

STATISTICS ACT
(Cap. 17:01)

**STATISTICS (BOTSWANA MULTI-TOPIC HOUSEHOLD SURVEY)
REGULATIONS, 2016**
(Published on 8th January, 2016)

ARRANGEMENT OF REGULATIONS

REGULATION

1. Citation
2. Authorisation to conduct survey
3. Conduct of survey
4. Penalty

SCHEDULE

IN EXERCISE of the powers conferred on the Minister of Finance and Development Planning by section 50 of the Statistics Act, the following Regulations are hereby made —

- | | |
|---------------------------------|--|
| Citation | 1. These Regulations may be cited as the Statistics (Botswana Multi-Topic Household Survey) Regulations, 2015. |
| Authorisation to conduct survey | 2. The Statistician General may direct any authorised officer to conduct a multi-topic household survey in Botswana to —
(a) provide a comprehensive set of indicators for poverty and labour market; and

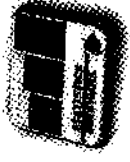
(b) gather baseline information which will be tracked on annual basis to inform the Poverty Eradication Strategy and the labour market indicators required for the Labour Market Information System. |
| Conduct of survey | 3. The authorised officer may, for the purposes of the survey, ask any person interviewed, such questions as may be necessary to obtain, from that person, the information required in the questionnaires set out in the Schedule. |
| Penalty | 4. Any person who refuses or neglects to answer any question put to him or her for the purposes of these Regulations commits an offence and is liable to a fine of P100, and in the case of a continuing offence, to a fine of P5 for every day during which the offence continues. |

SCHEDULE
(reg. 3)



Republic of Botswana

CONFIDENTIAL 2015/16 BOTSWANA MULTI-TOPIC SURVEY



Household questionnaire Book 1

GEOGRAPHICAL DESCRIPTORS

Census EA Number			
Stratum number			
District Name/Code			
Village Name/Code			
Locality Name/Code			

HOUSEHOLD INFORMATION

Occupied household serial number from listing		
Household number in occupied household (if more than one)		
Name of the head of the household (and serial number in rth roster)		
Contact telephone numbers		
Full address description:		

FIELDWORK STAFF	Name	Code
Team supervisor		
Enumerator		
Entry operator		

BMTHS HOUSEHOLD ID NUMBER

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

Enumeration Area serial number Selected HH number
(001-5997) (01-15)

Visits	Date (dd/mm/yyyy)	Modules completed
1		
2		
3		
4		
5		
6		
7		
8		

FINAL RESULT AS PER THE TEAM SUPERVISOR

1 Fully completed	
2 Partially completed	
3 Refused	
4 No member available for interview	
5 Household members away temporarily	
6 Other (Specify)	
98	

Total Number of Persons in the Household		Male		Female	
--	--	------	--	--------	--

Comments:

IF FOUND PLEASE SEND TO: STATISTICS BOTSWANA OFFICE, PRIVATE BAG 0024, GABORONE OR NEAREST DISTRICT COMMISSIONERS OFFICE

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INFORMATION FOR THE HOUSEHOLD ROSTER

INTERVIEWER: PERSON TO INTERVIEW IS PREFERABLY THE HEAD OF THE HOUSEHOLD. IF HE/SHE IS NOT AVAILABLE, INTERVIEW THE HEAD'S SPOUSE. IF SPOUSE NOT AVAILABLE FIND ANOTHER MEMBER OF THE HH WHO IS ABLE, ON BEHALF OF THE HH HEAD, TO GIVE ACCURATE INFORMATION ON ALL THE HOUSEHOLD MEMBERS

Questions 102-105: I would like to make a complete list of all the people who normally live and eat their meals together in this dwelling, and consider it their primary residence, and have lived here for 6 months of the last 12 months. I would like to start with the head of household followed by the wife/husband

*Next please give me the names of any married children of the head living in the household, then his or her spouse and their children from oldest to youngest, who normally live and eat their meals here.

*Next please give me the names of any unmarried children of the head living in the household, from the oldest to the youngest.

*Next please give me the names of a father or mother of the head and the head's spouse

*Next please give me the names of any other relatives of the head or the head's spouse who live in this dwelling.

* Finally, please give me the names of any other persons not related to the head of household or to his/her wife/husband but who normally live and eat their meals here, and consider it their primary residence.

CENSUS DISTRICT CODES	COUNTRY CODES
01 Gaberone	Botswana 101
02 Francistown	Angola 102
08 Lobatse	Lesotho 103
04 Selibe Phikwe	Malawi 104
05 Orapa	Mozambique 105
06 Jwaneng	Namibia 106
07 Sowa	South Africa 107
10 Ngwaketse/ Southern	Swaziland 108
11 Barolong	Zambia 109
12 Ngwaketse West	Zimbabwe 110
20 South East	Tanzania 111
30 Kweneng East	DRC 112
31 Kweneng West	Mauritius 113
40 Kgatleng Central Serowe/	Seychelles 114
50 Palapye	Madagascar 115
51 Central Mahalapye	Other Africa 116
52 Central Bechuanaland	India 117
53 Central Boteti	China 118
54 Central Tlokweng	United Kingdom 119
60 North East	United States of America 120
70 Ngamiland East	Europe 121
71 Ngamiland West	America 122
72 Chobe	Asia 123
73 Delta	Rest of the World 124
80 Ghanzi	Not Known 999
81 Central Kalahari Game Reserve (CKGR)	
90 Kgalegadi South	
91 Kgalegadi North	

1. DEMOGRAPHIC CHARACTERISTICS, PART A - ROSTER

All persons		12 years and over								
102	103	104	105	106	107	108	109	110	111	112
What is [NAME]'s relationship to the household head? Head 01 Spouse 02 Son 03 Sister 04 Sister-in-law 05 Child-in-law 06 Step child 07 Parent 08 Parent-in-law 09 Grandson 10 Granddaughter 11 Nephew/Niece 12 Other relative 13 Non-relative 14	How old is [NAME] in completed years? [REDACTED] COPY RESPONSE TO THE FLAP	What is [NAME]'s sex? [REDACTED] Male 1 Female 2	Does [NAME] normally live outside here? Yes 1 No 2 CROSS FROM ROSTER AND FLAP AND NEXT PERSON	Has [NAME] been away from the household for more than one month continuously in the past 12 months? Yes 1 No 2 CROSS FROM ROSTER AND FLAP AND NEXT PERSON	For how many months was [NAME] away? IF MORE THAN 6 MONTHS AWAY, CROSS NAME FROM ROSTER AND FLAP AND NEXT PERSON	ENUMERATOR CHECK IS [NAME] 12 years old or older? CROSS CHECK WITH Q 108 Yes 1 No 2	What is [NAME]'s marital status? 1 Married 2 Living together 3 Separated 4 Divorced 5 Widower 6 Never married CROSS 113	Is the Spouse/Partner of [NAME] living in the household? Yes 1 No 2	RECORD SERIAL NUMBER OF SPOUSE/PARTNER ▶ 113	Where is the spouse/partner of [NAME] currently living? IF LIVING ELSEWHERE IN ROTSWANA, WRITE NAME OF THE LOCALITY AND RECORD THIS CENSUS DISTRICT CODE IF IN ANOTHER COUNTRY, WRITE COUNTRY NAME AND RECORD THE COUNTRY CODE Elsewhere in this locality 01 Elsewhere in Botswana (write locality & record 2 digit census district code) 02 Other country (write country & record 3 digit code) 03
01										LOCALITY CODE

CENSUS DISTRICT CODES COUNTRY CODES

01	Gabon	103
02	France	102
03	Laos	108
04	Malaysia	104
05	Malawi	105
06	Maldives	106
07	Senegal	107
08	Sierra Leone	108
09	South Africa	109
10	Spain	110
11	Switzerland	111
12	Tanzania	112
13	Thailand	113
14	Togo	114
15	Tunisia	115
16	Uganda	116
17	United Kingdom	117
18	USA	118
19	Yugoslavia	119
20	Other Africa	120
21	Other Asia	121
22	Other Europe	122
23	Other Latin America	123
24	Other Middle East	124
25	Other Oceania	125
26	Other North America	126
27	Other South America	127
28	Other Western Europe	128
29	Other Eastern Europe	129
30	Other Northern Africa	130
31	Other Southern Africa	131
32	Other Central America	132
33	Other Caribbean	133
34	Other South America	134
35	Other Middle East	135
36	Other Oceania	136
37	Other North America	137
38	Other South America	138
39	Other Western Europe	139
40	Other Eastern Europe	140
41	Other Northern Africa	141
42	Other Southern Africa	142
43	Other Central America	143
44	Other Caribbean	144
45	Other South America	145
46	Other Middle East	146
47	Other Oceania	147
48	Other North America	148
49	Other South America	149
50	Other Western Europe	150
51	Other Eastern Europe	151
52	Other Northern Africa	152
53	Other Southern Africa	153
54	Other Central America	154
55	Other Caribbean	155
56	Other South America	156
57	Other Middle East	157
58	Other Oceania	158
59	Other North America	159
60	Other South America	160
61	Other Western Europe	161
62	Other Eastern Europe	162
63	Other Northern Africa	163
64	Other Southern Africa	164
65	Other Central America	165
66	Other Caribbean	166
67	Other South America	167
68	Other Middle East	168
69	Other Oceania	169
70	Other North America	170
71	Other South America	171
72	Other Western Europe	172
73	Other Eastern Europe	173
74	Other Northern Africa	174
75	Other Southern Africa	175
76	Other Central America	176
77	Other Caribbean	177
78	Other South America	178
79	Other Middle East	179
80	Other Oceania	180
81	Other North America	181
82	Other South America	182
83	Other Western Europe	183
84	Other Eastern Europe	184
85	Other Northern Africa	185
86	Other Southern Africa	186
87	Other Central America	187
88	Other Caribbean	188
89	Other South America	189
90	Other Middle East	190
91	Other Oceania	191
92	Other North America	192
93	Other South America	193
94	Other Western Europe	194
95	Other Eastern Europe	195
96	Other Northern Africa	196
97	Other Southern Africa	197
98	Other Central America	198
99	Other Caribbean	199
100	Other South America	200
101	Other Middle East	201
102	Other Oceania	202
103	Other North America	203
104	Other South America	204
105	Other Western Europe	205
106	Other Eastern Europe	206
107	Other Northern Africa	207
108	Other Southern Africa	208
109	Other Central America	209
110	Other Caribbean	210
111	Other South America	211
112	Other Middle East	212
113	Other Oceania	213
114	Other North America	214
115	Other South America	215
116	Other Western Europe	216
117	Other Eastern Europe	217
118	Other Northern Africa	218
119	Other Southern Africa	219
120	Other Central America	220
121	Other Caribbean	221
122	Other South America	222
123	Other Middle East	223
124	Other Oceania	224
125	Other North America	225
126	Other South America	226
127	Other Western Europe	227
128	Other Eastern Europe	228
129	Other Northern Africa	229
130	Other Southern Africa	230
131	Other Central America	231
132	Other Caribbean	232
133	Other South America	233
134	Other Middle East	234
135	Other Oceania	235
136	Other North America	236
137	Other South America	237
138	Other Western Europe	238
139	Other Eastern Europe	239
140	Other Northern Africa	240
141	Other Southern Africa	241
142	Other Central America	242
143	Other Caribbean	243
144	Other South America	244
145	Other Middle East	245
146	Other Oceania	246
147	Other North America	247
148	Other South America	248
149	Other Western Europe	249
150	Other Eastern Europe	250
151	Other Northern Africa	251
152	Other Southern Africa	252
153	Other Central America	253
154	Other Caribbean	254
155	Other South America	255
156	Other Middle East	256
157	Other Oceania	257
158	Other North America	258
159	Other South America	259
160	Other Western Europe	260
161	Other Eastern Europe	261
162	Other Northern Africa	262
163	Other Southern Africa	263
164	Other Central America	264
165	Other Caribbean	265
166	Other South America	266
167	Other Middle East	267
168	Other Oceania	268
169	Other North America	269
170	Other South America	270
171	Other Western Europe	271
172	Other Eastern Europe	272
173	Other Northern Africa	273
174	Other Southern Africa	274
175	Other Central America	275
176	Other Caribbean	276
177	Other South America	277
178	Other Middle East	278
179	Other Oceania	279
180	Other North America	280
181	Other South America	281
182	Other Western Europe	282
183	Other Eastern Europe	283
184	Other Northern Africa	284
185	Other Southern Africa	285
186	Other Central America	286
187	Other Caribbean	287
188	Other South America	288
189	Other Middle East	289
190	Other Oceania	290
191	Other North America	291
192	Other South America	292
193	Other Western Europe	293
194	Other Eastern Europe	294
195	Other Northern Africa	295
196	Other Southern Africa	296
197	Other Central America	297
198	Other Caribbean	298
199	Other South America	299
200	Other Middle East	300
201	Other Oceania	301
202	Other North America	302
203	Other South America	303
204	Other Western Europe	304
205	Other Eastern Europe	305
206	Other Northern Africa	306
207	Other Southern Africa	307
208	Other Central America	308
209	Other Caribbean	309
210	Other South America	310
211	Other Middle East	311
212	Other Oceania	312
213	Other North America	313
214	Other South America	314
215	Other Western Europe	315
216	Other Eastern Europe	316
217	Other Northern Africa	317
218	Other Southern Africa	318
219	Other Central America	319
220	Other Caribbean	320
221	Other South America	321
222	Other Middle East	322
223	Other Oceania	323
224	Other North America	324
225	Other South America	325
226	Other Western Europe	326
227	Other Eastern Europe	327
228	Other Northern Africa	328
229	Other Southern Africa	329
230	Other Central America	330
231	Other Caribbean	331
232	Other South America	332
233	Other Middle East	333
234	Other Oceania	334
235	Other North America	335
236	Other South America	336
237	Other Western Europe	337
238	Other Eastern Europe	338
239	Other Northern Africa	339
240	Other Southern Africa	340
241	Other Central America	341
242	Other Caribbean	342
243	Other South America	343
244	Other Middle East	344
245	Other Oceania	345
246	Other North America	346
247	Other South America	347
248	Other Western Europe	348
249	Other Eastern Europe	349
250	Other Northern Africa	350
251	Other Southern Africa	351
252	Other Central America	352
253	Other Caribbean	353
254	Other South America	354
255	Other Middle East	355
256	Other Oceania	356
257	Other North America	357
258	Other South America	358
259	Other Western Europe	359
260	Other Eastern Europe	360
261	Other Northern Africa	361
262	Other Southern Africa	362
263	Other Central America	363
264	Other Caribbean	364
265	Other South America	365
266	Other Middle East	366
267	Other Oceania	367
268	Other North America	368
269	Other South America	369
270	Other Western Europe	370
271	Other Eastern Europe	371
272	Other Northern Africa	372
273	Other Southern Africa	373
274	Other Central America	374
275	Other Caribbean	375
276	Other South America	376
277	Other Middle East	377
278	Other Oceania	378
279	Other North America	379
280	Other South America	380
281	Other Western Europe	381
282	Other Eastern Europe	382
283	Other Northern Africa	383
284	Other Southern Africa	384
285	Other Central America	385
286	Other Caribbean	386
287	Other South America	387
288	Other Middle East	388
289	Other Oceania	389
290	Other North America	390
291	Other South America	391
292	Other Western Europe	392
293	Other Eastern Europe	393
294	Other Northern Africa	394
295	Other Southern Africa	395
296	Other Central America	396
297	Other Caribbean	397
298	Other South America	398
299	Other Middle East	399
300	Other Oceania	400
301	Other North America	401
302	Other South America	402
303	Other Western Europe	403
304	Other Eastern Europe	404
305	Other Northern Africa	405
306	Other Southern Africa	406
307	Other Central America	407
308	Other Caribbean	408
309	Other South America	409
310	Other Middle East	410
311	Other Oceania	411
312	Other North America	412
313	Other South America	413
314	Other Western Europe	414
315	Other Eastern Europe	415
316	Other Northern Africa	416
317	Other Southern Africa	417
318	Other Central America	418
319	Other Caribbean	419
320	Other South America	420
321	Other Middle East	421
322	Other Oceania	422
323	Other North America	423
324	Other South America	424
325	Other Western Europe	425
326	Other Eastern Europe	426
327	Other Northern Africa	427
328	Other Southern Africa	428
329	Other Central America	429
330	Other Caribbean	430
331	Other South America	431
332	Other Middle East	432
333	Other Oceania	433
334	Other North America	434
335	Other South America	435
336	Other Western Europe	436
337	Other Eastern Europe	437
338	Other Northern Africa	438
339	Other Southern Africa	439
340	Other Central America	440
341	Other Caribbean	441
342	Other South America	442
343	Other Middle East	443
344	Other Oceania	444
345	Other North America	445
346	Other South America	446
347	Other Western Europe	447
348	Other Eastern Europe	448
349	Other Northern Africa	449
350	Other Southern Africa	450
351	Other Central America	451
352	Other Caribbean	452
353	Other South America	453
354	Other Middle East	454
355	Other Oceania	455
356	Other North America	456
357	Other South America	457
358	Other Western Europe	458
359	Other Eastern Europe	459
360	Other Northern Africa	460
361	Other Southern Africa	461
362	Other Central America	462
363	Other Caribbean	463
364	Other South America	464
365	Other Middle East	465
366	Other Oceania	466
367	Other North America	467
368	Other South America	468
369	Other Western Europe	469
370	Other Eastern Europe	470
371	Other Northern Africa	471
372	Other Southern Africa	472
373	Other Central America	473
374	Other Caribbean	474
375	Other South America	475
376	Other Middle East	476
377	Other Oceania	477
378	Other North America	478
379	Other South America	479
380	Other Western Europe	480
381	Other Eastern Europe	481
382	Other Northern Africa	482
383	Other Southern Africa	483
384	Other Central America	484
385	Other Caribbean	485
386	Other South America	486
387	Other Middle East	487
388	Other Oceania	488
389	Other North America	489
390	Other South America	490
391	Other Western Europe	491
392	Other Eastern Europe	492
393	Other Northern Africa	493
394	Other Southern Africa	494
395	Other Central America	495
396	Other Caribbean	496
397	Other South America	497
398	Other Middle East	498
399	Other Oceania	499
400	Other North America	500

CENSUS DISTRICT CODES COUNTRY CODES

01	Gaborone	Botswana	101
02	Francistown	Angola	102
03	Lobatse	Lesotho	103
04	Selibe Phikwe	Malawi	104
05	Craipa	Mozambique	105
06	Jwaneng	Namibia	106
07	Sowa	South Africa	107
10	Ngwaketse/Southern	Swaziland	108
11	Barolong	Zambia	109
12	Ngwaketse West	Zimbabwe	110
20	South East	Tanzania	111
30	Kwenseng East	DRC	112
31	Kwenseng West	Mauritius	113
40	Kgatlong Central/Serowe/	Seychelles	114
60	Palapye	Madagascar	115
51	Central Mahalapye	Other Africa	116
62	Central Botswana	India	117
53	Central Boteti	China	118
64	Central Tlokweng	United Kingdom	119
80	North East	United States of America	120
70	Ngamitland East	Europe	121
71	Ngamitland West	America	122
73	Chobe	Asia	123
80	Delta	Rest of the World	124
81	Central Kalahari Game Reserve (CKGR)	Not Known	999
90	Kgalagadi South		
91	Kgalagadi North		

1. DEMOGRAPHIC CHARACTERISTICS, PART C- HOUSEHOLD MEMBERS' CHILDREN LIVING ELSE WHERE

RESPONDENT SHOULD BE HEAD OF HOUSEHOLD / SPOUSE OR KNOWN/GRABABLE ADULT

141. Do you or any member of your household have children aged below 21 years who are not living in the household? Yes 1 No 2 **PART ID** _____

DO NOT INCLUDE PERSONS LISTED AS HOUSEHOLD MEMBERS IN PART A

CHILD ORDER	142	143	144	145	146	147	148	149	150	151	152
	Please tell me the names of any household members child (below 21 years old) who is not living in the household.	What is (NAME) male reason for not living in this household? 1 Attending school 2 Working 3 Living with his/her other parent 4 Living with grandparents 5 Living with other relatives 6 Marriage 7 Living with boyfriend/girlfriend 8 Accommodation shortage 9 Other (specify)	What is (NAME) sex? 1 Male 2 Female	How old is (NAME) in completed years?	Does (NAME) biological father live in this household?	RECORD SERIAL NUMBER OF FATHER	Does (NAME) biological mother live in this household?	RECORD SERIAL NUMBER OF MOTHER	Where is (NAME) living? (REFERS TO THE CHILD)	What is the highest grade that (NAME) completed?	Is (NAME) currently enrolled in school?
01									Elsewhere in this locality	None	
02									86	Pre-school	
05									86	00 01 02 03 09	
04									86	60 61 62 63 64 65 69	
05									86	13 14 15 16 17 19	
06									86	21 22 23 24 25 26 29	
07									86	31 32 33 34 35 39	Yes 1
08									86	41 42 43 44 45 49	No 2
09									86	Don't know 99	
10									86	Don't know 99	
11									86	Don't know 99	
12									86	Don't know 99	
13									86	Don't know 99	
14									86	Don't know 99	

1. DEMOGRAPHIC CHARACTERISTICS, PART D - RECENT DEATHS OF ADULT HOUSEHOLD MEMBERS

RESPONDENT SHOULD BE HEAD OF HOUSEHOLD / SPOUSE OR KNOWLEDGABLE ADULT

All deaths for individuals aged 12 and over

		Yes 1 No 2 ▶ NEXT SECTION											
153		I would like to ask you about recent deaths of adult members of this household that is, individuals aged 12 years or older. Has any member of this household (12 years or older) died in the last two years, that is, since [CURRENT MONTH TWO YEARS AGO]?											
154	155	156	157	158	159	160	161	162	163				
DEATHS	What was the person's name?	When did [NAME] die?	How old was [NAME] when he/she died?	What was [NAME]'s sex?	Before the death of [NAME] was he/she the head of the household?	What was [NAME]'s relationship to the current head of this household?	What was the cause of [NAME]'s death?	Was the death registered with civil registration?	Did [NAME] contribute to the household income anytime in the two years before his/her death?				
ASK FOR MOST RECENT DEATH, THEN PROMPT FOR EARLIER DEATHS UNTIL DONE.	PROMPT FOR OTHER DEATHS IN THE LAST 2 YEARS	Jan 1 Feb 2 Mar 3 Apr 4 May 5 Jun 6 Jul 7 Aug 8 Sep 9 Oct 10 Nov 11 Dec 12	AGE IN COMPLETED YEARS	Male 1 Female 2	Yes 1 No 2	Spouse/Partner 02 Son/Daughter 03 Child in-law 04 Step child 05 Grandchild 06 Parent 07 Parent in-law 08 Nephew/Sister 09 Nephew/Niece 10 Other relative 11 Not related 12	Illness 01 Transport related 02 Accident 03 Other accident 04 Mute 05 Suicide 06 Pregnancy 07 Childbirth 08 Natural disease 09 Other 10	Yes 1 No 2 Do not know 9	Yes, main breadwinner 1 Yes, major contributor 2 Yes, minor contributor 3 No 4				
ORDER OF DEATH	Name	Month	Year										
01	Most recent												
02	2nd most recent												
03	3rd most recent												
04	4th most recent												
05	5th most recent												
06	6th most recent												
07	7th most recent												

2. EDUCATION

All persons 3 years and older:

200	201	202	203	204	205	206	207
<p>200</p> <p>ENUMERATOR CHECK: IS (NAME) 3 YEARS OR OLDER?</p> <p>Yes 1</p> <p>No 2</p>	<p>201</p> <p>WRITE THE SERIAL NUMBER OF THE PERSON PROVIDING THIS INFORMATION</p>	<p>202</p> <p>Did (NAME) attend preschool?</p> <p>CAPTURE ATTENDANCE</p> <p>Yes, less than 1 year 1</p> <p>Yes, 1 - 2 years 2</p> <p>Yes, more than 2 years 3</p> <p>Full attendance 4</p> <p>No 5</p>	<p>203</p> <p>Has (NAME) ever attended school, including nonformal government education?</p>	<p>204</p> <p>Why did (NAME) never attend school? (MAIN REASON)</p> <p>Too expensive 01</p> <p>School too far 02</p> <p>My school is full 03</p> <p>Impaired sight 04</p> <p>Impaired hearing 05</p> <p>Special education 06</p> <p>Physical disability 07</p> <p>Parents did not want/Did not allow to attend 08</p> <p>Over illness 09</p> <p>Caring for ill family member 10</p> <p>Unable to pay school fees 11</p>	<p>205</p> <p>Can (NAME) read a short passage in any language?</p> <p>Yes, easily 1</p> <p>Yes, with difficulty 2</p> <p>No 3</p>	<p>206</p> <p>How old was (NAME) when entering primary school? (STD 1)</p> <p>REPORT AGE IN COMPLETE YEARS UP ABOVE AGE 14 WITH (8)</p> <p>IF DID NOT ATTEND STD1, WRITE 99</p> <p>IF DON'T KNOW, WRITE 99</p>	<p>207</p> <p>What is the last grade that (NAME) completed?</p> <p>None 99</p> <p>None formal 99</p> <p>Primary 10 11 12</p> <p>Secondary 13 14 15 16 17 18</p> <p>Vocational 19 20 21 22 23 24 25 26 27</p> <p>University College 28 29 30 31 32 33 34 35 36</p> <p>Post Graduate 37 38 39 40 41 42</p> <p>Post Grad 43 44 45 46 47 48 49</p>

2. EDUCATION

FOR PERSONS 95 YEARS OR LESS WHO ARE ATTENDING SCHOOL													
225	226	227	228	230	231	232	233	234	235	236	237	238	
<p>During the current school year, that is, the year that began on January [CURRENT YEAR] how much did your household spend or expect to spend on [NAME]'s education for:</p> <p>IF BETWEEN SCHOOL YEARS, ASK ABOUT RECENTLY COMPLETED YEAR</p>													
<p>IF NOTHING WAS SPENT FOR AN ITEM, PUT '00'</p> <p>TOTAL COLUMN TO BE CALCULATED BY INTERVIEWER.</p> <p>IF RESPONDENT CAN ONLY GIVE A TOTAL AMOUNT, WRITE '00' IN ALL ITEM COLUMNS AND ENTER THE TOTAL IN THE TOTAL COLUMN.</p> <p>RECORD THE AMOUNTS TO THE NEAREST PULA.</p>													
School Fees and Tuition	Uniforms (including school shoes)	Textbooks	Other educational materials (notebooks, pens, etc)	School excursions & school projects	Transportation to school	Other expenses (parent teacher association fees, etc.)	TOTAL	Relative or friend from outside the household	Scholarship/ tuition reduction from the school	Employer provided schooling or subsidy	Student allowance	Needy Student Package	Other (specify)
<p>IF BETWEEN SCHOOL YEARS, ASK ABOUT RECENTLY COMPLETED YEAR</p> <p>IF NOTHING WAS RECEIVED IN A CATEGORY, PUT '00'.</p> <p>RECORD TO THE NEAREST PULA.</p>													
<p>In the current school year, did [NAME] receive or expect to receive financial support for his/her education from the following sources? How much did [NAME] receive or expect to receive in this school year?</p>													

3. HEALTH, PART A - HEALTH STATUS

DIFFICULTIES, ALL PERSONS				ALL PERSONS				
310	311	312	313	314	315	316	317	318
<p>A go na le monegwa mo napegwa yo nang le borhata jwa go gologolewa kgotso go nna le ketelelo mo go se a ne dirang?</p> <p>Do you/ (NAME) have difficulty communicating, for example understanding or being understood?</p> <p>1 NO, NO DIFFICULTY</p> <p>2 YES, SOME DIFFICULTY</p> <p>3 YES, A LOT OF DIFFICULTY</p> <p>4 CANNOT DO IT AT ALL</p> <p>5 (YOU YOUNG TO TELL)</p>	<p>Do you/ (NAME) have difficulty with (self-care such as) washing all over or dressing?</p> <p>1 IF 307 TO 312 ARE ALL CODED 1 OR 5 SKIP TO 315</p>	<p>Using your usual (local) language, do you/ (NAME) have difficulty communicating, for example understanding or being understood?</p> <p>1 BORN LIKE THIS</p> <p>2 WORK-RELATED INJURY</p> <p>3 STREET/TRAFFIC</p> <p>4 OTHER ACCIDENT</p> <p>5 WORK-RELATED DISEASE</p> <p>6 NON-WORK RELATED</p> <p>7 MULTIPLE DISEASES</p> <p>8 AGING</p> <p>98 OTHER (SPECIFY)</p> <p>99</p>	<p>What was the cause of the difficulty? MOST IMPORTANT REASON. IF MORE THAN ONE DIFFICULTY, REFER TO THE MOST SERIOUS</p> <p>1 BORN LIKE THIS</p> <p>2 WORK-RELATED INJURY</p> <p>3 STREET/TRAFFIC</p> <p>4 OTHER ACCIDENT</p> <p>5 WORK-RELATED DISEASE</p> <p>6 NON-WORK RELATED</p> <p>7 MULTIPLE DISEASES</p> <p>8 AGING</p> <p>98 OTHER (SPECIFY)</p> <p>99</p>	<p>How old were you/ (NAME) when this difficulty began? IF MORE THAN ONE DIFFICULTY, REFER TO THE MOST SERIOUS</p> <p>1 YES</p> <p>2 NO</p> <p>319 (part B)</p>	<p>Do you/ (NAME) have a chronic (long term) or permanent health condition, such as high blood pressure, diabetes, HIV, cancer, depression, TB, etc.</p> <p>1 YES</p> <p>2 NO</p> <p>319 (part B)</p>	<p>What is this condition? REPORT UP TO THREE CHRONIC CONDITIONS</p> <p>01 High blood pressure</p> <p>02 Chronic kidney disease</p> <p>03 TB</p> <p>04 Anemia</p> <p>05 Dental disease</p> <p>06 HIV/AIDS</p> <p>07 Osteoporosis (brittle bones)</p> <p>08 Epilepsy</p> <p>09 Psychiatric disease</p> <p>10 Rheumatism/ Joint inflammation</p> <p>11 Chronic kidney disease</p> <p>12 TB</p> <p>13 Anemia</p> <p>14 Dental disease</p> <p>15 HIV/AIDS</p> <p>16 Osteoporosis (brittle bones)</p> <p>17 Epilepsy</p> <p>18 Psychiatric disease</p> <p>19 Rheumatism/ Joint inflammation</p>	<p>How many years have you/ (NAME) had this condition?</p> <p>IF LESS THAN 1 YEAR, WRITE %</p> <p>1st 2nd 3rd</p>	<p>Does this/ these condition(s) prevent (NAME) from working, being active, going to school, etc?</p> <p>1 YES</p> <p>2 NO</p> <p>319 (Part B)</p>

3. HEALTH, PART B - EXPENDITURE ON HEALTH SERVICES IN THE PAST 4 WEEKS AND 12 MONTHS

ALL PERSONS

336	337	338	339	340	341
Who runs this facility?	What is the name of this facility/provider?	Is (NAME) covered by health insurance (Medical Aid)?	What kind of insurance? Medical aid through public employer Medical aid through private employer Medical aid - self insured Dependent of public/parastatal employee Dependent of private employees Dependent of self insured Other (specify)	<p>340</p> <p>Not I would like to know about other important health expenditures your household may have made during the past 12 months, that is since (MONTH, YEAR). Please indicate only the amounts paid by household and not reimbursed by medical aid. Include medical costs incurred outside as well as inside Botswana.</p>	<p>341</p> <p>TOTAL PAID in the past 12 months</p>
<p>1 Government</p> <p>2 Private</p> <p>3 Employer provided</p> <p>4 Non Gov't org.</p> <p>5 Mission</p> <p>6 Other (specify) 88</p>	Name	<p>Yes 1</p> <p>No 2</p> <p>▶ 842 (Part C)</p>	<p>▶ 842 (Part C) (OR IF HOUSEHOLD HEAD ▶ 840)</p>	<p>ASK THE FOLLOWING TO THE HOUSEHOLD HEAD OR MOST INFORMED MEMBER:</p>	PULA
				1 Consultations with private doctor	
				2 Consultations with traditional doctors or healers	
				3 Dental treatment	
				4 Cost of surgery (Specify surgery)	
				5 Consultation with optician, cost of eye tests	
				6 Cost of spectacles, lenses, etc.	
				7 Purchases of drugs and medicines (excluding common medicines such as paracetamol, cough mixture, etc.)	
				8 Other medical expenses (Specify)	

3. HEALTH PART C - HEALTH RELATED BEHAVIOURS

342a		343		344		345		346		347		348		349	
342b		343		344		345		346		347		348		349	
ENDORSEMENT CHECK: IS NAME 13 YEARS OR OLDER?		Do you currently smoke/turf?		How many times do you smoke/turf per day (daily average over the past month)?		How old were you when you first began smoking/ snuffing?		Did you ever smoke/snuff?		How old were you when you quit smoking/snuffing? (Last time quitting?)		When you were smoking/snuffing, about how many times did you smoke/snuff per day?		Do you think smoking snuffing can be as dangerous to your health?	
Yes 1 No 2		Yes 1 No 3		No of cigarettes per day No of snuffs per day		AGE IN YEARS		Yes 1 No 3		AGE IN YEARS		No of cigarettes per day No of snuffs per day		Yes 1 No 2	
PLEASE INTERVIEW THE PERSON USE ANOTHER RESPONDENT ONLY IN EXCEPTIONAL CONDITIONS															
NEXT PERSON															

3. HEALTH, PART C - HEALTH RELATED BEHAVIORS

ALL PERSONS 12 YEARS AND OVER	
350	<p>Do you consume alcoholic beverages?</p> <p>No 1 Yes 2</p> <p>▶ NEXT PERSON</p>
351	<p>How much beer or cider do you drink? How many (bottles, cans, quarts) per day, week or month?</p> <p>IF NONE, PUT 0 FOR NUMBER AND LEAVE UNITS BLANK</p> <p>Size unit can/bottle (350-360 ml) 1 bottle/draft (440-600 ml) 2 quart (950 ml) 3 other (specify) 99</p> <p>Day 1 Week 2 Month 3 Occas. 4</p> <p>Number Time Unit</p>
352	<p>How many cartons of chibuku do you drink in a day, a week or a month?</p> <p>IF NONE, PUT 0 FOR NUMBER AND LEAVE TIME UNIT BLANK</p> <p>Size unit Cart. mag. 1 (ganyuunaa) jar (375 ml) 2 large jar (750 ml) 3 Other (specify) 99</p> <p>Day 1 Week 2 Month 3 Occas. 4</p> <p>Number Time Unit</p>
353	<p>How much home brewed alcohol (bujalwa, IsiSewana, Masi, setoposi, etc.) do you drink in a day, week or month?</p> <p>Size unit Cup, mag. 1 (ganyuunaa) jar (375 ml) 2 large jar (750 ml) 3 Other (specify) 99</p> <p>Day 1 Week 2 Month 3 Occas. 4</p> <p>Number Time Unit</p>
354	<p>How much of other alcoholic beverages do you consume? (wine, whiskey, etc.) in a day, a week, or a month?</p> <p>Size unit glass of wine 1 bottle of wine (750 ml) 2 shot (whiskey, etc.) 3 nip (200 ml) 4 half-pint (375 ml) 5 straight (750ml) 6 other (specify) 99</p> <p>Day 1 Week 2 Month 3 Occas. 4</p> <p>Number Time Unit</p>
355	<p>How old were you when you first began drinking alcohol on a regular basis?</p> <p>▶ NEXT PERSON</p>

3. HEALTH, PART E-PRE/POSTNATAL CHECKUP & BREAST-FEEDING (MOST RECENT BIRTH IN THE LAST FIVE YEARS)

ALL FEMALES 12-49 WHO HAVE GIVEN BIRTH IN THE LAST 5 YEARS											
383	384	385	386	387	388	389	390	391	392	393	394
ENUMERATOR CHECK IS THIS A WOMAN AGED BETWEEN 12-49 YEARS?	Have you given birth to a child in the last 5 years, that is since MONTH, YEAR?	Did you have any child born in the past 5 years who was born alive but later died, even if the child only lived for a few minutes, hours or days?	What is/was the name of the child born <u>most recently</u> in the past 5 years? IF NOT NAMED, WRITE "BABY BOY" or "BABY GIRL".	In what month and year was (CHILD NAME) born?	Is (CHILD NAME) still alive?	Does (CHILD NAME) live in this household	RECORD SERIAL NUMBER OF (CHILD) TAKE FROM THE HOUSEHOLD LD ROSTER	How long did (CHILD NAME) live? IF CHILD LIVED MORE THAN 1 YEAR, RECORD YEARS AND MONTHS AND PUT '0' FOR DAYS IF CHILD LIVED LESS THAN 1 YEAR, PUT '0' FOR YEARS AND MONTHS AND ESTIMATED DAYS IF CHILD LIVED LESS THAN 1 MONTH, PUT '0' FOR YEARS AND MONTHS, AND RECORD NO. OF DAYS	When you were pregnant with this child, did you consult anyone for a check up (Antenatal Care) on this pregnancy?	Where did you go for this check up?	Who assisted with the delivery of this child?
Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	Jan 1 Feb 2 Mar 3 Apr 4 May 5 Jun 6 Jul 7 Aug 8 Sep 9 Oct 10 Nov 11 Dec 12	Yes 1 No 2	Yes 1 No 2	383	Days 1 Months 2 Years 3	No 1 Yes 2	1 Clinic (see 1) 2 Dispensary 3 Public clinic 4 Health Post 5 Hospital 6 Private doctor 7 Informal 8 Doctor/midwife 9 Relative/Friend 0 Other (specify)	1 Doctor 2 Nurse/midwife 3 Auxiliary nurse 4 Traditional birth attendant 5 Traditional doctor 6 Spiritual healer 7 Relative/Friend 8 Other (specify)

3. HEALTH, PART E-PRE/POSTNATAL CHECKUP & BREASTFEEDING (MOST RECENT BIRTH IN THE LAST FIVE YEARS)

BREAST FEEDING									
395	396	397	398	398b	398c	398d	398e	399	399b
After the birth, did you (mother) see anyone for a postnatal checkup?	Where did you go for this check up? Clinic (fixed location) 1 Mobile clinic 2 Health Post 3 Hospital 4 Private doctor 5 Informal 6 Doctor/Other (specify) 98	Did you breastfeed [CHILD NAME] at all? [CHILD NAME] to breastfeed? PLEASE ANSWER EVEN IF THE BABY LATER DIED. 1-24 hours 1 24-48 hours 2 48-96 hours 3 96-24 hours 4 More than 24 hours 5 Don't know 9	During the three days after delivery, what did you give the baby to drink in addition to first milk/colostrum? IF MORE THAN ONE, SPEAK OF THE MAIN Water 1 Water and formula 2 Sugar and water/tea 3 Germ milk/ cow milk 4 Other (specify) 98 Nothing 99	Not counting liquids given during the first 3 days after delivery, did you exclusively breastfeed for at least 6 months (no other liquid formula and no food)? Yes, only breast milk 1 Yes, breast milk and 2 formula 2 No, baby died 3 No, also some formula 4 No, baby died 5	Not including liquids you gave to the baby in the first three days after delivery, how long was breast milk the only liquid given to the baby? ANSWER IN DAYS IF BABY DIED BEFORE BEGINNING OTHER LIQUIDS, WHITE 9888 AND ▶ NEXT WOMAN IF BABY IS STILL DRINKING ONLY BREAST MILK, WHITE 7777 AND ▶ NEXT WOMAN	How old was the baby when you completely stopped breastfeeding? IF BABY IS STILL BREAST FEEDING, WHITE 9888	Why did you not breastfeed this baby? Baby died 1 Baby too sick 2 Did not have milk 3 Mother sick 4 Medical reason 5 Did not want to 6 Husband/family did not want 7 Work commitments 8 Other (specify) 98	Did you exclusively give formula for at least 6 months (no other liquid and no food)? Yes 1 No 2 Baby died 3 ▶ NEXT WOMAN	
						DAYS	MONTHS		

4. EMPLOYMENT (all persons age 12 and older)

PERSON NOT AT WORK (ABSENT FROM JOB/BUSINESS) IN THE LAST 7 DAYS						
411	412	413	414	415	416	417
During the past 7 days have you worked, paid or unpaid, in any kind of non-farm enterprise/ activity belonging to you or a member of your household, even if it was for only one hour? For example, as a barber, shop keeper, dressmaker, carpenter or taxi driver?	During the past 7 days how many hours have you worked in this household enterprise/ activity?	ENUMERATOR: IS THERE A YES RESPONSE IN AT LEAST ONE OF QUESTIONS 404, 405, 408 OR 411?	Although you did not work in the past 7 days, do you have a job or activity, including a wage job, or paid or unpaid work in household agriculture or work in a household business, that you will definitely return to?	Is the job or activity you will return to a wage job, work in a household non-agriculture enterprise, or work in household agriculture? <u>salary wage / job</u> <u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u> <u>6</u> <u>7</u> <u>8</u> <u>9</u> <u>10</u> <u>11</u> <u>12</u> <u>13</u> <u>14</u> <u>15</u> <u>16</u> <u>17</u> <u>18</u> <u>19</u> <u>20</u> <u>21</u> <u>22</u> <u>23</u> <u>24</u> <u>25</u> <u>26</u> <u>27</u> <u>28</u> <u>29</u> <u>30</u> <u>31</u> <u>32</u> <u>33</u> <u>34</u> <u>35</u> <u>36</u> <u>37</u> <u>38</u> <u>39</u> <u>40</u> <u>41</u> <u>42</u> <u>43</u> <u>44</u> <u>45</u> <u>46</u> <u>47</u> <u>48</u> <u>49</u> <u>50</u> <u>51</u> <u>52</u> <u>53</u> <u>54</u> <u>55</u> <u>56</u> <u>57</u> <u>58</u> <u>59</u> <u>60</u> <u>61</u> <u>62</u> <u>63</u> <u>64</u> <u>65</u> <u>66</u> <u>67</u> <u>68</u> <u>69</u> <u>70</u> <u>71</u> <u>72</u> <u>73</u> <u>74</u> <u>75</u> <u>76</u> <u>77</u> <u>78</u> <u>79</u> <u>80</u> <u>81</u> <u>82</u> <u>83</u> <u>84</u> <u>85</u> <u>86</u> <u>87</u> <u>88</u> <u>89</u> <u>90</u> <u>91</u> <u>92</u> <u>93</u> <u>94</u> <u>95</u> <u>96</u> <u>97</u> <u>98</u> <u>99</u> <u>100</u> <u>101</u> <u>102</u> <u>103</u> <u>104</u> <u>105</u> <u>106</u> <u>107</u> <u>108</u> <u>109</u> <u>110</u> <u>111</u> <u>112</u> <u>113</u> <u>114</u> <u>115</u> <u>116</u> <u>117</u> <u>118</u> <u>119</u> <u>120</u> <u>121</u> <u>122</u> <u>123</u> <u>124</u> <u>125</u> <u>126</u> <u>127</u> <u>128</u> <u>129</u> <u>130</u> <u>131</u> <u>132</u> <u>133</u> <u>134</u> <u>135</u> <u>136</u> <u>137</u> <u>138</u> <u>139</u> <u>140</u> <u>141</u> <u>142</u> <u>143</u> <u>144</u> <u>145</u> <u>146</u> <u>147</u> <u>148</u> <u>149</u> <u>150</u> <u>151</u> <u>152</u> <u>153</u> <u>154</u> <u>155</u> <u>156</u> <u>157</u> <u>158</u> <u>159</u> <u>160</u> <u>161</u> <u>162</u> <u>163</u> <u>164</u> <u>165</u> <u>166</u> <u>167</u> <u>168</u> <u>169</u> <u>170</u> <u>171</u> <u>172</u> <u>173</u> <u>174</u> <u>175</u> <u>176</u> <u>177</u> <u>178</u> <u>179</u> <u>180</u> <u>181</u> <u>182</u> <u>183</u> <u>184</u> <u>185</u> <u>186</u> <u>187</u> <u>188</u> <u>189</u> <u>190</u> <u>191</u> <u>192</u> <u>193</u> <u>194</u> <u>195</u> <u>196</u> <u>197</u> <u>198</u> <u>199</u> <u>200</u> <u>201</u> <u>202</u> <u>203</u> <u>204</u> <u>205</u> <u>206</u> <u>207</u> <u>208</u> <u>209</u> <u>210</u> <u>211</u> <u>212</u> <u>213</u> <u>214</u> <u>215</u> <u>216</u> <u>217</u> <u>218</u> <u>219</u> <u>220</u> <u>221</u> <u>222</u> <u>223</u> <u>224</u> <u>225</u> <u>226</u> <u>227</u> <u>228</u> <u>229</u> <u>230</u> <u>231</u> <u>232</u> <u>233</u> <u>234</u> <u>235</u> <u>236</u> <u>237</u> <u>238</u> <u>239</u> <u>240</u> <u>241</u> <u>242</u> <u>243</u> <u>244</u> <u>245</u> <u>246</u> <u>247</u> <u>248</u> <u>249</u> <u>250</u> <u>251</u> <u>252</u> <u>253</u> <u>254</u> <u>255</u> <u>256</u> <u>257</u> <u>258</u> <u>259</u> <u>260</u> <u>261</u> <u>262</u> <u>263</u> <u>264</u> <u>265</u> <u>266</u> <u>267</u> <u>268</u> <u>269</u> <u>270</u> <u>271</u> <u>272</u> <u>273</u> <u>274</u> <u>275</u> <u>276</u> <u>277</u> <u>278</u> <u>279</u> <u>280</u> <u>281</u> <u>282</u> <u>283</u> <u>284</u> <u>285</u> <u>286</u> <u>287</u> <u>288</u> <u>289</u> <u>290</u> <u>291</u> <u>292</u> <u>293</u> <u>294</u> <u>295</u> <u>296</u> <u>297</u> <u>298</u> <u>299</u> <u>300</u> <u>301</u> <u>302</u> <u>303</u> <u>304</u> <u>305</u> <u>306</u> <u>307</u> <u>308</u> <u>309</u> <u>310</u> <u>311</u> <u>312</u> <u>313</u> <u>314</u> <u>315</u> <u>316</u> <u>317</u> <u>318</u> <u>319</u> <u>320</u> <u>321</u> <u>322</u> <u>323</u> <u>324</u> <u>325</u> <u>326</u> <u>327</u> <u>328</u> <u>329</u> <u>330</u> <u>331</u> <u>332</u> <u>333</u> <u>334</u> <u>335</u> <u>336</u> <u>337</u> <u>338</u> <u>339</u> <u>340</u> <u>341</u> <u>342</u> <u>343</u> <u>344</u> <u>345</u> <u>346</u> <u>347</u> <u>348</u> <u>349</u> <u>350</u> <u>351</u> <u>352</u> <u>353</u> <u>354</u> <u>355</u> <u>356</u> <u>357</u> <u>358</u> <u>359</u> <u>360</u> <u>361</u> <u>362</u> <u>363</u> <u>364</u> <u>365</u> <u>366</u> <u>367</u> <u>368</u> <u>369</u> <u>370</u> <u>371</u> <u>372</u> <u>373</u> <u>374</u> <u>375</u> <u>376</u> <u>377</u> <u>378</u> <u>379</u> <u>380</u> <u>381</u> <u>382</u> <u>383</u> <u>384</u> <u>385</u> <u>386</u> <u>387</u> <u>388</u> <u>389</u> <u>390</u> <u>391</u> <u>392</u> <u>393</u> <u>394</u> <u>395</u> <u>396</u> <u>397</u> <u>398</u> <u>399</u> <u>400</u> <u>401</u> <u>402</u> <u>403</u> <u>404</u> <u>405</u> <u>406</u> <u>407</u> <u>408</u> <u>409</u> <u>410</u> <u>411</u> <u>412</u> <u>413</u> <u>414</u> <u>415</u> <u>416</u> <u>417</u> <u>418</u> <u>419</u> <u>420</u> <u>421</u> <u>422</u> <u>423</u> <u>424</u> <u>425</u> <u>426</u> <u>427</u> <u>428</u> <u>429</u> <u>430</u> <u>431</u> <u>432</u> <u>433</u> <u>434</u> <u>435</u> <u>436</u> <u>437</u> <u>438</u> <u>439</u> <u>440</u> <u>441</u> <u>442</u> <u>443</u> <u>444</u> <u>445</u> <u>446</u> <u>447</u> <u>448</u> <u>449</u> 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<u>541</u> <u>542</u> <u>543</u> <u>544</u> <u>545</u> <u>546</u> <u>547</u> <u>548</u> <u>549</u> <u>550</u> <u>551</u> <u>552</u> <u>553</u> <u>554</u> <u>555</u> <u>556</u> <u>557</u> <u>558</u> <u>559</u> <u>560</u> <u>561</u> <u>562</u> <u>563</u> <u>564</u> <u>565</u> <u>566</u> <u>567</u> <u>568</u> <u>569</u> <u>570</u> <u>571</u> <u>572</u> <u>573</u> <u>574</u> <u>575</u> <u>576</u> <u>577</u> <u>578</u> <u>579</u> <u>580</u> <u>581</u> <u>582</u> <u>583</u> <u>584</u> <u>585</u> <u>586</u> <u>587</u> <u>588</u> <u>589</u> <u>590</u> <u>591</u> <u>592</u> <u>593</u> <u>594</u> <u>595</u> <u>596</u> <u>597</u> <u>598</u> <u>599</u> <u>600</u> <u>601</u> <u>602</u> <u>603</u> <u>604</u> <u>605</u> <u>606</u> <u>607</u> <u>608</u> <u>609</u> <u>610</u> <u>611</u> <u>612</u> <u>613</u> <u>614</u> <u>615</u> <u>616</u> <u>617</u> <u>618</u> <u>619</u> <u>620</u> <u>621</u> <u>622</u> <u>623</u> <u>624</u> <u>625</u> <u>626</u> <u>627</u> <u>628</u> <u>629</u> <u>630</u> <u>631</u> <u>632</u> <u>633</u> <u>634</u> <u>635</u> <u>636</u> <u>637</u> <u>638</u> <u>639</u> <u>640</u> <u>641</u> <u>642</u> <u>643</u> <u>644</u> <u>645</u> <u>646</u> <u>647</u> <u>648</u> <u>649</u> <u>650</u> <u>651</u> <u>652</u> <u>653</u> <u>654</u> <u>655</u> <u>656</u> <u>657</u> <u>658</u> <u>659</u> <u>660</u> <u>661</u> <u>662</u> <u>663</u> <u>664</u> <u>665</u> <u>666</u> <u>667</u> <u>668</u> <u>669</u> <u>670</u> <u>671</u> <u>672</u> <u>673</u> <u>674</u> <u>675</u> <u>676</u> <u>677</u> <u>678</u> <u>679</u> <u>680</u> <u>681</u> <u>682</u> <u>683</u> <u>684</u> <u>685</u> <u>686</u> <u>687</u> <u>688</u> <u>689</u> <u>690</u> <u>691</u> <u>692</u> <u>693</u> <u>694</u> <u>695</u> <u>696</u> <u>697</u> <u>698</u> <u>699</u> <u>700</u> <u>701</u> <u>702</u> <u>703</u> <u>704</u> <u>705</u> <u>706</u> <u>707</u> <u>708</u> <u>709</u> <u>710</u> <u>711</u> <u>712</u> <u>713</u> <u>714</u> <u>715</u> <u>716</u> <u>717</u> <u>718</u> <u>719</u> <u>720</u> <u>721</u> <u>722</u> <u>723</u> <u>724</u> <u>725</u> <u>726</u> <u>727</u> <u>728</u> <u>729</u> <u>730</u> <u>731</u> <u>732</u> <u>733</u> <u>734</u> <u>735</u> <u>736</u> <u>737</u> <u>738</u> <u>739</u> <u>740</u> <u>741</u> <u>742</u> <u>743</u> <u>744</u> <u>745</u> <u>746</u> <u>747</u> <u>748</u> <u>749</u> <u>750</u> <u>751</u> <u>752</u> <u>753</u> <u>754</u> <u>755</u> <u>756</u> <u>757</u> <u>758</u> <u>759</u> <u>760</u> <u>761</u> <u>762</u> <u>763</u> <u>764</u> <u>765</u> <u>766</u> <u>767</u> <u>768</u> <u>769</u> <u>770</u> <u>771</u> <u>772</u> <u>773</u> <u>774</u> <u>775</u> <u>776</u> <u>777</u> <u>778</u> <u>779</u> <u>780</u> <u>781</u> <u>782</u> <u>783</u> <u>784</u> <u>785</u> <u>786</u> <u>787</u> <u>788</u> <u>789</u> <u>790</u> <u>791</u> <u>792</u> <u>793</u> <u>794</u> <u>795</u> <u>796</u> <u>797</u> <u>798</u> <u>799</u> <u>800</u> <u>801</u> <u>802</u> <u>803</u> <u>804</u> <u>805</u> <u>806</u> <u>807</u> <u>808</u> <u>809</u> <u>810</u> <u>811</u> <u>812</u> <u>813</u> <u>814</u> <u>815</u> <u>816</u> <u>817</u> <u>818</u> <u>819</u> <u>820</u> <u>821</u> <u>822</u> <u>823</u> <u>824</u> <u>825</u> <u>826</u> <u>827</u> <u>828</u> <u>829</u> <u>830</u> <u>831</u> <u>832</u> <u>833</u> <u>834</u> <u>835</u> <u>836</u> <u>837</u> <u>838</u> <u>839</u> <u>840</u> <u>841</u> <u>842</u> <u>843</u> <u>844</u> <u>845</u> <u>846</u> <u>847</u> <u>848</u> <u>849</u> <u>850</u> <u>851</u> <u>852</u> <u>853</u> <u>854</u> <u>855</u> <u>856</u> <u>857</u> <u>858</u> <u>859</u> <u>860</u> <u>861</u> <u>862</u> <u>863</u> <u>864</u> <u>865</u> <u>866</u> <u>867</u> <u>868</u> <u>869</u> <u>870</u> <u>871</u> <u>872</u> <u>873</u> <u>874</u> <u>875</u> <u>876</u> <u>877</u> <u>878</u> <u>879</u> <u>880</u> <u>881</u> <u>882</u> <u>883</u> <u>884</u> <u>885</u> <u>886</u> <u>887</u> <u>888</u> <u>889</u> <u>890</u> <u>891</u> <u>892</u> <u>893</u> <u>894</u> <u>895</u> <u>896</u> <u>897</u> <u>898</u> <u>899</u> <u>900</u> <u>901</u> <u>902</u> <u>903</u> <u>904</u> <u>905</u> <u>906</u> <u>907</u> <u>908</u> <u>909</u> <u>910</u> <u>911</u> <u>912</u> <u>913</u> <u>914</u> <u>915</u> <u>916</u> <u>917</u> <u>918</u> <u>919</u> <u>920</u> <u>921</u> <u>922</u> <u>923</u> <u>924</u> <u>925</u> <u>926</u> <u>927</u> <u>928</u> <u>929</u> <u>930</u> <u>931</u> <u>932</u> <u>933</u> <u>934</u> <u>935</u> <u>936</u> <u>937</u> <u>938</u> <u>939</u> <u>940</u> <u>941</u> <u>942</u> <u>943</u> <u>944</u> <u>945</u> <u>946</u> <u>947</u> <u>948</u> <u>949</u> <u>950</u> <u>951</u> <u>952</u> <u>953</u> <u>954</u> <u>955</u> <u>956</u> <u>957</u> <u>958</u> <u>959</u> <u>960</u> <u>961</u> <u>962</u> <u>963</u> <u>964</u> <u>965</u> <u>966</u> <u>967</u> <u>968</u> <u>969</u> <u>970</u> <u>971</u> <u>972</u> <u>973</u> <u>974</u> <u>975</u> <u>976</u> <u>977</u> <u>978</u> <u>979</u> <u>980</u> <u>981</u> <u>982</u> <u>983</u> <u>984</u> <u>985</u> <u>986</u> <u>987</u> <u>988</u> <u>989</u> <u>990</u> <u>991</u> <u>992</u> <u>993</u> <u>994</u> <u>995</u> <u>996</u> <u>997</u> <u>998</u> <u>999</u> <u>1000</u>	What was the main reason you were absent from your job, business or activity in the last 7 days?	
Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2
01 Health reasons	02 Vacation leave	03 Maternity/paternity leave	04 Caring for family or other (except maternity/paternity leave)	05 Other family/ community obligations (funerals, meetings)	06 Striker Stay away/ Lockout	07 Bad weather
08 Study or training leave	09 Unrest (strikes)	10 Reduction in economic activity	11 Start a new job/business at a definite date in the future	12 Other reason (specify)	13	14

4. EMPLOYMENT (all persons age 12 and older)

418		419		420		421		422																																																																																															
In the last 30 days, did you look for any kind of work?		In the last 30 days, did you try to start any kind of business?		What was the main reason why you did not try to find work or start a business in the last 30 days		In the last 30 days, what have you done to search for work or to start a business? (CHECK AND CODE ALL THAT APPLY)		Were you available to work or start a business in the last 7 days?																																																																																															
Yes 1	No 2	Yes 1	No 2	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00
Kind of work?		Kind of business?		Awaiting the season for work		Waiting to be recalled to former job		Health reasons		Pregnancy		Disabled or unable to work (unobserved)		Housewife/homemaker (family considerations/child care)		Undergoing training to help find work/apprenticeship/internship/Trade School		No jobs available in the area		Lack of money to pay for transport to look for work		Unable to find work requiring higher skills		Lost hope of finding any kind of work		No transport available		Scholar or student		Retired		Too old to work		Too young to work		Other reason (specify)		Placed/answered advertisement(s)		Searched through job advertisements/Internet		Sought assistance from relatives or friends		Looked for land, building, equipment or applied for permit to start own business or farming		Walked in the street area where casual workers start a business		Sought financial assistance to look for work or to start a business		Other (specify)		Yes 1		No 2																																																	

4. EMPLOYMENT (all persons age 12 and older)

EARNINGS FROM WAGE JOB (LAST PAYMENT AND TOTAL IN LAST 12 MONTHS)										Trade Union		
476	477	478	479	480								
What was your last payment received, and for which of the following time units, for this main wage job in the past 12 months?	Who in your household decides on the use of these earnings? LIST UP TO TWO MEMBERS	ENUMERATOR: DID RESPONDENT WORK AT ANY WAGE JOB IN THE PAST 7 DAYS (CHECK QUESTIONS 428 AND 447) OR IN THE PAST 12 MONTHS (CHECK Q488)	What are the estimated total earnings received in the last 12 months from all wage jobs?	Are you a member of a trade union or other workers' organization?	1		2		3		Yes 1 No 2 Don't know 3	
					Basic Salary	Cash Allowance (e.g. bonuses)	In Kind Payment	Total Earnings, INCLUDE PAYMENTS IN CASH OR IN KIND*				
					1	2	3	4				
					Pula	Pula	Value in Pula	Pula				
Payment period:	SERIAL #1	SERIAL #2	SERIAL #3	SERIAL #4	SERIAL #5	SERIAL #6	SERIAL #7	SERIAL #8	SERIAL #9	SERIAL #10	SERIAL #11	SERIAL #12
Day 1 Week 2 Fortnight 3 Month 4 Year 5	In Kind Payment	Value in Pula	Year	Year	Year	Year	Year	Year	Year	Year	Year	Year

5. WAGE EARNERS: INCOME, DEDUCTIONS AND EMPLOYEE BENEFITS

500 LOOK AT QUESTION 428 Are there any household members who are employees in their primary activity in the past 7 days

Yes 1
No 2 SECTION 6

USE ONE COLUMN TO RECORD ONE PERSON'S EARNINGS. AT THE TOP OF EACH COLUMN ENTER THE PERSON'S SERIAL NUMBER FROM THE HOUSEHOLD ROSTER, ALONG WITH THE SERIAL NUMBER OF THE PERSON PROVIDING THE INFORMATION.

Now let's talk about the members of your household who are employed with a wage job. I will need details of total earnings and deductions from the main work they did in the past 30 days. RECORD AMOUNTS IN PULA AND THESE USING A DECIMAL POINT. IF RESPONDENT DOES NOT KNOW THE DETAILS, SET AN APPOINTMENT WITH THE MOST KNOWLEDGEABLE PERSON.

302 a. PERSON'S SERIAL NUMBER b. SERIAL NUMBER OF PERSON PROVIDING INFORMATION		a	b	a	b	a	b	a	b
What was your INCOME IN THE PAST 30 DAYS for...									
503	Basic salary or wage								
504	Car allowance								
505	Value of all other allowances in cash								
What was the VALUE OF WAGES-IN-KIND for...									
506	Mealie meal								
507	Other food								
508	Clothing								
509	Bankers								
510	Value of all other wages and allowances in-kind								
What were your EMPLOYMENT EARNINGS DURING THE PAST 12 MONTHS for...									
511	Basic pay								
512	Bonus								
513	Overtime								
514	Travel leave concession								
515	Leave encashment								
518	Amount of any other earnings from this employment								
What were the DEDUCTIONS FROM WAGE/SALARY DURING THE LAST 30 DAYS for...									
517	Income tax								
518	House rent								
519	Car insurance								
520	Repayment of loans or leave(s)								
521	Educational bond								
522	Pension contribution								
523	Trade Union dues/subscription								
524	Contribution to medical aid schemes								
525	Amount of all other deductions								

5. WAGE EARNERS: INCOME, DEDUCTIONS AND EMPLOYEE BENEFITS

	FIRST HH MEMBER		2ND HH MEMBER		3RD HH MEMBER		4TH HH MEMBER		
	527	528	530	531	533	534	536	538	
526	527	528	530	531	533	534	536	538	
Is any of these items or services provided (or is paid for) by your employer or the employer of any other household member, or is provided for a reduced or nominal amount?	Provided to which HH member?	Approx. monthly payments by you (if any)?	What would you/ the household have to pay for this item/ service if it were not free or subsidized?	Provided to which HH member?	Approx. monthly payments by you (if any)?	What would you/ the household have to pay for this item/ service if it were not free or subsidized?	Provided to which HH member?	Approx. monthly payments by you (if any)?	What would you/ the household have to pay for this item/ service if it were not free or subsidized?
YES NO	SERIAL no.	PULA	PULA	SERIAL no.	PULA	PULA	SERIAL no.	PULA	PULA
ITEM/ SERVICE									
1 Accommodations/ housing allowances									
2 Car or other vehicle									
3 A second car or other vehicle									
4 Fuel for car									
5 Services of Security guard									
6 Services of Maid									
7 Services of Gardener									
8 Swimming pool									
9 Water									
10 Electricity									
11 Medical aid subscriptions									
12 School fees									
13 Leave Concession									

6. SERVICES WITHIN THE VILLAGE/ COMMUNITY

HOUSEHOLD HEAD OR SPOUSE

PART A. HEALTH SERVICES

800 RECORD THE RESPONDENT (THE SERIAL NUMBER OF THE PERSON PROVIDING THIS INFORMATION) PROMPT FOR OTHER PROBLEMS. UP TO 3 PROBLEMS IN TOTAL IF NO PROBLEMS, PUT '00' IN FIRST BOX

1st 2nd 3rd

801 What is the distance to the nearest health facility from this household, in kilometers? IF LESS THAN 1 KM, WRITE '0'

802 Normally, how long does it take to travel from here to this nearest health facility?

minutes

803 What is the usual method for the travel to this nearest health facility?

- 1 WALKING
- 2 BY CARBUS
- 3 BY BICYCLE
- 4 BY DONKEY/CART
- 5 OTHER SPECIFY 98
- 6 PRIVATE CLINIC
- 7 HEALTH POST
- 8 HOSPITAL
- 9 OTHER SPECIFY 98
- 10 MOBILE CLINIC
- 11 PHARMACY
- 12 OTHER SPECIFY 98
- 13 PRIVATE
- 14 GOVERNMENT
- 15 EMPLOYER PROVIDED
- 16 NON-GOVT. ORG
- 17 MISSION
- 18 OTHER SPECIFY 98

804 What type of facility is this?

- 01 FACILITY IS TOO FAR
- 02 LONG WAITING TIME
- 03 FACILITIES NOT CLEAN OR IN POOR CONDITION
- 04 FEW TRAINED PROFESSIONAL STAFF
- 05 STAFF FREQUENTLY ABSENT
- 06 STAFF DISRESPECTFUL
- 07 TOO EXPENSIVE
- 08 LACK OF DRUGS/ MEDICINE
- 09 OFFERS LIMITED SERVICES
- 10 LIMITED HOURS OPEN
- 11 OTHER SPECIFY 98

805 Who runs this facility?

- 1 GOVERNMENT
- 2 PRIVATE
- 3 EMPLOYER PROVIDED
- 4 NON-GOVT. ORG
- 5 MISSION
- 6 OTHER SPECIFY 98

806 Does your household normally use this facility when it needs health services?

- 1 BETTER
- 2 THE SAME
- 3 WORSE
- 4 FACILITY IS NEW
- 5 DON'T KNOW
- 6 OTHER SPECIFY 9

807 Overall, what is your opinion about the quality of this facility?

- 1 YES USES THIS FACILITY
- 2 NO - USES A DIFFERENT FACILITY
- 3 NO - USES NO FACILITY

808 What do you think are the problems with this facility, if any? Please start with the most serious problem.

- 01 FACILITY IS TOO FAR
- 02 LONG WAITING TIME
- 03 FACILITIES NOT CLEAN OR IN POOR CONDITION
- 04 FEW TRAINED PROFESSIONALS ON STAFF
- 05 STAFF FREQUENTLY ABSENT
- 06 STAFF DISRESPECTFUL
- 07 TOO EXPENSIVE
- 08 LACK OF DRUGS/ MEDICINE
- 09 OFFERS LIMITED SERVICES
- 10 LIMITED HOURS OPEN
- 11 OTHER SPECIFY 98

1st 2nd 3rd

809 How does the quality of this facility today compare with a year ago?

810 If household members are not using this facility in question, why are they not using it?

- 01 FACILITY IS TOO FAR
- 02 LONG WAITING TIME
- 03 FACILITIES NOT CLEAN OR IN POOR CONDITION
- 04 FEW TRAINED PROFESSIONALS ON STAFF
- 05 STAFF FREQUENTLY ABSENT
- 06 STAFF DISRESPECTFUL
- 07 TOO EXPENSIVE
- 08 LACK OF DRUGS/ MEDICINE
- 09 OFFERS LIMITED SERVICES
- 10 LIMITED HOURS OPEN
- 11 OTHER SPECIFY 98

1st 2nd 3rd

6. SERVICES WITHIN THE VILLAGE/ COMMUNITY

HOUSEHOLD HEAD OR SPOUSE

PART B. SCHOOLS

I would like to ask you questions about the nearest primary, junior secondary and senior secondary schools to your household. Please note I am asking about the nearest schools even though your child may attend a different school or not be in school, or you may not have any children.

PRIMARY SCHOOL

611 ENUMERATOR IS THERE A CHILD AT OR CLOSE TO PRIMARY SCHOOLAGE (5-16) IN THIS HOUSEHOLD?

YES 1
NO 2

612 What is the distance in kilometers to the nearest primary school from this household? (EXCLUDING NON-FORMAL SCHOOLS) km

613 Normally, how long does it take from here to the nearest primary school? min

614 What is the usual method to get to the school?

BY WALKING 1
BY CARBUS 2
BY BICYCLE 3
BY DONKEY/CART 4
OTHER SPECIFY 98

615 What type of school is this?

GOVERNMENT 1
PRIVATE 2
NON-GOVT ORG 3
MISSION 4
OTHER SPECIFY 98

616 Has any child in this household attended this school in the last 12 months?

YES 1
NO 2

617 Overall, what is your opinion about the quality of this school, as far as you know?

EXCELLENT 1
SATISFACTORY 2
FAIR 3
POOR 4
DONT KNOW 9

618 What do you think are the problems with this school, if any? Please start with the most serious problem. 1st 2nd 3rd

PROMPT FOR UP TO 3 PROBLEMS
IF NO PROBLEMS, PUT '0' IN FIRST BOX

SCHOOL IS TOO FAR 01
LACK OF BOOKS/SUPPLIES 02
POOR TEACHING 03
NOT ENOUGH TRAINED TEACHERS 04
TEACHERS FREQUENTLY ABSENT 05
TEACHERS DISRESPECTFUL 06
TWO EXPENSIVE 07
FACILITY IN POOR CONDITION 08
LIMITED HOURS OFTEN CLOSED 09
OTHER SPECIFY 98

619 How does the quality of this school today compare with a year ago?

BETTER 1
WORSE 2
THE SAME 3
SCHOOL IS NEW 4
DONT KNOW 9

JUNIOR SECONDARY SCHOOL

620 ENUMERATOR IS THERE A CHILD AT OR CLOSE TO JUNIOR SECONDARY SCHOOLAGE (12-20) IN THIS HOUSEHOLD?

YES 1
NO 2

621 What is the distance in kilometers to the nearest junior secondary school from this household? IF LESS THAN 1 KM, WRITE '0' km

622 Normally, how long does it take from here to the nearest junior secondary school? min

6. SERVICES WITHIN THE VILLAGE/ COMMUNITY

HOUSEHOLD HEAD OR SPOLURE

- 623 What is the usual method to get to the school?
 1 WALKING
 2 BY CABRUS
 3 BY BICYCLE
 4 BY DONKEY/CART
 98 OTHER SPECIFY
- 624 What kind of school is this?
 1 GOVERNMENT
 2 PRIVATE
 3 NON-GOVT ORG
 4 MISSION
 98 OTHER SPECIFY
- 625 Has any child in this household attended this school in the last 12 months?
 YES 1
 NO 2
- 626 Overall, what is your opinion about the quality of this school, as far as you know?
 1 EXCELLENT
 2 SATISFACTORY
 3 FAIR
 4 POOR
 9 DONT KNOW
- 627 What do you think are the problems with this school, if any? Please start with the most serious problem.
 PROMPT FOR UP TO 3 PROBLEMS
 IF NO PROBLEMS, PUT 'N' IN FIRST BOX
 (USE CODES FROM QUESTION 636)
- 628 How does the quality of this school today compare with a year ago?
 1 BETTER
 2 WORSE
 3 THE SAME
 4 SCHOOL IS NEW
 9 DONT KNOW
- 629 SENIOR SECONDARY SCHOOL
 ENUMERATOR: IS THERE A CHILD AT OR CLOSE TO SENIOR SECONDARY SCHOOL AGE (14-23) IN THIS HOUSEHOLD?
 YES 1
 NO 2

- 630 What is the distance to the nearest senior secondary school from this household? (km) IF LESS THAN 1 KM, WRITE 'N'
- 631 Normally, how long does it take from here to the nearest senior secondary school? (mins)
- 632 What is the usual method to get to this school?
 1 WALKING
 2 BY CABRUS
 3 BY BICYCLE
 4 BY DONKEY/CART
 98 OTHER SPECIFY
- 633 What kind of school is this?
 1 GOVERNMENT
 2 PRIVATE
 3 NON-GOVT ORG
 4 MISSION
 98 OTHER SPECIFY
- 634 Has any child in this household attended this school in the last 12 months?
 YES 1
 NO 2
- 635 Overall, what is your opinion about the quality of this school, as far as you know?
 1 EXCELLENT
 2 SATISFACTORY
 3 FAIR
 4 POOR
 9 DONT KNOW
- 636 What do you think are the problems with this school, if any? Please start with the most serious problem. PROMPT FOR UP TO 3 PROBLEMS
 (IF NO PROBLEMS, PUT 'N' IN FIRST BOX)
- 637 How does the quality of this school today compare with a year ago?
 1 BETTER
 2 WORSE
 3 THE SAME
 4 SCHOOL IS NEW
 9 DONT KNOW

- SCHOOL IS TOO FAR 01
 LACK OF BOOKS/SUPPLIES 02
 POOR TEACHING 03
 NOT ENOUGH TRAINED TEACHERS 04
 TEACHERS FREQUENTLY ABSENT 05
 TEACHERS DISRESPECTFUL 06
 TOO EXPENSIVE 07
 FACILITY IN POOR CONDITION 08
 LIMITED HOURS / OFTEN CLOSED 09
 OTHER SPECIFY 98

7. SELF-ASSESSED WELL-BEING AND SECURITY

HOUSEHOLD HEAD OR SPOUSE

Now I would like to ask you some questions about your household's well being.

701 How safe is your household from crime and violence (external)?

VERY SAFE	1
FAIRLY SAFE	2
SOMEWHAT UNSAFE	3
VERY UNSAFE	4
UNSURE	5

702 How well does the government protect your household from crime and violence?

PROVIDES NO PROTECTION AT ALL	1
PROVIDES A LITTLE PROTECTION	2
PROVIDES MORE THAN A LITTLE, BUT NOT ENOUGH	3
PROVIDES A LOT OF PROTECTION ENOUGH PROTECTION	4
UNSURE	5

703 Have you or any member of your household been the victim of violence or a crime in the last 12 months?

YES	1
NO	2

704 Did you or any member of your household report this violence or crime that occurred in the last 12 months?

YES	1
NO	2

705 Where did you report the violence or crime?

1	BOTSWANA POLICE
2	KGOTLA
3	NEIGHBOURS
4	OTHER SPECIFY
5B	

706 Are you satisfied with the services rendered after reporting this matter?

YES	1
NO	2

707 Why do you think the services rendered is not satisfactory?

1	POOR RECEPTION
2	PROVIDE NO PROTECTION
3	FAVOURITISM
4	OTHER SPECIFY
5B	

700 RECORD THE SERIAL NUMBER OF THE PERSON PROVIDING THIS INFORMATION

708 Do you or any member of your household participate in Kgatla activities?

YES	1
NO	2

709 Why do you not participate in Kgatla activities?

1	HAND IT UNNECESSARY
2	FAR FROM HOME
3	HELD DURING WORKING HOURS
4B	OTHER (specify)
5B	

710 What are the top most important sources of income for this household?

01	WAGES FROM EMPLOYMENT
02	ENTERPRISE / BUSINESS INCOME
03	AGRICULTURE / CATTLE / FARM INCOME
04	RENTAL INCOME / INTEREST EARNINGS
05	PENSIONS
06	REMITTANCES FROM INSIDE BOTSWANA
07	REMITTANCES FROM OUTSIDE BOTSWANA
08	ASSISTANCE FROM GOVERNMENT (INCLUDING RELIEF STUDENT ALLOWANCE, ETC.)
09	ASSISTANCE FROM COMMUNITY
09B	OTHER SPECIFY
09B	

711 How is the economic situation of your household today compared to one year ago?

1	MUCH WORSE NOW
2	A LITTLE WORSE NOW
3	THE SAME
4	A LITTLE BETTER NOW
5	MUCH BETTER NOW

712 Go on to the next page if you are satisfied with the services rendered after reporting this matter? Go on to the next page if you are satisfied with the services rendered after reporting this matter? Go on to the next page if you are satisfied with the services rendered after reporting this matter?



(AMOUNT TO THE NEAREST PULA)

7. SELF-ASSESSED WELL-BEING AND SECURITY

HOUSEHOLD HEAD OR SPOUSE	
<p>713 How is your household income currently compared to the amount you have just told me?</p> <p style="text-align: center;"> <input type="checkbox"/> GREATER <input type="checkbox"/> MUCH LESS <input type="checkbox"/> ABOUT THE SAME <input type="checkbox"/> MUCH GREATER <input type="checkbox"/> LESS <input type="checkbox"/> MORE </p> <p>714 How would you describe the living conditions of your household compared to other households in this community/village?</p> <p style="text-align: center;"> <input type="checkbox"/> WEALTHIER THAN MOST <input type="checkbox"/> ABOUT AVERAGE <input type="checkbox"/> SOMEWHAT POORER THAN AVERAGE <input type="checkbox"/> MUCH POORER THAN AVERAGE <input type="checkbox"/> AMONG THE WEALTHIEST <input type="checkbox"/> WEALTHIEST <input type="checkbox"/> POORER THAN MOST <input type="checkbox"/> ABOUT AVERAGE <input type="checkbox"/> SOMEWHAT POORER THAN AVERAGE <input type="checkbox"/> MUCH POORER THAN AVERAGE </p>	<p>715 Does every member of this household have at least two sets of clothes?</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p> <p>716 Does every member of this household have at least two pairs of shoes?</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p> <p>717 Does every child under 18 in this household have a blanket?</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE </p>
<p>Now I would like to ask you some questions about your household's food needs and food consumption in the last four weeks.</p>	
<p>Did [EVENT] happen?</p> <p>718 In the past four weeks, did you worry that your household would not have enough food?</p> <p>719 In the past four weeks, were you or any household member unable to eat the kind of food you preferred because of a lack of resources, either income or your own production?</p> <p>720 In the past four weeks, did you or any household member have to eat a limited variety of foods due to lack of resources?</p> <p>721 In the past four weeks, were you or any household member forced to eat some foods you really did not want to eat because of a lack of resources to obtain other types of food?</p> <p>722 In the past four weeks, did you or any household member have to eat a smaller meal than you felt was needed because there was not enough food?</p> <p>723 In the past four weeks, did you or any household member have to eat fewer meals in a day because there was no enough food?</p> <p>724 In the past four weeks, was there ever no food to eat of any kind in your household because of a lack of resources to get food?</p> <p>725 In the past four weeks, did you or any household member go to sleep at night hungry because there was not enough food?</p> <p>726 In the past four weeks, did you or any household member go a whole day and night without eating?</p> <p>727 How many days last week did the household eat meat, chicken or fish? Note: I am asking about the last 7 days ending yesterday.</p> <p style="text-align: center;"> <input type="checkbox"/> days </p>	<p>How often in the last four weeks?</p> <p style="text-align: center;"> <input type="checkbox"/> 1 RARELY (1-2 times) <input type="checkbox"/> 2 SOMETIMES (2-10 times) <input type="checkbox"/> 3 OFTEN (more than 10 times) </p> <p>Yes <input type="checkbox"/> 1 RARELY (1-2 times) No <input type="checkbox"/> 2 SOMETIMES (2-10 times) NEXT EVENT <input type="checkbox"/> 3 OFTEN (more than 10 times)</p>
<p>PROBE FOR EACH DAY OF THE LAST WEEK AND MARK TOTAL DAYS FROM 0 TO 7. (IF VEGETARIAN HOUSEHOLD WRITE 88)</p>	

8. SOURCES OF INCOME, SOCIAL PROTECTION AND OTHER GOVERNMENT ASSISTANCE

HOUSEHOLD HEAD, SPOUSE OR THE MOST KNOWLEDGEABLE PERSON

800 RECORD THE SERIAL NUMBER OF THE PERSON PROVIDING THIS INFORMATION

PART A. SOURCES OF HOUSEHOLD INCOME

Before making the specific details about your household income, we would like to know from which of the following sources your household derived income (Cash and In-kind a) during the last 30 days, and b) during the past 12 months.)

SOURCE	(a) During the last 30 days		(b) During the past 12 months		(c) What was the total amount received by the household in the past 12 months from (SOURCE)
	YES	NO	1 YES	2 NO	
801 Cash wage / Salary from employment					Pub
802 Business income					
803 Rental income					
804 Pension of retired persons					
805 Contributory pensions - other					
806 Interest on savings					
807 Dividend payments					
808 Sale of own produce					
809 Sale of livestock					
810 Child support					
811 Child maintenance					
812 Apprenticeship/ Internship (Tirah Sishaba)					
813 Remittances from inside Botswana					
814 Remittances from outside Botswana					
815 Cash gifts received					
816 In-kind gifts received					
817 Cash loans received (incl. salary advance)					
818 Earnings in kind (e.g. food, clothing)					
819 Orphan Care Program (in-kind only)					
820 Deathtire Persons Program					
821 World War II Veterans Allowance					
822 Old age pension					
823 Indigents					
824 Livestock Management and Infrastructure Development (in-kind only)					
825 Bonafide/volunteer/leave unemployment/leave concession					
826 Student allowance					
827 OTHER 1. SPECIFY					

B. SOURCES OF INCOME, SOCIAL PROTECTION AND OTHER GOVERNMENT ASSISTANCE

HOUSEHOLD HEAD, SPOUSE OR THE MOST KNOWLEDGEABLE PERSON						
	834	835	836	837	838	839
PART C. AID PACKAGES						
	In the last 12 months, did your household receive this (AID PACKAGE)?	Why did your household not benefit from PACKAGE? Never heard Don't know how to enroll Enrollment offices too far Don't think can benefit Applied but never received Don't want to participate No Omaha card (or any form of identity) Not eligible Other (specify)	What was the cash value of the aid packages received in total during the last 12 months?	Was this payment received by a specific household member, or by the household as a whole?	Who in the household was the principal recipient of this payment?	Was the package received in the last month too?
	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 2 3 4 5 6 7 8 9 10		Specific household member Household as a whole	WRITE SERIAL NUMBER FROM THE HOUSEHOLD ROSTER	Yes <input type="checkbox"/> No <input type="checkbox"/>
Aid package		► MEET PACKAGE	PULA			
World War II Veterans Allowance						
Old Age Pension						
Student allowance (UE, MCE, etc.)						
Scholarships / Sponsorships						
Youth Development Fund						

9. HOUSING, UTILITIES, DURABLE GOODS AND LIVESTOCK

PART A. DWELLING	HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE PERSON																									
900	RECORD THE SERIAL NUMBER OF THE PERSON PROVIDING THIS INFORMATION	<input style="width: 100px; height: 20px;" type="text"/>																								
901	Is this dwelling occupied by your household only? CIRCLE AND WRITE APPROPRIATE CODE	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="padding: 2px;">Yes</td><td style="padding: 2px;">1</td></tr> <tr><td style="padding: 2px;">No</td><td style="padding: 2px;">2</td></tr> </table>	Yes	1	No	2																				
Yes	1																									
No	2																									
902	ASK FOR (AND OBSERVE): Type of dwelling	<input style="width: 100px; height: 20px;" type="text"/>																								
<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <tr> <td style="padding: 2px;">Transitional (semi-detached)</td> <td style="padding: 2px;">01</td> <td style="padding: 2px;">Flat / Apartment</td> <td style="padding: 2px;">08</td> </tr> <tr> <td style="padding: 2px;">Mixed</td> <td style="padding: 2px;">02</td> <td style="padding: 2px;">Part of a commercial building</td> <td style="padding: 2px;">07</td> </tr> <tr> <td style="padding: 2px;">Detached</td> <td style="padding: 2px;">03</td> <td style="padding: 2px;">Movable</td> <td style="padding: 2px;">08</td> </tr> <tr> <td style="padding: 2px;">Semi-detached</td> <td style="padding: 2px;">04</td> <td style="padding: 2px;">Shack</td> <td style="padding: 2px;">09</td> </tr> <tr> <td style="padding: 2px;">Townhouse / terraced</td> <td style="padding: 2px;">05</td> <td style="padding: 2px;">Rooms</td> <td style="padding: 2px;">10</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">06</td> <td style="padding: 2px;">Other (Specify)</td> <td style="padding: 2px;">98</td> </tr> </table>			Transitional (semi-detached)	01	Flat / Apartment	08	Mixed	02	Part of a commercial building	07	Detached	03	Movable	08	Semi-detached	04	Shack	09	Townhouse / terraced	05	Rooms	10		06	Other (Specify)	98
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	06	Other (Specify)	98																							
903	How many rooms are there in this housing unit?	<input style="width: 100px; height: 20px;" type="text"/>																								
<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <tr> <td style="padding: 2px;">a TOTAL</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">1 Bedrooms</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">g Mixed use</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">b Kitchen</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">2 Living / dining rooms</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">h Other utilisation</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">c Toilet / bathroom</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">3 Business rooms</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> </table>			a TOTAL		1 Bedrooms		g Mixed use		b Kitchen		2 Living / dining rooms		h Other utilisation		c Toilet / bathroom		3 Business rooms									
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904	ASK FOR (AND OBSERVE): Main material of outside walls for the main house.	<input style="width: 100px; height: 20px;" type="text"/>																								
<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <tr> <td style="padding: 2px;">1 Conventional bricks / blocks</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">5 Corrugated iron / zinc / tin</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">2 Mud bricks / blocks</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">6 Aluminium</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">3 Mud and poles / cow dung / thatch / reeds</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">7 Wood</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">4 Poles and reeds</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">8 Slope</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">9 Other / mixed materials</td> <td style="padding: 2px;"></td> </tr> </table>			1 Conventional bricks / blocks		5 Corrugated iron / zinc / tin		2 Mud bricks / blocks		6 Aluminium		3 Mud and poles / cow dung / thatch / reeds		7 Wood		4 Poles and reeds		8 Slope				9 Other / mixed materials					
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		9 Other / mixed materials																								
905	ASK FOR (AND OBSERVE): Main material of floor	<input style="width: 100px; height: 20px;" type="text"/>																								
<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <tr> <td style="padding: 2px;">1 Cement</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">5 Wood</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">2 Floor tiles</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">6 Brck, stone</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">3 Mud</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">7 Name</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">4 Mud dung</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">8 Other</td> <td style="padding: 2px;"></td> </tr> </table>			1 Cement		5 Wood		2 Floor tiles		6 Brck, stone		3 Mud		7 Name		4 Mud dung		8 Other									
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906	ASK FOR (AND OBSERVE): Main material of roof	<input style="width: 100px; height: 20px;" type="text"/>																								
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907	Is the dwelling yours?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="padding: 2px;">Yes</td><td style="padding: 2px;">1</td></tr> <tr><td style="padding: 2px;">No</td><td style="padding: 2px;">2</td></tr> </table>	Yes	1	No	2																				
Yes	1																									
No	2																									
908	If you wanted to buy a dwelling like this today, how much money would you pay for it?	<input style="width: 100px; height: 20px;" type="text"/>																								
909	If someone wanted to rent this dwelling today, how much money would they have to pay per month?	<input style="width: 100px; height: 20px;" type="text"/>																								
910	Do you rent out part of this dwelling unit?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="padding: 2px;">Yes</td><td style="padding: 2px;">1</td></tr> <tr><td style="padding: 2px;">No</td><td style="padding: 2px;">2</td></tr> </table>	Yes	1	No	2																				
Yes	1																									
No	2																									
911	How much do you receive as rent per month? AFTER THIS QUESTION ▶ 916	<input style="width: 100px; height: 20px;" type="text"/>																								
912	Are you paying a rent for this dwelling unit?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="padding: 2px;">Yes</td><td style="padding: 2px;">1</td></tr> <tr><td style="padding: 2px;">No</td><td style="padding: 2px;">2</td></tr> </table>	Yes	1	No	2																				
Yes	1																									
No	2																									
913	How much do you pay per month for renting this dwelling? (cash plus value of in-kind payments) AFTER THIS QUESTION ▶ 916	<input style="width: 100px; height: 20px;" type="text"/>																								
914	What is your present occupancy status?	<table border="1" style="display: inline-table; border-collapse: collapse; font-size: small;"> <tr> <td style="padding: 2px;">1 Provided free of charge by relatives</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">2 Provided free of charge by landlord</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">3 Provided free of charge by employer</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">4 Squatting</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">98 Other (specify)</td> <td style="padding: 2px;"></td> </tr> </table>	1 Provided free of charge by relatives		2 Provided free of charge by landlord		3 Provided free of charge by employer		4 Squatting		98 Other (specify)															
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915	If someone wanted to rent this dwelling today, how much money would they have to pay per month?	<input style="width: 100px; height: 20px;" type="text"/>																								

9. HOUSING, UTILITIES, DURABLE GOODS AND LIVESTOCK

PART B. WATER AND SANITATION

HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE PERSON

CIRCLE AND WRITE APPROPRIATE CODE

916 What is the main source of drinking water for members of your household?

- | | |
|--------------------------------------|-------------------------|
| 01 Piped indoor | 09 Unprotected spring |
| 02 Piped outdoors (within yard/plot) | 10 Rainwater collection |
| 03 Public/Communal tap/standpipe | 11 Bottled water |
| 04 Neighbors' tap | 12 Borewell/borehole |
| 05 Tube well/borehole | 13 Dam/Pan |
| 06 Protected dug well | 14 River/Stream |
| 07 Unprotected dug well | 15 Other (Specify) |
| 08 Protected spring | 98 |

IF BOTTLED WATER, ASK: What is the main source of water used by your household for other purposes, such as cooking and hand washing?

- | | |
|--------------------------------------|-------------------------|
| 01 Piped indoor | 09 Unprotected spring |
| 02 Piped outdoors (within yard/plot) | 10 Rainwater collection |
| 03 Public/Communal tap/standpipe | 11 Bottled water |
| 04 Neighbors' tap | 12 Borewell/borehole |
| 05 Tube well/borehole | 13 Dam/Pan |
| 06 Protected dug well | 14 River/Stream |
| 07 Unprotected dug well | 15 Other (Specify) |
| 08 Protected spring | 98 |

817 How long does it take (in minutes) to go there, get water and come back?
IF WATER IN PREMISES, PUT ZERO AND ▶ 919

818 Who usually goes to the source to fetch the water for your household?
Serial No. of 1st person (who does it most often)

Serial No. of 2nd person (who does it second most often)

IF NON HOUSEHOLD MEMBER FETCHES WATER, WRITE '98'

919 Do you treat your water in any way to make it safer to drink?

- | | |
|------------|---------|
| Yes | 1 |
| No | 2 ▶ 921 |
| Don't know | 9 ▶ 921 |

920 What do you usually do to the water to make it safer to drink? PROBE

Anything else? CHECK AND TICK ■ ALL ITEMS MENTIONED

- | | |
|--|---------------------------|
| 1 Boil | 6 Solar disinfection |
| 2 Add bleaching powder | 7 Let it stand and settle |
| 3 Strain it through a cloth | 8 Other (Specify) |
| 4 Use a water filter (ceramic sand, composite, etc.) | 9 Don't know |

921 What kind of toilet facility do members of your household usually use?
IF FLUSH OR POUR FLUSH, PROBE: Where does it flush to?

- | | |
|--|-----------------------------|
| 01 Flush to piped sewer system | 01 Pit latrine with slab |
| 02 Flush to septic tank | 02 Open pit latrine |
| 03 Flush to pit latrine | 03 Dry compost/vermicom |
| 04 Flush to elsewhere | 04 No facilities/hush/field |
| 05 Flush to unknown place | 05 Other (Specify) |
| 06 Ventilated improved pit latrine (VIP) | 98 ▶ 924 |

922 Does your household share this toilet with other households?

- | | |
|-----|---------|
| Yes | 1 |
| No | 2 ▶ 924 |

923 How many other households use this toilet facility?

924 ENUMERATOR CHECK IF THERE ARE CHILDREN UNDER 3 YEARS

The last time (NAME OF YOUNGEST CHILD) passed stool,

what was done to dispose of the stool?

- | | |
|---------------------------------|--------------------------|
| 1 Child used toilet/facility | 1 Laid it in the open |
| 2 Buried into toilet or latrine | 2 No child under 3 years |
| 3 Buried into drain or ditch | 3 Other (Specify) |
| 4 Thrown into garbage | 4 Don't know |
| 5 Buried | 5 |

9. HOUSING, UTILITIES, DURABLE GOODS AND LIVESTOCK

HOUSEHOLD HEAD

PART C. GARBAGE DISPOSAL, USE OF FUEL AND ELECTRICITY.

CIRCLE AND WRITE APPROPRIATE CODE

925 How does your household dispose of its garbage mainly?

- 1 Regularly collected
- 2 Regularly collected
- 3 Roadside collection
- 4 Burning
- 5 Rubbish pit
- 6 Buried
- 7 Other (Specify)
- 88

929 Is your household connected to the BFC grid?

- YES 1
- NO 2

930 How much did your household spend on electricity in the last month?

PULA

931 Thinking of the last month, was your household electricity affected by blackouts/load shedding? How often?

- 1 No - the service is always on
- 2 Yes around twice a month
- 3 Yes, 3 - 10 times a month
- 4 Yes, more than 10 times a month

► PART D

932 If you were to connect your household to the BFC electricity grid, how much are you willing to pay in average per month?

PULA

926 What is the main source of energy this household uses for lighting?

- 01 Electricity grid
- 02 Solar power
- 03 Electricity from a generator
- 04 Gas (LPG)
- 05 Wood/wood charcoal
- 06 Paraffin
- 07 Candles
- 08 Other (Specify)
- 88 None

927 What is the main fuel used for cooking in your household?

- 01 Electricity
- 02 Solar power
- 03 Gas (LPG)
- 04 Bio gas
- 05 Wood
- 06 Paraffin
- 07 Cow-dung
- 08 Coal
- 09 Charcoal
- 10 Camp waste
- 11 Other (Specify)
- 88

928 What is the main fuel used for heating your household?

- 01 Electricity
- 02 Solar power
- 03 Gas (LPG)
- 04 Wood
- 05 Cow-dung
- 06 Coal
- 07 Charcoal
- 08 None
- 09 Other (Specify)
- 88

9. HOUSING, UTILITIES, DURABLE GOODS AND LIVESTOCK

HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE PERSON

PART D. DURABLE GOODS Record the number of each item and their value

Does any member of this household own any of these? (they need to be in a working condition and be in this household)

(Sale value should refer to total for items in a category, e.g. all bicycles)

933	934
How many [ITEM] does the household have in total?	If you sold this item/items today, what could you be able to obtain for them?
IF NONE, PUT ZERO AND ▶ NEXT ITEM	Sale value (FULA)
ITEM	
01 Van/ bakkie/ truck	
02 Car	
03 Tractor	
04 Donkey cart	
05 Bicycle	
06 Motor cycle	
07 Wheel barrow	
08 Sewing machine	
09 Radio	
10 Radio cassette/CD player	
11 Video Cassette Recorder	
12 DVD Player	
13 Grinding machine	

933	934
How many does the household have in total?	If you sold this item/items today, what could you be able to obtain for them?
IF NONE, PUT ZERO AND ▶ NEXT ITEM	Sale value (FULA)
ITEM	
14 Television	
15 Refrigerator/freezer	
16 Washing machine	
17 Air conditioner	
18 Electric/gas cooker	
19 Stereo hi fi system	
20 Personal computer/laptop	
21 Telephone (landline)	
22 Cellular phone	
23 Microwave cooker	
24 Jewellery	
25 Furniture, rugs, kitchen utensils	

9. EMPLOYMENT (all persons age 12 and older)

HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE PERSON												
PART E. LIVESTOCK OWNERSHIP												
935 Did you or anyone in your household own any [LIVESTOCK] over the past 12 months?												
Yes <input type="checkbox"/> No <input type="checkbox"/>												
NEXT LIVESTOCK												
	936		937		938		939		939		939	
	a.	b.	a.	b.	a.	b.	a.	b.	a.	b.	a.	b.
	How many [LIVESTOCK] do you own?	How much would it cost to buy all the [LIVESTOCK] today?	How many [LIVESTOCK] did you have 12 months ago?	How much would it have cost to buy them all then, 12 months ago?	How many [LIVESTOCK] did you sell over the past 12 months?	For how much did you sell all of them?	How many [LIVESTOCK] did you buy over the past 12 months?	How much did you pay for them?	Number of animals	Selling amount (FULA)	Number of animals	Purchasing amount (FULA)
a												
b												
c												
d												
e												
f												
g												
h												
i												
j												
k												
l												

10. HOUSEHOLD ENTERPRISES (NON-AGRICULTURAL)

HOUSEHOLD HEAD OR MOST KNOWN PERSONAL RESPONDENT

This section asks for information about household businesses or enterprises

QUESTIONNAIRE: CHECK EMPLOYMENT MODULE, MODULE 4, QUESTION 41, TO SEE IF ANY HOUSEHOLD MEMBER REPORTED SELF-EMPLOYMENT OR WORK AS A HOUSEHOLD NON-PAYM BUSINESS

CONSIDER ONLY 3 MAIN ACTIVITIES OR BUSINESS ENTERPRISES IN THE HOUSEHOLD, ONE COLUMN FOR EACH BUSINESS

1000 During the past 12 months, has any member of the household worked for himself, other than on a farm or raising animals, that is, has anyone started, helped own, business or trade or worked on a self-employed professional or craftwork? These activities may be full-time or part-time or they may be in addition to any full-time work in which you are involved as an employee.

For example, has any member of this household been engaged in any of the following?

- 01 Selling candy/pastries
- 02 Selling produce
- 03 Selling mail-order goods
- 04 Selling books/magazines
- 05 Selling food/vegetables
- 06 Selling clothing
- 07 Selling furniture
- 08 Selling other household goods
- 09 Selling services
- 10 Selling services for others
- 11 Selling services for others
- 12 Selling services for others
- 13 Selling services for others
- 14 Selling services for others
- 15 Selling services for others
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- 91 Selling services for others
- 92 Selling services for others
- 93 Selling services for others
- 94 Selling services for others
- 95 Selling services for others
- 96 Selling services for others
- 97 Selling services for others
- 98 Selling services for others
- 99 Selling services for others

INSTRUCTIONS: Describe the type of business in words in question 1001 below. Use the code if it matches any of the above activities.

1001 Description of enterprise (describe the most activity using at least two words)

1002 RECORD THE APPROPRIATE CODES FROM THE LIST ABOVE. IF THE TYPE OF BUSINESS IS NOT LISTED, USE CODE 99.

1003 Which household member is the most knowledgeable about this business? GIVE SERIAL NUMBER FROM THE HOUSEHOLD ROSTER, AND GIVE INFORMATION FROM THIS PREVIOUS.

1004 In the business/enterprise registered with Registrar of Companies or any other professional institution?

Does the business enterprise keep any formal accounts?

YES	1
NO	2

YES	1
NO	2

YES	1
NO	2

Business number	1	Business number	4	Business number	8
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<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. HOUSEHOLD ENTERPRISES (NON-AGRICULTURAL)

HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE PERSON

	Business number 1	Business number 2	Business number 3
1005	When does the business enterprise start? 1 In the owner's or someone's home 2 In a permanent building 3 On a footpath, street or open space 4 At a market 5 Other (specify) _____ 6		
1006	In the main entrepreneur in this business a household member? Yes <input type="checkbox"/> 1 <input type="checkbox"/> 1008 No <input type="checkbox"/> 2		
1007	Sex of main entrepreneur Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2		
1008	Which household members are the main entrepreneurs or most involved in this business? ALLOW UP TO TWO RESPONSES IF TWO MEMBERS EQUALLY INVOLVED GIVE SERIAL NUMBER FROM THE HOUSEHOLD ROSTER.		
1009	Has any other household member helped or worked in the business during the past month? Could you please tell me who they are? RECORD THE SERIAL NUMBER OF UP TO THREE HOUSEHOLD MEMBERS WHO HAVE HELPED IN THE BUSINESS DURING THE PAST MONTH. IF NONE, RECORD 0 IN THE FIRST BOX.		
1010	What is the kind of ownership of this business? 1 Sole ownership/self employed 2 Partnership 3 Owned jointly by members of this household only 4 Other (specify) _____ 5		
1011	When did this business start? month _____ year _____ month _____ year _____		
1012	For how many months out of the past 12 months has this business operated?		
1013	On the months that this business operates how many days each month does the business operate, on average?		
1014	Please enter the number of people who worked last month on this business Type of worker Members of the household, paid or unpaid Paid workers (non household members) Total		

10. HOUSEHOLD ENTERPRISES (NON-AGRICULTURAL)

HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE PERSON

	Business number 1	Business number 2	Business number 3
<p>1015</p> <p>To the best of your knowledge, when you set up or took over this business, what was the main source of funds?</p> <p>1. Personal savings or cash on hand 2. Loan or advance from relatives in household 3. Maintenance from relatives outside household 4. Money from inheritance 5. Business partners 6. Bank loan 7. Federal loan (rider, lender, money lender) 8. Profits from other household business 9. Did not need funds to start because inherited business 10. Did not need funds to start because it did not need much capital for start-up 11. Other (Specify _____)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>1016</p> <p>Who are the main customers of this business?</p> <p>1. Household (school, hospital, church, etc.) 2. Retail store 3. Restaurant 4. Other small business 5. Manufacturer 6. Large established business 7. Other (Specify _____)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>1017</p> <p>MONTHLY INCOME AND EXPENDITURES</p> <p>a. What is the approximate total value of expenditures to run this business in an average month?</p> <p>b. What is the approximate total value of sales and/or other income from this business in an average month?</p> <p>c. INTERVIEWER: WRITE THE DIFFERENCE OF INCOME - EXPENDITURES CHECK. Total income less expenditures in an average month normally is not negative.</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<p>1018</p> <p>ANNUAL INCOME AND EXPENDITURES</p> <p>a. What was the total value of expenditures to run this business enterprise in the past 12 months?</p> <p>b. What was the total value of sales/income from this business enterprise in the past 12 months?</p> <p>c. INTERVIEWER: WRITE THE DIFFERENCE OF INCOME - EXPENDITURES CHECK. Total income less expenditures normally is not negative.</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<p>1019</p> <p>Who in the household decides on the use of the earnings from this enterprise?</p> <p>RECORD THE SERIAL NUMBERS OF UP TO TWO MEMBERS</p>	1 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/>

11. AGRICULTURE INCOME AND EXPENDITURE DURING THE PAST 12 MONTHS

HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE PERSON

1100 RECORD THE SERIAL NUMBER OF THE PERSON PROVIDING THIS INFORMATION

1101 LAND TENURE During the past 12 months, have you or any other member of your household owned any agricultural land? YES 1 NO 2 1102

RECORD LAND SURFACE BELOW IN HECTARES. WRITE "0" (minus 0) IF DONT KNOW AREA OR VALUE

- A. How much land do you own in total? Hectares
- B. How much land of this total did you or your household operate in the past 12 months? WRITE "0" IF NONE Hectares
- C. How much of your own land was operated by other people? (rented out, sharecropping, etc.) WRITE "0" IF NONE Hectares
- D. How much of your own land was not operated in the past 12 months? WRITE "0" IF NONE Hectares
- E. If you sold today all the land owned by you or other household members, what would be the approximate sale value? WRITE "0" IF DONT KNOW VALUE Value in Pula

1102 OPERATION OF LAND OWNED BY OTHERS During the past 12 months, did you or any other member of your household operate any land belonging to other people? YES 1 NO 2 1103

1102 A. How much land belonging to other people did you operate? (land rented in, sharecropping, etc.) Hectares

1103 CHECK RESPONSES TO 1101B AND 1102: Did the household operate any land in the past 12 months, either owned by the household or belonging to others? YES 1 NO 2 1105

1104 CROPS, VEGETABLES AND FRUITS

ENUMERATOR: Please record the sales and the value of the produce consumed by the household for any crops, vegetables or fruit grown in the past 12 months. RECORD AMOUNTS TO THE NEAREST PULA.

	Did you or any member of your household grow (CROPS/VEGETABLES/FRUIT)? (Grown in Botswana) in the past 12 months.		A	B
	YES 1	NO 2	SALES Amount received from sales during past 13 months	OWN PRODUCE CONSUMED Value of own produce consumed during past 12 months
01 Sorghum				
02 Millet				
03 Sweet reeds				
04 Watermelons				
05 Fresh maize				
06 Dried maize				
07 Cooked and dried maize				
08 Sunflower				
09 Groundnuts				
10 Beans, pulses and morogo				
11 Pumpkin / Butsir nuts				
12 Other Vegetables (e.g. Spinach, Cabbage, tomato etc.)				
13 Fruits				
14 Other crops				

11. AGRICULTURE INCOME AND EXPENDITURE DURING THE PAST 12 MONTHS

HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE PERSON

1105 LIVESTOCK Have you or any member of your household owned any cattle or farm animals either here or elsewhere in Botswana during the past 12 months?

Yes 1
No 2 ▶ 1107

1107 OTHER AGRICULTURAL INCOME/ Has your household received any government agricultural assistance or had any income in the past 12 months from agricultural services provided to others, or does any hunting, fishing, or gathering?

Yes 1
No 2 ▶ 1113

1108 Did you sell or consume any livestock or livestock products from [TYPE] during the past 12 months? RECORD AMOUNTS TO THE NEAREST PULA.

TYPE of livestock or livestock product	YES 1 NO 2	A SALES		B OWN PRODUCE CONSUMED	
		Approximate amount received from sales in the past 12 months	Approximate value of own produce consumed during past 12 months	Approximate amount received from sales in the past 12 months	Approximate value of own produce consumed during past 12 months
01 Live cattle					
02 Slaughtered cattle					
03 Dead cattle (incl. slaughterers)					
04 Goats					
05 Sheep					
06 Donkeys, Mules, Horses					
07 Pigs					
08 Chickens and Poultry (Country Farm)					
09 Milk					
10 Eggs					
11 Other dairy products					
12 Unprepared skins / hides (from own animals)					
13 Other livestock or poultry products					
14 Game (from game farming)					

1108 Have you had any agricultural income during the past 12 months from [SOURCE]?

Source of income	YES 1 NO 2		Total received (cash and in-kind value) during past 12 months
	1	2	
01 Ploughing services provided to other farmers			
02 Fencing services provided to other farmers			
03 Harvesting services provided to other farmers			
04 Sale of animals (from hunting)			
05 Sale of unprepared skins/hides (from hunting)			
06 Sale of fish (from fishing or fish farming)			
07 Sale of other items caught by hunting or fishing			
08 Sale of frewood from gathering			
09 Sale of cow dung from gathering			
10 Sale of traditional building material from gathering			
11 Sale of other wild products from gathering			
12 Value of own use of items from hunting or gathering			

1109 In the past 12 months, have you received any assistance from the Social Support Program for Arable Agriculture Development (SSPAD)? If so, how much money or in-kind assistance? IF NOTHING RECEIVED, WRITE '0'

1110 In the past 12 months, have you received any assistance from the Livestock Management Development (LIMD)? If so, how much money and in-kind assistance? IF NONE, WRITE '0'

11. AGRICULTURE INCOME AND EXPENDITURE DURING THE PAST 12 MONTHS

HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE PERSON

1111

INTERVIEWER: Has this household reported any agricultural activity in the last 12 months- grown crops, raised livestock or poultry, hunted, fished or gathered to sell? (YES to Question 1104, 1106 or 1108)?

Yes	1
No	2

NEXT SECTION

1112 Have you had (Type of expenditure) in the past 12 months for your agriculture activities?
 ASK YES/NO, THEN RECORD EXPENDITURE IN PULAI/YES

A. GENERAL AGRICULTURE OPERATING COSTS

Type of expenditure	YES - 1 NO - 2	Total expenditure PULA
01 Wages/salaries paid to employees		
02 Rent for buildings, land, etc.		
03 Fuel, petrol, etc		
04 Licenses, accountants fees, etc.		
05 Interest paid on loans, business loans etc		
06 Hire and repair of equipment		
07 Electricity		
08 Water		
09 Other recurrent agricultural operating costs not counted elsewhere.		

B. Expenses associated with crop growing AND/OR with livestock and poultry

10 Construction and repair costs		
11 Taxes		
12 Rates payable on property you own		
13 Capital purchase of transport, equipment etc		

C. Expenses associated with crop growing

Type of expenditure	YES - 1 NO - 2	Total expenditure PULA
14 Payment for ploughing services: cost of plough, oxen etc		
15 Payment for weeding services		
16 Payment for harvesting services		
17 Payment for thrashing / packaging services		
18 Seed purchased		
19 Seed from own produce		
20 Fertilizer purchased		
21 Manure used from own produce		
22 Cost of pesticides/insecticides		
23 Other expenses relating to crop husbandry		

D. Expenses associated with livestock and poultry

Type of expenditure	YES - 1 NO - 2	Total expenditure PULA
24 Cost of livestock watering		
25 Fodder, cattle and poultry feed purchased		
26 Fodder, cattle and poultry feed used from own produce		
27 Purchase of livestock drugs		
28 Purchase of livestock and poultry		
29 Veterinary fees and requisites		
30 Other expenses relating to livestock and poultry		

12. EXPENDITURES IN THE PAST 7 DAYS AND 12 MONTHS

HOUSEHOLD HEAD OR MOST INFORMED HOUSEHOLD MEMBER

PART A. EXPENDITURES IN THE PAST 7 DAYS

1200 RECORD THE SERIAL NUMBER OF THE PERSON PROVIDING THIS INFORMATION

1201 EXPENDITURE DURING THE LAST 7 DAYS.
 ASK: Now I would like to talk about the household's expenditures during the past 7 days. Has your household bought or spent money on any [ITEM] during the past month?
 EXCLUDE ANY [ITEM] PURCHASED FOR RESELLING AS A BUSINESS (PROCESSED OR NOT)
 ASK FOR ALL ITEMS FIRST, AND CODE YES OR NO IN COLUMN [A]. THEN ASK [B] FOR ALL ITEMS HAVING A YES[A].

ITEM	A		B
	YES	NO	
1 Cigarettes			
2 Chibuku			
3 Home brew (Traditional beer)			
4 Beer/lager (in bottles or cans)			
5 Purchase of airtime			
6 Internet calls			
7 Petrol, diesel oil			
8 Bus fares			
9 Taxi fares			
10 Firewood			
11 Cosmetics, skin care and beauty aids (Glycerin etc)			
12 Toilet soap, bath soap			
13 Tooth paste			
14 Household soap, detergent			
15 Household paper products toilet paper			
16 Hairdressing charges			
17 Other toiletries and personal products e.g. nappies, pads, sanitary towels, cotton wool, ear buds etc			
Subtotal			

12. EXPENDITURES IN THE PAST 7 DAYS AND 12 MONTHS

HOUSEHOLD HEAD OR MOST INFORMED HOUSEHOLD MEMBER

PART B: EXPENDITURES IN THE PAST 12 MONTHS

1202 EXPENDITURE PAST 12 MONTHS. Now I would like to talk about the expenditures made by the household in the last 12 months. Include all purchases of second-hand goods as well as new goods. Only personal and household expenditures to be included. Do not include expenditures which were paid for or refunded by an employee.

Category & Item	During the past 12 months have you or any other member of your household purchased or paid for (ITEM)?		What was the total amount spent (yola)
	YES	NO	
Furniture	1	2	Total purchase price
1 Bed			
2 Chairs, ottoman, lounge sofas			
3 Tables, desks			
4 Other furniture			
Subtotal Furniture			
Clothing			
5 Men's clothing (all items)			
6 Women's clothing (all items)			
7 Children's clothing (all items)			
8 Men's footwear (all items)			
9 Women's footwear (all items)			
10 Children's footwear (all items)			
Subtotal Clothing			
Major Household Appliances whether electric or not			
12 Cooking stove/ovens			
13 Refrigerators/freezers			
14 Washing machines/dishwasher			
15 Air conditioning/coolers, electric fans			
16 Sewing/knitting machines			
17 Electric heater, gas fire			
18 Grinders, mixers, food processors			
19 Electricity generator			
20 Other household appliances (electrical)			
Subtotal Major Household Appliances			

During the past 12 months have you or any other member of your household purchased or paid for (ITEM)?	YES		What was the total amount spent? (yola)
	1	2	
Other appliances and household equipment			Total purchase price
21 Home computer equipment (incl. accessories)			
22 Musical instruments			
23 Television			
24 Home VCR player, video cassette recorder, hi-fi, stereo etc.			
25 Video cassette recorder			
26 Other similar equipment			
27 Suit cases/bags			
28 Movie video cameras			
29 Other photographic equipment (e.g. lenses, tripods)			
30 Other appliances			
Subtotal Other appliances			
Car and vehicles			
31 Purchase of cars, vans, pick up, etc.			
32 Purchase of other motor vehicle			
33 Purchase of motorcycle			
34 Purchase of pedal bicycles			
35 Other personal transport equipment & related vehicles			
Subtotal Cars and vehicles			
Land and property			
36 Purchase of land			
37 Purchase of houses			
Subtotal Land and property			
Repairs/additions to dwelling			
38 Bricks, tiles and other building materials			
39 Wages and fees paid for repairs and additions			
Subtotal Repairs/additions to dwellings			
Miscellaneous expenditures			
40 Travel			
41 Air travel (including paid for by employer)			
42 Travel accommodation (including paid for by employer)			
43 Travel cost of package holidays			
44 Weddings and other functions			
45 Funerals			
46 Vehicle servicing/repairs			
47 Vehicle rental (including paid for by employer)			
48 Fees for professional services			
Subtotal Miscellaneous expenditures			

12. EXPENDITURES IN THE PAST 7 DAYS AND 12 MONTHS

HOUSEHOLD HEAD OR MOST INFORMED HOUSEHOLD MEMBER

1209 SALE OF VEHICLES AND PROPERTY. ASK: During the past 12 months did you sell

No.	Description	Date sold	Amount received	If this amount has been (a) used to buy another house or (b) used to repay a loan?
1				
2	Any motor vehicles (a)?			
3	Any property or land?			
4				
5				
6				

1206 ASK: During the past 12 months, has the household or any household member made any of the following single annual payments?

ASK FOR EACH ITEM AND, IF MENTIONED, RECORD THE AMOUNT OF THE LAST PAYMENT AND THE NUMBER MENTIONED. RECORD THE AMOUNT OF WAS NOT FOR THE FULL 12 MONTHS

No. 1 No. 2	Description	Last payment IF NOTHING, WRITE ZERO AND * NEXT ITEM	Period covered Number of months
1	Annual insurance premium:		
2	Building insurance		
3	Household contents insurance		
4	Mortgage protection policy		
5	Life insurance		
6	Charitable insurance		
7	Any other insurance payments, all together		
8	Annual road tax		
9	Other annual payments		
10	Sports / recreational club subscription		
11	Local authority (Council) rates (property rates only)		
12	Licenses for sport, hobbies		
13	Membership fees for professional associations		
14	Any other annual payments, all together		

1204 ASK: Does your household, or any member of your household, pay for any of the following on a monthly basis?

TABLE: REGULAR MONTHLY AND ANNUAL PAYMENTS

ASK FOR EACH OF THESE AND RECORD THE LAST MONTHLY PAYMENT AND HOW MANY MONTHS IT COVERED (E.G. IF FOR ELECTRICITY IT WAS PAID PART BUT IT WAS FOR 6 MONTHS, RECORD PAY UNDER * last payment* AND 3 MONTHS UNDER * Period covered*)

No. 1 No. 2	Description	Last payment IF NOTHING, WRITE ZERO AND * NEXT ITEM	Period covered Number of months
1	Electricity		
2	Water		
3	Telephone (including cost of service card)		
4	Cellular phone (include cost of prepaid card contract charges)		
5	Medical Aid / Healthcare subscription		
6	Service levy / SHAA taxes		
7	Car insurance premium (if paid monthly)		
8	Life insurance premium (if paid monthly)		
9	Monthly payments into savings scheme		
10	Domestic services		
11	Maid / Domestic worker		
12	Charities		
13	Security Guard / Night watchman		
14	Security Monitoring System		
15	Any other monthly payments, all together		
16	OSP (Ghana) Ghana's monthly Subscription		

13. LOANS

HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

1901 PART A. RESPONDING

1902 RECORD THE SERIAL NUMBER OF THE PERSON PROVIDED THE INFORMATION

Yes No

During the last 12 months, did you or any member of your household take out or service any loan? If please refer to BOTH CASH AND FINANCIAL INSTRUMENTS

LOAN NUMBER	1902	1903	1904	1905	1906	1907	1908	1909	1910
	When did you get the loan?	What business or other purpose of the loan?	When was the loan obligated?	When was the first payment due?	How many days did it take to complete the loan?	How much was the amount borrowed?	What was the interest rate of the loan?	Was it taken to complete the loan?	Was it taken to complete the loan?
	When did you get the loan?	What business or other purpose of the loan?	When was the loan obligated?	When was the first payment due?	How many days did it take to complete the loan?	How much was the amount borrowed?	What was the interest rate of the loan?	Was it taken to complete the loan?	Was it taken to complete the loan?
10									
20									
30									
40									
50									
60									
70									
80									
90									

13. LOANS

HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER
PART A. BORROWING (Continued)

1315 Have you (or other members of your household) ever been refused a loan in or out of the last 12 months?
 Yes
 No

1316 What was the main reason for such a refusal/being refused a loan?
 Not wanting the money
 No funds close to our household
 Bad borrowing record
 Other (Specify) _____

1310	1311	1312	1313	1314
When were the loans scheduled to be fully repaid?	Has this been repaid or partially repaid?	How much has been already repaid in total for principal and interest?	How much was repaid over the last 12 months by principal and interest?	What vehicle/security was used to secure the loan?
01	1	Full	Full	No vehicle/security used to secure the loan? 00 No vehicle/security used to secure the loan? 01 Agricultural land 01 Buildings or other property 01 Property documents 01 Savings certificate 04 Personal purchases from someone else in the household 06 Personal purchases from another person 06 Other (Specify) 07 Don't know 08
02				
03				
04				
05				
06				

13. LOANS

HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

PART B. LENDING

1317 During the last 12 months, did you or any other member of your household lend any loan to persons outside your household, or have any such loans been repaid to members of your household? PLEASE REFER TO BOTH CASH AND IN-KIND LOANS

Yes No NEXT SECTION

1318	1319	1320	1321	1322												1323	1324	1325
				Who was the primary lender in the household?	What is the relationship of the borrower to the primary lender?	What was the main purpose of this loan?	When was the loan made?	How much in total was the amount lent in this loan?	What was the annual interest rate of this loan?	When was the loan to be fully repaid by the borrower?								
ASK THE RESPONDENT TO FIRST MENTION ALL THE LOANS CURRENTLY OWED TO THE HOUSEHOLD, THEN THOSE WHICH HAVE ALREADY BEEN REPaid TO THE HOUSEHOLD IN THE LAST 12 MONTHS	1 Spouse 2 Friend, neighbor 3 Employee 4 Tenant farmer 5 Other business associates 6 Other	1 Relative 2 Friend, neighbor 3 Employee 4 Tenant farmer 5 Other business associates 6 Other	BUSINESS OR FARM USE 1 Purchase of inputs (fertilizers, insecticides, seeds, etc.) 2 Purchase of equipment 3 Purchase of land 4 Purchase of livestock 5 Purchase of machinery 6 Purchase of livestock 7 Purchase of livestock 8 Purchase of livestock 9 Purchase of livestock 10 Purchase of livestock 11 Purchase of livestock 12 Purchase of livestock 13 Purchase of livestock 14 Purchase of livestock 15 Purchase of livestock 16 Purchase of livestock 17 Purchase of livestock 18 Purchase of livestock 19 Purchase of livestock 20 Purchase of livestock 21 Purchase of livestock 22 Purchase of livestock 23 Purchase of livestock 24 Purchase of livestock 25 Purchase of livestock 26 Purchase of livestock 27 Purchase of livestock 28 Purchase of livestock 29 Purchase of livestock 30 Purchase of livestock	Jan 1 Feb 2 Mar 3 Apr 4 May 5 Jun 6 Jul 7 Aug 8 Sep 9 Oct 10 Nov 11 Dec 12	INCLUDE ONLY THE PRINCIPAL	Percent per year	Month Year											
LOAN NUMBER	Description of loan	Serial number		Month Year	Month Year	Month Year												
01																		
02																		
03																		
04																		
05																		
06																		

13. LOANS

HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

PART B. LENDING (Continued)

	1326	1327	1328	1329
LOAN NUMBER	Has the borrower included repaying this loan?	How much has been already repaid in total for principal and interest?	And how much was repaid over the last 12 months for principal and interest?	What collateral was used by the borrower?
01		Paid	Paid	No Collateral
02				Agricultural land
03				Buildings or other property
04				Property documents
05				Savings certificate
06				Personal guarantee of a relative
				Personal guarantee from another person
				Clean past borrowing record
				Other (specify)
				Don't know

14. USE OF CREDIT CARDS AND BANK ACCOUNTS

HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

1400 RECORD THE SERIAL NUMBER OF RESPONDENT

USE OF CREDIT CARDS

1401 Now we would like to ask about credit cards, both banking cards and credit cards issued by major department stores. Have you or any other household member had any credit card in the last 12 months?

Yes No

1403

1402 What is the main reason for not having any credit card?

- 01 I don't know what it is, how to open one.
- 02 I don't need one; they don't offer services I need.
- 03 I don't have the required ID documents.
- 04 The credit card offers close to our dwelling.
- 05 We do not have money.
- 06 Registration is too complicated.
- 07 Fees for using credit cards are too high.
- 08 I can't afford the minimum payment.
- 09 Using a credit card is difficult.
- 10 Credit card agents are unfriendly; not accessible.
- 11 Credit cards are not suitable; I do not trust them.
- 12 I am afraid of getting into a major debt.
- 13 Other (specify):

1404

1405 For each credit card, please tell me if any member of your household has one of these? If yes, I'll ask you to estimate the total amount currently due in the credit card by all the members of the household, as well as the amount of the debt on the card 12 months ago.

	a	b	c
	Does the household have this credit card?	Estimated total amount currently due on the credit card	Estimated total amount due 12 months ago
	YES NO	1 2	1 2
1 Visa			
2 MasterCard			
3 American Express			
4 Discover Club			
5 ED Shein/Big City Dept. Retail			
6 Finance			
7 Other major retailers, all together			

USE OF BANK ACCOUNTS

1404 Now I would like to know if bank accounts. Do you or any other household member have a bank account in a commercial bank in Belarussia?

Yes No

1406

1405 What is the main reason for not having a bank account?

- 01 I don't know what it is, how to open one.
- 02 I don't need one; they don't offer services I need.
- 03 I don't have the required ID documents.
- 04 No major offers close to our dwelling.
- 05 We do not have money.
- 06 Registration is too complicated.
- 07 Fees for using credit cards are too high.
- 08 I can't afford the minimum payment.
- 09 Using a bank account is difficult.
- 10 Bank agents are unfriendly; not accessible.
- 11 Banks are not suitable; I do not trust them.
- 12 Other (specify):

▶ NEXT SECTION

1406 What type(s) of bank account do you or other members of your household have, and how important are they in your finances?

	a	b
	Does the household have this account?	How important is this bank account in your finances?
	YES NO	1 2 3
1 Current		
2 Savings		
3 Student		
4 Other (specify)		

15. TRANSFER

HOUSEHOLD HEAD

1500 RECORD THE SERIAL NUMBER OF RESPONDENT

TRANSFERS RECEIVED FROM OUTSIDE THE HOUSEHOLD.

1501 During the past 12 months, have you or any member of your household received any money or payments in kind, or gifts from any person who is not a member of your household, not including for child support or child maintenance? (DO NOT INCLUDE CHILD SUPPORT OR CHILD MAINTENANCE, REPORTED IN SEC 5A)

Yes 1
No 2 **▶ NEXT SECTION**

1502 What was the total amount transferred into your household from each of these places:

RECORD THE AMOUNTS TO THE NEAREST PULA IF NOTHING ENTER "00"		Amount received in last 12 months (Pula)
Cash transfers/gifts received from:	A Urban Botswana	
	B Rural Botswana	
	C Outside Botswana	
Value of goods received from:	D Urban Botswana	
	E Rural Botswana	
	F Outside Botswana	

TRANSFERS SENT OUT BY THE HOUSEHOLD.

1503 During the past 12 months, did you, or any member of your household send money or other payments (for example, food or clothing) to someone who is not a member of your household, including for child support or child maintenance?

Yes 1
No 2 **▶ NEXT SECTION**

1504 How much in total was sent from your household to each of the following places:

RECORD THE AMOUNTS TO THE NEAREST PULA IF NOTHING ENTER "00"		Amount sent out in last 12 months (Pula)
Cash transfers/gifts sent to:	A Urban Botswana	
	B Rural Botswana	
	C Outside Botswana	
Value of goods sent to:	D Urban Botswana	
	E Rural Botswana	
	F Outside Botswana	

Day: 1			
Name of day			
Total amount spent by all household members on meals and drinks purchased (from cafe, restaurant, street vendor for ready made food, fast food (take away)...etc.) consumed inside or outside the dwelling.		No. of NON-household members eating in the meals in the household. (Do not count children under 5 years old)	
1.-Breakfast	PULA	1.-Breakfast	Number
2.-Lunch	PULA	2.-Lunch	Number
3.-Dinner	PULA	3.-Dinner	Number
Notes:			

Day:1	DAY	MONTH	YEAR
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Name of day

TO BE FILLED BY THE HOUSEHOLD				
LINE NUMBER	Full description of the food purchased. Please give a detailed description. For example:	Quantity purchased	Amount paid in PULA	Write the place where you bought the food
	EXAMPLES	EXAMPLES	EXAMPLES	EXAMPLES
	1 bag of maize meal	12.5 kg	P60.00	Choppies
	Bread	2 loafs	P14.00	Choppies
	Bundle of Spinach		P2.80	Spar
	Morogo wa Dinawa	1 cup	P5.00	Open Market
	Long life Milk	500ml	P7.00	Spar
	Five Roses	125 grams	P7.00	Choppies
	Bag of Sugar	12.5 kg	P95.00	Choppies
	Cabbage	3 heads	P30.00	In the street
	Eggs	6	P11.00	Choppies
	Cooking Oil	750ml	P15.00	Choppies
	1 large box of Cornflakes	750g	P35.00	Spar
	DESCRIPTION	Quantity	PULA	
	201	202	203	204
01				
02				
03				
04				
05				
06				
07				
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Day:1		DAY	MONTH	YEAR		
Name of day						
TO BE FILLED BY THE HOUSEHOLD						
LINE NUMBER	Full description of the non-food item purchased.	Quantity or number purchased	Amount paid in PULA			
	Example;					
	1 bar of lifeboy soap	1 bar			P8.00	
	1 colgate toothpaste	1			P8.00	
	1 tin of doom	750ml			P12.00	
	petrol	10 litres			P88.00	
	cigarettes Peter	10 cigarettes			P21.00	
	Friday newspaper	1			P10.00	
	girl's blouse , cotton	1			P60.00	
	1 pot Hart	25kg			P380.00	
		DESCRIPTION	Quantity	PULA		
		301	302	303		
	01					
	02					
	03					
04						
05						
06						
07						
08						
09						
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26						

Day: 2		DAY	MONTH	YEAR				
Name of day								
TO BE FILLED BY THE HOUSEHOLD								
LINE NUMBER	Description of the food item consumed (food eaten)				Was the food you ate purchased, received as gift, or produced at home?			
	WRITE GOODS CONSUMED WITH THE QUANTITY AND THE UNIT OF MEASUREMENT, USE THE SCALE PROVIDED WHENEVER POSSIBLE TO RECORD WEIGHT EXAMPLE:							
	- 1 chicken				1			
	- Tea				2 tablespoons	Mark with an X		
	- Maize Meal				600 grams			
	- 1 half of a cabbage				440 grams			
	- beans				1 cup			
	- 4 tomatoes				4			
	- rice (uncooked)				1 small cup			
	- Five eggs				5			
	NAME OF THE FOOD EATEN			QUANTITY EATEN	Purchased	received as gift	produced at home	
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35								
36								

Day: 2			
Name of day			
Total amount spent by all household members on meals and drinks purchased (from cafe, restaurant, street vendor for ready-made food, fast food (take away)...etc.) consumed inside or outside the dwelling.		No. of NON-household members eating in the meals in the household (Do not count children under 5 years old)	
1.- Breakfast	PULA	1.- Breakfast	Number
2.- Lunch	PULA	2.- Lunch	Number
3.- Dinner	PULA	3.- Dinner	Number
Notes:			

Day:2 DAY MONTH YEAR

Name of day

TO BE FILLED BY THE HOUSEHOLD			
Full description of the food purchased. Please give a detailed description. For example:	Quantity purchased	Amount paid in PULA	Write the place where you bought the food
EXAMPLES	EXAMPLES	EXAMPLES	EXAMPLES
1 bag of maize meal	12.5 kg	P60.00	Choppies
Bread	2 loaves	P14.00	Choppies
Bundle of Spinach		P3.00	Spax
Morogo wa Dikwa	1 cup	P5.00	Open Market
Long life Milk	500ml	P7.00	Spax
Five Roses	125 grams	P7.00	Choppies
Bag of Sugar	12.5 kg	P95.00	Choppies
Cabbage	3 heads	P30.00	In the street
Eggs	6	P11.00	Choppies
Cooking Oil	750ml	P15.00	Choppies
1 large box of Cornflakes	750g	P35.00	Spax
DESCRIPTION	Quantity	PULA	
201	202	203	204
01			
02			
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Day:2

DAY MONTH YEAR

Name of day

TO BE FILLED BY THE HOUSEHOLD

LINE NUMBER	Full description of the non-food item purchased.	Quantity or number purchased	Amount paid in PULA
	DESCRIPTION	Quantity	PULA
	Example:		
	1 bar of lifebuoy soap	1 bar	P8.00
	1 colgate toothpaste	1	P8.00
	1 tin of doorn	750ml	P12.00
	petrol	10 litres	P88.00
	cigarettes Peter	10 cigarettes	P21.00
	Friday newspaper	1	P10.00
	girl's blouse , cotton	1	P60.00
	1 pot Hort	25kg	P380.00
	DESCRIPTION	Quantity	PULA
	301	302	303
01			
02			
03			
04			
05			
06			
07			
08			
09			
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Day: 3

DAY MONTH YEAR

Name of day

TO BE FILLED BY THE HOUSEHOLD

LINE NUMBER	Description of the food item consumed (food eaten)		Was the food you ate purchased, received as gift, or produced at home?		
	NAME OF THE FOOD EATEN	QUANTITY EATEN	Purchased	received as gift	produced at home
	WRITE GOODS CONSUMED WITH THE QUANTITY AND THE UNIT OF MEASUREMENT. USE THE SCALE PROVIDED WHENEVER POSSIBLE TO RECORD WEIGHT EXAMPLE:				
	- 1 chicken	1			
	- Tea	2 tablespoons	Mark with an X		
	- Maize Meal	600 grams			
	- 1 half of a cabbage	440 grams			
	- beans	1 cup			
	- 4 tomatoes	4			
	- rice (uncooked)	1 small cup			
	- Five eggs	5			
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Day: 3

Name of day

Total amount spent by all household members on meals and drinks purchased (from cafe, restaurant, street vendor for ready made food, fast food (take away) ... etc.) consumed inside or outside the dwelling.

No. of NON-household members eating in the meals in the household [Do not count children under 5 years old]

1.- Breakfast

PULA

1.- Breakfast

Number

2.- Lunch

PULA

2.- Lunch

Number

3.- Dinner

PULA

3.- Dinner

Number

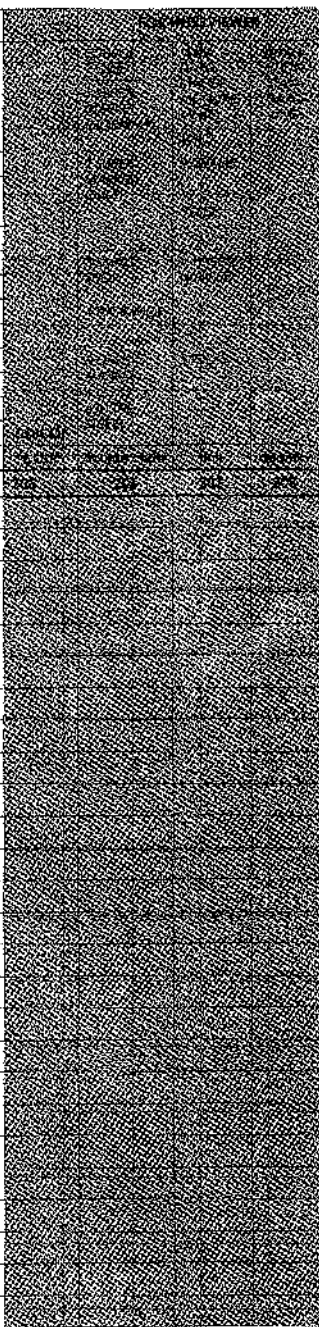
Notes:

Day:3 DAY MONTH YEAR

Name of day

TO BE FILLED BY THE HOUSEHOLD

LINE NUMBER	Full description of the food purchased. Please give a detailed description. For example:	Quantity purchased	Amount paid in PULA	Write the place where you bought the food
	EXAMPLES	EXAMPLES	EXAMPLES	EXAMPLES
	1 bag of maize meal	12.5 kg	P60.00	Choppies
	Bread	2 loafs	P14.00	Choppies
	Bundle of Spinach		P2.80	Spar
	Morogo wa Geshwa	1 cup	P5.00	OpenMarket
	Long life Milk	500ml	P7.00	Spar
	Five Roses	125 grams	P7.00	Choppies
	Bag of Sugar	12.5 kg	P95.00	Choppies
	Cabbage	3 heads	P30.00	In the street
	Eggs	6	P11.00	Choppies
	Cooking Oil	750ml	P15.00	Choppies
	1 large box of Cornflakes	750g	P35.00	Spar
	DESCRIPTION	Quantity	PULA	
	201	202	203	204
01				
02				
03				
04				
05				
06				
07				
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Day:3		DAY	MONTH	YEAR	
Name of day					
TO BE FILLED BY THE HOUSEHOLD					
LINE NUMBER	Full description of the non-food item purchased.		Quantity or number purchased	Amount paid in PULA	
	Example:				
	1 bar of lifeboy soap		1 bar	P8.00	
	1 colgate toothpaste		1	P8.00	
	1 tin of cloon		750ml	P12.00	
	petrol		10 litres	P88.00	
	cigarettes Pafer		10 cigarettes	P21.00	
	Friday newspaper		1	P10.00	
	girl's blouse, cotton		1	P60.00	
	1 pot Hort		25kg	P380.00	
		DESCRIPTION	Quantity	PULA	
	301	302	303		
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
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Day: 4

DAY MONTH YEAR

Name of day

TO BE FILLED BY THE HOUSEHOLD				
Description of the food item consumed (food eaten)		Was the food you ate purchased, received as gift, or produced at home?		
WRITE GOODS CONSUMED WITH THE QUANTITY AND THE UNIT OF MEASUREMENT. USE THE SCALE PROVIDED WHENEVER POSSIBLE TO RECORD WEIGHT EXAMPLE:				
- 1 chicken	1	Purchased	received as gift	
- Tea	2 tablespoons			produced at home
- whole meal	600 grams			
- 1 half of a cabbage	440 grams			
- beans	1 cup			
- 4 tomatoes	4			
- rice (uncooked)	1 small cup			
- five eggs	5			
NAME OF THE FOOD EATEN	QUANTITY EATEN			

LINE NUMBER

01			
02			
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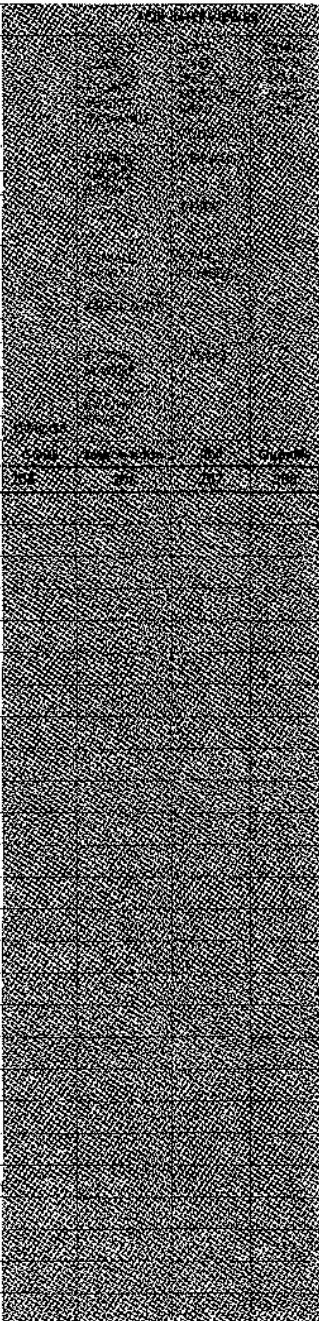
Day: 4			
Name of day			
Total amount spent by all household members on meals and drinks purchased (from cafe, restaurant, street vendor for ready made food, fast food (take away)...etc.) consumed inside or outside the dwelling.		No. of NON-household members eating in the meals in the household (Do not count children under 5 years old)	
1- Breakfast	PULA	1- Breakfast	Number
2- Lunch	PULA	2- Lunch	Number
3- Dinner	PULA	3- Dinner	Number
Notes:			

Day:4 DAY MONTH YEAR

Name of day

TO BE FILLED BY THE HOUSEHOLD

LINE NUMBER	TO BE FILLED BY THE HOUSEHOLD			Write the place where you bought the food
	Full description of the food purchased. Please give a detailed description. For example:	Quantity purchased	Amount paid in PULA	
	EXAMPLES	EXAMPLES	EXAMPLES	EXAMPLES
	1 bag of maize meal	12.5 kg	P60.00	Choppies
	Bread	2 loafs	P14.00	Choppies
	Bunule of Spinach		P2.80	Spur
	Moroga wa Dinawa	1 cup	P8.00	Open Market
	Long life Milk	500ml	P7.00	Spur
	Five Roses	125 grams	P7.00	Choppies
	Bag of Sugar	12.5 kg	P95.00	Choppies
	Cabbage	3 heads	P30.00	in the street
	Eggs	6	P11.00	Choppies
	Coating Oil	750ml	P15.00	Choppies
	1 large box of Cornflakes	750g	P35.00	Spur
	DESCRIPTION	Quantity	PULA	
	201	202	203	204
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
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25				
26				



Day:4		DAY	MONTH	YEAR	
Name of day					
TO BE FILLED BY THE HOUSEHOLD					
LINE NUMBER	Full description of the non-food item purchased:		Quantity or number purchased	Amount paid in PULA	
	Example:				
	1 bar of lifeboy soap		1 bar	P8.00	
	1 colgate toothpaste		1	P8.00	
	1 tin of bloom		750ml	P12.00	
	petrol		10 litres	P88.00	
	cigarettes Peter		10 cigarettes	P21.00	
	Friday newspaper		1	P10.00	
	girl's blouse, cotton		1	P40.00	
	1 pot Hart		25kg	P360.00	
	DESCRIPTION		Quantity		PULA
	301		302		303
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Day: 5

DAY MONTH YEAR

Name of day

TO BE FILLED BY THE HOUSEHOLD

LINE NUMBER	Description of the food item consumed (food eaten)		Was the food you ate purchased, received as gift, or produced at home?			Kcal	gfat	gcarb
	NAME OF THE FOOD EATEN	QUANTITY EATEN	Purchased	received as gift	produced at home			
	191	192	193	194	195	196	197	198
	WRITE GOODS CONSUMED WITH THE QUANTITY AND THE UNIT OF MEASUREMENT. USE THE SCALE PROVIDED WHENEVER POSSIBLE TO RECORD WEIGHT EXAMPLE: - 1 chicken 1 - Tea 2 tablespoons - Maize Meal 600 grams - 1 half of a cabbage 440 grams - beans 1 cup - 4 tomatoes 4 - rice (uncooked) 1 small cup - five eggs 5		Mark with an X					
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Day: 5		2. Daily Consumption of Food (Continued)	
Name of day			
Total amount spent by all household members on meals and drinks purchased (from cafe, restaurant, street vendor for ready made foods, fast food (take away)...etc.) consumed inside or outside the dwelling.		No. of NON-household members eating in the meals in the household (Do not count children under 5 years old)	
1.- Breakfast	PULA	1.-Breakfast	Number
2.-Lunch	PULA	2.-Lunch	Number
3.-Dinner	PULA	3.-Dinner	Number
Notes:			

Day: 5 DAY MONTH YEAR 2013

Name of day

LINE NUMBER	TO BE FILLED BY THE HOUSEHOLD				FOR INTERVIEWER			
	Full description of the food purchased. Please give a detailed description. For example:	Quantity purchased	Amount paid in PULA	Write the place where you bought the food	201	202	203	204
	EXAMPLES	EXAMPLES	EXAMPLES	EXAMPLES				
	1 bag of maize meal	12.5 kg	P60.00	Choppies				
	Bread	2 loafs	P14.00	Choppies				
	Bundle of Spinach		P2.80	Spur				
	Marago wa Ohawa	1 cup	P3.00	Open Market				
	Long life Milk	500ml	P7.00	Spur				
	Five Roses	125 grams	P7.00	Choppies				
	Bag of Sugar	12.5 kg	P95.00	Choppies				
	Cabbage	3 heads	P30.00	In the street				
	Eggs	6	P11.00	Choppies				
	Cooking Oil	750ml	P15.00	Choppies				
	1 large box of Cornflakes	750g	P45.00	Spur				
	DESCRIPTION	Quantity	PULA					
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Day: 5 DAY MONTH YEAR

Name of day: _____

FOOD PURCHASED BY THE HOUSEHOLD			
LINE NUMBER	Full description of the non-food item purchased.	Quantity or number purchased	Amount paid in FULA
	Example:		
	1 bar of lifebuoy soap	1 bar	P5.00
	1 Colgate toothpaste	1	P5.00
	1 lb of rice	750 gm	P12.00
	petrol	10 litres	P48.00
	cigarettes 40 per	10 cigarettes	P21.00
	Friday newspaper	1	P10.00
	girl's blouse, cotton	1	P50.00
	1 pot herb	25 gm	P30.00
	DESCRIPTION	Quantity	FULA
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Day: 6

DAY MONTH YEAR

Name of day

TO BE FILLED BY THE HOUSEHOLD

LINE NUMBER	Description of the food item consumed (food eaten)		Was the food you ate purchased, received as gift, or produced at home?			Date of entry	Time	Quantity
	NAME OF THE FOOD EATEN	QUANTITY EATEN	Purchased	received as gift	produced at home			
	- 1 chicken	1						
	- Tea	2 tablespoons						
	- Maize Meal	400 grams						
	- 1 half of a cabbage	440 grams						
	- Beans	1 cup						
	- 4 tomatoes	4						
	- rice (uncooked)	1 small cup						
	- Five eggs	5						
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Day: 6		2. Daily Consumption of Food (24hr period)	
Name of day			
Total amount spent by all household members on meals and drinks purchased (from cafe, restaurant, street vendor for ready made food, fast food (take away)... etc.) consumed inside or outside the dwelling.		No. of NON-household members eating in the meal in the household. (Do not count children under 5 years old)	
1. Breakfast	PULA	1. Breakfast	Number
2. Lunch	PULA	2. Lunch	Number
3. Dinner	PULA	3. Dinner	Number
Notes:			

Day: 6 DAY MONTH YEAR

Name of day				
TO BE FILLED BY THE HOUSEHOLD				
LINE NUMBER	Full description of the food purchased. Please give a detailed description. For examples:	Quantity purchased	Amount paid in PIRA	Write the place where you bought the food
	EXAMPLES	EXAMPLES	EXAMPLES	EXAMPLES
	1 bag of maize meal	12.5 kg	P64.00	Churches
	Bread	2 loafs	P14.00	Churches
	bundle of Spinach		P2.00	Spot
	Mango wa 12kg	3 cup	P5.00	Open Market
	Vegetable milk	500ml	P2.00	Spot
	5m Beans	125 grams	P7.00	Churches
	Bag of Sugar	12.5 kg	P25.00	Churches
	Cabbage	3 heads	P30.00	in the street
	Eggs	6	P11.00	Churches
	Cooking Oil	750ml	P15.00	Churches
	1 large box of Cornflakes	750g	P15.00	Spot
	DESCRIPTION	Quantity	PIRA	
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Day: 6		DAY	MONTH	YEAR	2011 National Survey of Household Expenditures and Incomes	
Name of day						
LINE NUMBER	TO BE FILLED BY THE HOUSEHOLD					
	Full description of the non-food item purchased, Exemplar:	Quantity or number purchased	Amount paid in PULA			
	1 bar of lifeboy soap	1 bar	P8.00			
	1 colgate toothpaste	1	P8.00			
	1 tin of doom	750ml	P12.00			
	petrol	10 litres	P88.00			
	cigarettes Peter	10 cigarettes	P21.00			
	Friday newspaper	1	P10.00			
	girl's blouse, cotton	1	P40.00			
	1 pot Hart	25kg	P380.00			
		DESCRIPTION	Quantity	PULA		
		301	302	303		
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Day: 7 DAY MONTH YEAR

Name of day

TO BE FILLED BY THE HOUSEHOLD								
LINE NUMBER	Description of the food item consumed (food eaten)	Was the food you ate purchased, received as gift, or produced at home?						
	WRITE GOODS CONSUMED WITH THE QUANTITY AND THE UNIT OF MEASUREMENT. USE THE SCALE PROVIDED WHENEVER POSSIBLE TO RECORD WEIGHT EXAMPLIF:							
	NAME OF THE FOOD EATEN	QUANTITY EATEN	Purchased	received as gift	produced at home			
	- 1 chicken	1						
	- Tea	2 tablespoons						
	- Maize Meal	600 grams						
	- 1 half of a cabbage	400 grams						
	- beans	1 cup						
	- 4 tomatoes	4						
	- rice (uncooked)	1 small cup						
	- Five eggs	5						
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Day: 7			
Name of day			
Total amount spent by all household members on meals and drinks purchased (from cafe, restaurant, street vendor for ready made food, fast food (take away) [... etc.] consumed inside or outside the dwelling.		No. of NON-household members eating in the meals in the household. (Do not count children under 5 years old)	
1- Breakfast	PLA	1- Breakfast	Number
2- Lunch	PLA	2- Lunch	Number
3- Dinner	PLA	3- Dinner	Number
Notes:			

Day:7

DAY MONTH YEAR

2. Daily Purchase of food

Name of day

LINE NUMBER	TO BE FILLED BY THE HOUSEHOLD				PSR INTERVIEWER			
	Full description of the food purchased. Please give a detailed description. For example:	Quantity purchased	Amount paid in PULA	Write the place where you bought the food	PSR ID NUMBER	PSR NAME	PSR PHONE NUMBER	PSR ADDRESS
	EXAMPLES	EXAMPLES	EXAMPLES	EXAMPLES				
	1 bag of maize meal	12.5 kg	P40.00	Choppies				
	Bread	2 loafs	P14.00	Choppies				
	Bundle of Spinach		P2.80	Spar				
	Morogo wa Dinawa	1 cup	P5.00	Open Market				
	Langile Milk	500ml	P7.00	Spar				
	Five Roses	25 grams	P7.00	Choppies				
	bag of sugar	2.5 kg	P95.00	Choppies				
	Cabbage	3 heads	P30.00	In the street				
	Eggs	6	P11.00	Choppies				
	Cooking Oil	750ml	P15.00	Choppies				
	large box of Cornflakes	750g	P35.00	Spar				
	DESCRIPTION	Quantity	PULA	204	2005	Susane Sade	011	2009
01	201	202	203	204	2005	Susane Sade	011	2009
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CONFIDENTIAL
BOTSWANA MULTI-TOPIC HOUSEHOLD SURVEYS
DIARY



WEEK 1

Locality Name/Code

Name of the head of the household

Fieldwork staff	Name	Code
Team supervisor	<input type="text"/>	<input type="text"/>
Enumerator	<input type="text"/>	<input type="text"/>
Entry operator	<input type="text"/>	<input type="text"/>

Final result as per the Team supervisor

All days completed

Some days completed

No days completed

Refused

BMTHS HOUSEHOLD ID NUMBER

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Enumeration Area serial number (001-599) Selected HH (01-19)

Visits	Date (dd/mm/yy)	Day numbers reviewed
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6	<input type="text"/>	<input type="text"/>

Full explanation/ comments

IF FOUND PLEASE SEND TO: STATISTICS BOTSWANA OFFICE,
 PRIVATE BAG 0034, GABORONE
OR
 NEAREST DISTRICT COMMISSIONERS OFFICE

Day: 1 DAY MONTH YEAR

Name of day

LINE NUMBER	TO BE FILLED BY THE HOUSEHOLD			Was the food you ate purchased, received as gift, or produced at home?
	DESCRIPTION OF THE FOOD ITEM CONSUMED (FOOD EATEN)	QUANTITY EATEN		
	1 chicken	1		
	Tea	2 tablespoons	Mark with an X	
	Milk Mool	500 grams		
	1 half of a cabbage	440 grams		
	beans	1 cup		
	4 tomatoes	4		
	rice (uncooked)	1 small cup		
	Five eggs	5		
	NAME OF THE FOOD EATEN	QUANTITY EATEN	Purchased	received as gift
			produced at home	
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CONFIDENTIAL

**BOTSWANA MULTI-TOPIC HOUSEHOLD SURVEYS
DIARY**



WEEK 2

Locality Name/Code

Name of the head of the household

Fieldwork staff	Name	Code
Team supervisor		
Enumerator		
Entry operator		

Final result as per the team supervisor

All days completed

Some days completed

No days completed

Refused

Full explanation/ comments

BMTHS HOUSEHOLD ID NUMBER

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Enumeration Area code number (001-899) Selected HH (01-15)

Visits	Date (dd/mm/yy)	Day numbers reviewed
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IF FOUND PLEASE SEND TO: STATISTICS BOTSWANA OFFICE,
 PRIVATE BAG 0024, GABORONE
 OR
 NEAREST DISTRICT COMMISSIONERS OFFICE

Day: 1 DAY MONTH YEAR

Name of day

TO BE FILLED BY THE HOUSEHOLD			
LINE NUMBER	Description of the food item consumed (food eaten)	QUANTITY EATEN	Was the food you ate purchased, received as gift, or produced at home?
	NAME OF THE FOOD EATEN	QUANTITY EATEN	Purchased received as gift produced at home
	WRITE GOODS CONSUMED WITH THE QUANTITY AND THE UNIT OF MEASUREMENT. USE THE SCALE PROVIDED WHENEVER POSSIBLE TO RECORD WEIGHT EXAMPLE:		
	- 1 chicken	1	
	- Tea	2 tablespoons	Mark with an X
	- Maize Meal	400 grams	
	- 1 half of a cabbage	440 grams	
	- beans	1 cup	
	- 4 tomatoes	4	
	- rice (uncooked)	1 small cup	
	- Five eggs	5	
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MADE this 17th day of December, 2015.

O. K. MATAMBO,
Minister of Finance and
Development Planning