPUT ITEMS AND SERVICES			

	ITEM	WEEK 1	
		Line	Value
	88 OTHER UNCLASSIFIED EXPENSES		
	88.8 OTHERS		
	88.8.8 CONSUMPTION UNCLASSIFIED DIARY ITEMS		
763	88.8.8.8.8.88 Unclassified diary items, except food		
	99 REMITTANCES, GIFTS AND MAINTENANCE		
	99.1 REMITTANCES, GIFTS AND MAINTENANCE		
	99.1.1 REMITTANCES, GIFTS AND MAINTENANCE		
764	99.1.1.1.1.02 Maintenance of/remittance to family members and dependants living elsewhere		
765	99.1.1.1.2.02 Gifts to persons who are not members of this household (excluding cash gifts)		
766	99.1.1.1.3.02 Tribal levies (not for housing)		

WEEK 2		CHECKED	
Line	Value	Week 1	Week 2
88	OTHER UNCLASSIFIED EXPENSES		
88.8	OTHERS		
88.8.8	CONSUMPTION UNCLASSIFIED DIARY ITEMS		
99	REMITTANCES, GIFTS AND MAINTENANCE		
99.1	REMITTANCES, GIFTS AND MAINTENANCE		
99.1.1	REMITTANCES, GIFTS AND MAINTENANCE		

