

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 (001-599) Selected HH number (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			
98 Other (Specify)			
Total Number of Persons in the Household		Male	Female

Comments:

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	Gaborone	Botswana	101
02	Francistown	Angola	102
03	Lebanse	Lesotho	103
04	Selibe Phikwe	Malawi	104
05	Orapa	Mozambique	106
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 Bobonong	India	117
53	Central Boteti	China	118
54	Central Tlokweng	United Kingdom	119
60	North East	United States of America	120
70	Ngamaleng East	Europe	121
71	Ngamaleng West	America	122
72	Chiboe	Asia	123
73	Deika	Rest of the World	124
80	Ghanzi	Not Known	999
81	Central Kalahari Game Reserve (CKGR)		
90	Egalegaal South		
91	Egalegaal North		

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05	Orapa	Mozambique	105
06	Jwaneng	Namibia	106
07	Sowa	South Africa	107
10	Ngwakwena/ Southern	Swaziland	108
11	Barolong	Zambia	109
12	Ngwakwena West	Zimbabwe	110
20	South East	Tanzania	111
30	Kweneng East	DRC	112
31	Kweneng West	Mauritius	113
40	Kwatheng Central Serowe/	Sierra Leone	114
50	Phalegwe	Madagascar	115
51	Central Mafalagwe	Other Africa	116
52	Central Botswana	India	117
53	Central Bopet	China	118
54	Central Tutuuse	United Kingdom	119
60	North East	United States of America	120
70	Ngamitland East	Europe	121
71	Ngamitland West	America	122
72	Gobe	Asia	123
73	Duba	Rest of the World	124
80	Ghanzi	Not Known	999
81	Central Kalahari Game Reserve (CKGR)		
90	Kgalagadi South		
91	Kgalagadi North		

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31	Kweneng West	Mauritius	113
40	Kgatleng Central Serowe/	Seychelles	114
60	Pulapye	Madagascar	115
51	Central Mahalapye	Other Africa	116
52	Central Botsuana	India	117
53	Central Boteti	China	118
54	Central Tloane	United Kingdom	119
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1. DEMOGRAPHIC CHARACTERISTICS, PART C- HOUSEHOLD MEMBERS' CHILDREN LIVING ELSE WHERE

RESPONDENT SHOULD BE HEAD OF HOUSEHOLD / SPOUSE OR KNOWLEDGEABLE 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 member's child (below 21 years old) who is not living in the household.	What is [NAME]'s main reason for not living in this household? 1 Attending school 2 Working 3 Living with his/her other parent 4 Living with grandparent(s) 5 Living with other relatives 6 Marriage 7 Living with boyfriend 8 Other (specify) 95	What is [NAME]'s sex? 1 Male 2 Female	How old is [NAME] in completed years?	Does [NAME]'s biological father live in this household?	RECORD SERIAL NUMBER OF FATHER	Does [NAME]'s 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? 89 None 90 Fr-school 91 New formal 92 60-61 93 62-63 94 64-65 95 66 96 Primary 97 10 98 11 99 12 100 Secondary 101 21-22 102 23-24 103 25-26 104 27-29 105 Vocational 106 31-32 107 33-34 108 35-38 109 University/College 110 41-42 111 43-44 112 45-49 113 Don't know 99	Is [NAME] currently enrolled in school?
	NAME	AGE	SEX	AGE	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	LOCALITY CODE		Yes 1 No 2
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											

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 cause?	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 3 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 No	Spouse/Partner 02 Son/Daughter 03 Child in law 04 Step child 05 Grandchild 06 Parent 07 Parent in law 08 Grandparent 09 Brother/Sister 10 Nephew/Niece 11 Other relative Not related 12	Illness 01 Transport related accident 02 Other accident 03 Murder 04 Suicide 05 Pregnancy/Childbirth 06 Natural disaster 07 Other (specify) 08	1 2 3 4 5 6 7 8 9	Yes No Do not know	Yes, main breadwinner 1 Yes, major contributor 2 Yes, minor contributor 3 No 4				
01 Most recent		Month	Year										
02 2nd most recent													
03 3rd most recent													
04 4th most recent													
05 5th most recent													
06 6th most recent													
07 7th most recent													

ORDER OF DEATH

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

ALL PERSONS

336	337	338	339	341
Who runs this facility? 1 Government 2 Private 3 Employee provided 4 Non Gov't org. 5 Mission 6 Other (specify) 98	What is the name of this facility/provider? Name	Is (NAME) covered by health insurance (Medical Aid)? Yes 1 No 2 ▶ 843 (Part C)	What kind of insurance? 1 Medical aid through public/parastatal employer 2 Medical aid through private employer 3 Medical aid - self insured 4 Dependent of public/parastatal employee 5 Dependent of private employee 6 Dependent of self insured 99 Other (specify) ▶ 843 (Part C) (OR IF HOUSEHOLD HEAD ▶ 840)	ASK THE FOLLOWING TO THE HOUSEHOLD HEAD OR MOST INFORMED MEMBER: 340 Now 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. 341 TOTAL PAID in the past 12 months
				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)
				PULA

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
IN THE HOUSEHOLD

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 90 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.

502	a. PERSON'S SERIAL NUMBER b. SERIAL NUMBER OF PERSON PROVIDING INFORMATION	a	b	a	b	a	b
	What was your INCOME IN THE PAST 90 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 pusa						
507	Other food						
508	Clothing						
509	Blankets						
510	Value of all other wage and allowances in-kind						
	What was your EMPLOYMENT EARNINGS DURING THE PAST 12 MONTHS for...						
511	Back pay						
512	Bonus						
513	Overtime						
514	Travel/leave concession						
515	Leave encashment						
516	Amount of any other earnings from this employment						
	What were the DEDUCTIONS FROM WAGES/SALARY DURING THE LAST 90 DAYS for...						
517	Income tax						
518	Home rent						
519	Car insurance						
520	Repayment of loans or benefits						
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

ITEM/ SERVICE	FIRST HH MEMBER			2ND HH MEMBER			3RD HH MEMBER			4TH HH MEMBER		
	527	528	529	530	531	532	533	534	535	536	537	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?	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?
	SERIAL no.	PULA	PULA									
526												
1 Accommodation/ housing allowances	YES NO											
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 subscription												
12 School fees												
13 Leave Concession												

6. SERVICES WITHIN THE VILLAGE/ COMMUNITY

HOUSEHOLD HEAD OR SPOUSE

PART A. HEALTH SERVICES

600 RECORD THE RESPONDENT (THE SERIAL NUMBER OF THE PERSON PROVIDING THIS INFORMATION)

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

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

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

- 1 WALKING
- 2 BY CARTS
- 3 BY BICYCLE
- 4 BY DONKEY/CART
- 98 OTHER, SPECIFY

604 What type of facility is this?

- 1 CLINIC
- 2 HEALTH POST
- 3 HOSPITAL
- 4 MOBILE CLINIC
- 5 PRIVATE PHARMACY
- 98 OTHER, SPECIFY

605 Who runs this facility?

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

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

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

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

- 1 EXCELLENT
- 2 SATISFACTORY
- 3 FAIR
- 4 POOR
- 5 DON'T KNOW

608 What do you think are the problems with this facility, if any? Please start with the most serious problem.
PROMPT FOR OTHER PROBLEMS, UP TO 3 PROBLEMS IN TOTAL.
IF NO PROBLEMS, PUT 00 IN FIRST BOX

- 01 LONG WAITING TIME
- 02 FACILITIES NOT CLEAN OR IN POOR CONDITION
- 03 FEW TRAINED PROFESSIONAL STAFF
- 04 STAFF FREQUENTLY ABSENT
- 05 STAFF DISRESPECTFUL
- 06 TOO EXPENSIVE
- 07 LACK OF DRUGS/MEDICINE
- 08 OFFERS LIMITED SERVICES
- 09 LIMITED HOURS OPEN
- 10 OTHER SPECIFY
- 99

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

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

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

PROMPT FOR OTHER PROBLEMS, UP TO 3 PROBLEMS IN TOTAL.
IF NO PROBLEMS, PUT 00 IN FIRST BOX

- 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
- 99 OTHER SPECIFY

6. SERVICES WITHIN THE VILLAGE/ COMMUNITY

HOUSEHOLD HEAD OR SPOUSE

PRIMA 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? km min

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 this nearest primary school? min

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

1 WALKING
2 BY CAR/BIKE
3 BY BICYCLE
4 BY DONKEY/CART
5 OTHER SPECIFY

615 What type of school is this?

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

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?

1 EXCELLENT
2 SATISFACTORY
3 FAIR
4 POOR
5 DON'T KNOW

618 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 '0' IN FIRST BOX

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

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
DON'T KNOW 5

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 SPOUSE

- 623 What is the usual method to get to the school?
 1 WALKING
 2 BY CAB/BUS
 3 BY BICYCLE
 4 BY DONKEY/CART
 5 OTHER, SPECIFY 98
- 624 What kind of school is this?
 1 GOVERNMENT
 2 PRIVATE
 3 NON-GOV'T ORG.
 4 MISSION
 5 OTHER SPECIFY 98
- 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?
 EXCELLENT 1
 SATISFACTORY 2
 FAIR 3
 POOR 4
 DON'T KNOW 5
- 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 '0' IN FIRST BOX
 (USE CODES FROM QUESTION 636)
 1st
 2nd
 3rd
- 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
 5 DON'T KNOW
 SENIOR SECONDARY SCHOOL
- 629 ENUMERATOR: IS THERE A CHILD AT OR CLOSE TO SENIOR SECONDARY SCHOOL, AGE (1.4-29) 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 '0'
- 631 Normally, how long does it take from here to the nearest senior secondary school? (min)
- 632 What is the usual method to get to the school?
 1 WALKING
 2 BY CAB/BUS
 3 BY BICYCLE
 4 BY DONKEY/CART
 5 OTHER, SPECIFY 98
- 633 What kind of school is this?
 1 GOVERNMENT
 2 PRIVATE
 3 NON-GOV'T ORG.
 4 MISSION
 5 OTHER SPECIFY 98
- 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?
 EXCELLENT 1
 SATISFACTORY 2
 FAIR 3
 POOR 4
 DON'T KNOW 5
- 636 What do you think are the problems with this school, if any? Please start with the most serious problem. PROMPT FOR UP TO 9 PROBLEMS
 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
 IF NO PROBLEMS, PUT '0' 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
 5 DON'T KNOW

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.

700 RECORD THE SERIAL NUMBER OF THE PERSON PROVIDING THIS INFORMATION

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

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

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

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

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

YES
 NO 2 ▶ 708

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 ▶ 708

705 Where did you report the violence or crime?

MAIN
 1 BOTSWANA POLICE
 2 NGOTLA
 3 NEIGHBOURS
 4 OTHER SPECIFY 98

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

YES 1 ▶ 714
 NO 2

707 Why do you think the services rendered is not satisfactory?
 SLOW TO REACT
 1 POOR RECEPTION
 2 OTHER SPECIFY 98
 3 FAVOURITISM

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

YES 1 ▶ 710
 NO 2

709 Why do you not participate in Kgathla activities?

1 FIND IT UNNECESSARY
 2 FAR FROM HOME
 3 HELD DURING WORKING HOURS
 4 OTHER (specify) 98

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

1st
 2nd

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 STUDENT ALLOWANCE, ETC.
 09 ASSISTANCE FROM COMMUNITY
 98 OTHER SPECIFY

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 ya ka wena, o banna go ka thobagane banna ka kerkodi mo banyeng gone le kgathla go tshela? Ke but ka nni e tshela go e a nna ka tshela go e, o banna e e go e ka wena mo nna.

(AMOUNT TO THE NEAREST PULA)

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. SOURCE OF HOUSEHOLD INCOME.

Before making for 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) during the last 30 days, and b) during the past 12 months.)

ENUMERATOR: CHECK AND CODE YES(N) OR NO(Z) FOR EACH OF THE FOLLOWING ITEMS	SOURCE	(a)		(b)		(c)
		During the last 30 days		During the past 12 months		
		YES	NO	1 YES	2 NO	
901	Cash wage/ Salary from employment					
902	Business income					
903	Rental income					
904	Pension of retired persons					
905	Contributory pensions - other					
906	Interest on savings					
907	Dividend payments					
908	Sale of own produce					
909	Sale of livestock					
910	Child support					
911	Child maintenance					
912	Apprenticeship/ Internship (Tirolo Sothaba)					
913	Remittances from inside Botswana					
914	Remittances from outside Botswana					
915	Cash gifts received					
916	In-kind gifts received					
917	Cash loans received (incl. salary advance)					
918	Earnings in kind (e.g. food, clothing)					
918	Oryokan Care Program (in-kind only)					
920	Destitute Persons Program					
921	World War II Veterans Allowance					
922	Old age pension					
923	Iseleng					
924	Livestock Management and Infrastructure Development (in-kind only)					
925	Beatshebe/tyetiametlwa mosamontlwa/tyetiametlwa					
926	Student allowance					
927	OTHER 1, SPECIFY.....					

IF YES IN THE CORRESPONDING ROW, ASK AMOUNT RECEIVED:

(c)
What was the total amount received by the household in the past 12 months from (SOURCE)
Pub.

P
P
P

P
P
P

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

HOUSEHOLD HEAD, SPOUSE OR THE MOST KNOWLEDGEABLE PERSON						
PART B. SOCIAL PROTECTION						
828	829	830	831	832	833	
In the last 12 months, did your household, or any of its members, receive any payments from this source?	Why did your household (or any member of your household) not benefit from SOURCE? 1 Never heard 2 Don't know how to apply 3 Enrollment office too far 4 Don't think can benefit 5 Applied but never received 6 Don't want to participate 7 No ID card (or any form of identity) 8 Not eligible 9 Other (specify) 99	How much did your household receive in food assistance during the last 12 months from this source? WRITE ONLY THE NUMBER OF ELIGIBLE CHILDREN, NOT AMOUNT	How much did your household receive in _____ (excluding _____) during the last 12 months from this source?	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?	
Yes 1 ▶ 830	▶ NEXT SOURCE	Total Cash Value PULA	Total Cash Value	Specify household member(s) Household 2 ▶ NEXT SOURCE	WRITE SERIAL NUMBER FROM HH ROSTER	
No 2						
Source						
A Orphan Care Programmes						
B Destitute Persons Programme						
C Vulnerable Groups Feeding Program						
D School Feeding (Primary or Secondary)		number of eligible children				
E Needy student package						
F Community Home-based Care						
G Remotes Area Development Program (RADP)						
H Livestock Management and Infrastructure Development						
I Poverty Eradication Programme						

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

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

9. HOUSING, UTILITIES, DURABLE GOODS AND LIVESTOCK

PART A. DWELLING	HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE PERSON																							
<p>900 RECORD THE SERIAL NUMBER OF THE PERSON PROVIDING THIS INFORMATION</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>																								
<p>901 Is this dwelling occupied by your household only?</p>	<p>CIRCLE AND WRITE APPROPRIATE CODE</p> <table border="1" style="margin: 0 auto;"> <tr> <td style="width: 50px;">Yes</td> <td style="width: 50px;">No</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>	Yes	No	1	2	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>																		
Yes	No																							
1	2																							
<p>902 ASK FOR (AND OBSERVE) Type of dwelling (Traditional (urban) 01, Part of apartment 05, Mixed 02, Part of a commercial building 07, Detached 03, Movable 08, Semi-detached 04, Shack 09, Townhouse / terraced 06, Rooms 10, Other (Specify) 98)</p>	<table border="1" style="margin: 0 auto;"> <tr> <td style="width: 50px;">Yes</td> <td style="width: 50px;">No</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>	Yes	No	1	2	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>																		
Yes	No																							
1	2																							
<p>903 How many rooms are there in this housing unit?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">a TOTAL</td> <td style="width: 15%;"></td> <td style="width: 15%;">d Bed-rooms</td> <td style="width: 15%;"></td> <td style="width: 15%;">e Mixed use</td> <td style="width: 15%;"></td> </tr> <tr> <td>b Kitchen</td> <td></td> <td>f Living / dining room</td> <td></td> <td>h Other utilization</td> <td></td> </tr> <tr> <td>c Toilet / bathroom</td> <td></td> <td>g Business premises</td> <td></td> <td></td> <td></td> </tr> </table>	a TOTAL		d Bed-rooms		e Mixed use		b Kitchen		f Living / dining room		h Other utilization		c Toilet / bathroom		g Business premises				<table border="1" style="margin: 0 auto;"> <tr> <td style="width: 50px;">Yes</td> <td style="width: 50px;">No</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>	Yes	No	1	2	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
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c Toilet / bathroom		g Business premises																						
Yes	No																							
1	2																							
<p>904 ASK FOR (AND OBSERVE) Main material of outside walls for the main house.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">1 Conventional bricks / blocks</td> <td style="width: 15%;">2 Mixed bricks / blocks</td> <td style="width: 15%;">3 Mud and poles / cow dung / thatch / reeds</td> <td style="width: 15%;">4 Palm and reeds</td> <td style="width: 15%;">5 Corrugated iron / zinc / tin</td> <td style="width: 15%;">6 Asbestos</td> <td style="width: 15%;">7 Wood</td> <td style="width: 15%;">8 Stone</td> <td style="width: 15%;">9 Other / mixed materials</td> </tr> </table>	1 Conventional bricks / blocks	2 Mixed bricks / blocks	3 Mud and poles / cow dung / thatch / reeds	4 Palm and reeds	5 Corrugated iron / zinc / tin	6 Asbestos	7 Wood	8 Stone	9 Other / mixed materials	<table border="1" style="margin: 0 auto;"> <tr> <td style="width: 50px;">Yes</td> <td style="width: 50px;">No</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>	Yes	No	1	2	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>									
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Yes	No																							
1	2																							
<p>905 ASK FOR (AND OBSERVE) Main material of floor</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">1 Concrete</td> <td style="width: 15%;">2 Floor tiles</td> <td style="width: 15%;">3 Mud</td> <td style="width: 15%;">4 Mud dung</td> <td style="width: 15%;">5 Wood</td> <td style="width: 15%;">6 Brick, stone</td> <td style="width: 15%;">7 None</td> <td style="width: 15%;">8 Other</td> </tr> </table>	1 Concrete	2 Floor tiles	3 Mud	4 Mud dung	5 Wood	6 Brick, stone	7 None	8 Other	<table border="1" style="margin: 0 auto;"> <tr> <td style="width: 50px;">Yes</td> <td style="width: 50px;">No</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>	Yes	No	1	2	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>										
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<p>906 ASK FOR (AND OBSERVE) Main material of roof</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">1 Shale</td> <td style="width: 15%;">2 Thatch / straw</td> <td style="width: 15%;">3 Roof tiles</td> <td style="width: 15%;">4 Corrugated iron / zinc / tin</td> <td style="width: 15%;">5 Asbestos</td> <td style="width: 15%;">6 Concrete</td> <td style="width: 15%;">7 Other</td> </tr> </table>	1 Shale	2 Thatch / straw	3 Roof tiles	4 Corrugated iron / zinc / tin	5 Asbestos	6 Concrete	7 Other	<table border="1" style="margin: 0 auto;"> <tr> <td style="width: 50px;">Yes</td> <td style="width: 50px;">No</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>	Yes	No	1	2	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>											
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Yes	No																							
1	2																							
<p>907 Is the dwelling yours?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50px;">Yes</td> <td style="width: 50px;">No</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>			Yes	No	1	2	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>																	
Yes	No																							
1	2																							
<p>908 If you wanted to buy a dwelling like this today, how much money would you pay for it?</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>																								
<p>909 If someone wanted to rent this dwelling today, how much money would they have to pay per month?</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>																								
<p>910 Do you rent out part of this dwelling unit?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50px;">Yes</td> <td style="width: 50px;">No</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>			Yes	No	1	2	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>																	
Yes	No																							
1	2																							
<p>911 How much do you receive as rent per month? AFTER THIS QUESTION ▶ 916</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>																								
<p>912 Are you paying a rent for this dwelling unit?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50px;">Yes</td> <td style="width: 50px;">No</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>			Yes	No	1	2	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>																	
Yes	No																							
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<p>913 How much do you pay per month for renting this dwelling? (cash plus value of in-kind payments) AFTER THIS QUESTION ▶ 916</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>																								
<p>914 What is your present occupancy status?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">1 Provided free of charge by relatives</td> <td style="width: 15%;">2 Provided free of charge by landlord</td> <td style="width: 15%;">3 Provided free of charge by employer</td> <td style="width: 15%;">4 Squatting</td> <td style="width: 15%;">5 Other (specify)</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	5 Other (specify)	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>																
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<p>915 If someone wanted to rent this dwelling today, how much money would they have to pay per month?</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>																								

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/lot) | 10 Rainwater collection |
| 03 Public/Communal tap/standpipe | 11 Bottled water |
| 04 Neighbour's tap | 12 Borehole |
| 05 Tube well/borehole | 13 Dam/Pan |
| 06 Protected dug well | 14 River/Stream |
| 07 Unprotected dug well | 98 Other (specify) |
| 08 Protected spring | |

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/lot) | 10 Rainwater collection |
| 03 Public/Communal tap/standpipe | 11 Bottled water |
| 04 Neighbour's tap | 12 Borehole |
| 05 Tube well/borehole | 13 Dam/Pan |
| 06 Protected dug well | 14 River/Stream |
| 07 Unprotected dug well | 98 Other (specify) |
| 08 Protected spring | |

917 How long does it take (in minutes) to go there, get water and come back?

IF WATER IN PREMISES, PUT ZERO AND ▶ 919

918 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 | 5 Solar disinfection |
| 2 Add bleach/chlorine | 6 Let it stand and settle |
| 3 Strain it through a cloth | 7 Other (specify) |
| 4 Use a water filter (ceramic sand, composite, etc.) | 8 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 | 07 Pit latrine with slab |
| 02 Flush to septic tank | 08 Open pit latrine |
| 03 Flush to pit latrine | 09 Dry compost/ECoverbore |
| 04 Flush to elsewhere | 10 No facilities/hush/field |
| 05 Flush to hole in ground | 98 Other (specify) |
| 06 Ventilated improved pit latrine (VIP) | 99 ▶ 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 stools, what was done to dispose of the stools?

- | | |
|------------------------------|---|
| 1 Left it in the open | 6 |
| 2 Buried into hole in ground | 7 |
| 3 Buried into drain or ditch | 8 |
| 4 Thrown into garbage | 9 |
| 5 Buried | 9 |

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 Buried
- 3 Recycled collection
- 4 Burning

- 5 Rubbish pit
- 6 Buried
- 7 Buried
- 96 Other (Specify)

YES 1 NO 2 932

929 Is your household connected to the BFC grid?

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

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

- 01 Electricity
- 02 Solar power
- 03 Gas (LPG)
- 04 Bio gas
- 05 Wood

- 01 Electricity grid
- 02 Solar power
- 03 Electricity from generator
- 04 Gas (LPG)

- 05 Wood/wood
- 06 Charcoal
- 07 Paraffin
- 08 Candles
- 96 Other (Specify)
- 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

- 05 Paraffin
- 06 Cow-dung
- 07 Coal
- 08 Charcoal
- 09 Crop waste
- 96 Other (Specify)

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
- 96 Other (Specify)

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

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?
ITEM		IF NONE, PUT ZERO AND ▶ NEXT ITEM	Sale value (PULA)
01	Van/ bakkis/ 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?
ITEM		IF NONE, PUT ZERO AND ▶ NEXT ITEM	Sale value (PULA)
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	Jewelry		
25	Furniture, rug, 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?							
		936		937		938		939	
		a. How many [LIVESTOCK] do you own?		a. How many [LIVESTOCK] did you have 12 months ago?		a. How many [LIVESTOCK] did you sell over the past 12 months?		a. How many [LIVESTOCK] did you buy over the past 12 months?	
		b. How much would it cost to buy all the [LIVESTOCK] today?		b. How much would it have cost to buy them all then, 12 months ago?		b. For how much did you sell all of them?		b. How much did you pay for them?	
		a.	b.	a.	b.	a.	b.	a.	b.
		Number of animals	Purchasing amount (PULA)	Number of animals	Purchasing amount (PULA)	Number of animals	Selling amount (PULA)	Number of animals	Purchasing amount (PULA)
		NEXT LIVESTOCK							
LIVESTOCK									
a	Cattle								
b	Goats								
c	Sheep								
d	Meat or cattle								
e	Pigs								
f	Horses								
g	Donkeys								
h	Mules								
i	Poultry								
j	Ducks								
k	Pigeons								
l	Other livestock (all together) Specify main type								

10. HOUSEHOLD ENTERPRISES (NON-AGRICULTURAL)

HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE PERSON

This section asks for information about household businesses or enterprises

NUMERATOR: CHECK EMPLOYMENT MODULE, MODULE 4, QUESTION 411, TO SEE IF ANY HOUSEHOLD MEMBER REPORTED SELF-EMPLOYMENT OR WORK IN A HOUSEHOLD NON-FARM 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 operated his/her own business or trade, or worked as a self-employed professional or craftsman? These activities may be full/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?

- Selling cattle/goats/sheep 01
- Gathering/selling pheasants 09
- Selling poultry 02
- Selling/processing of animal products 10
- Making/selling clothes 17
- Selling milk/milk products 03
- Rearing/selling bear/cub/marten 11
- Making/selling furniture 18
- Selling taxicombi services (for moving people or goods) 26
- Selling maize/millet/peas/beans 04
- Making craftwork: baskets/wooden utensils 12
- Blacksmithing/iron smelting 20
- Selling of second hand clothes 27
- Selling fruits/vegetables 05
- Making/selling clothes 13
- Vehicle repair/panel beating 21
- Selling of second hand clothes 28
- Catching/selling fish 06
- Making/selling clothes 14
- Traditional spiritual healer 22
- Phone shops 29
- Gathering/selling thatch/plant/feeds 07
- Cooking and/or selling food 15
- Electrician 23
- Selling health products e.g. Golden products/Glo for health 31
- Gathering/selling thatch/plant/feeds 08
- Street vendor (retailing) 16
- Electrician 24
- Property rentals 30
- Other (specify) 32
- General dealers 19
- Property rentals 25
- Other (specify) 33

INTERVIEWER: Describe the type of business in words in question 1001 below, and use the code if it meets any of the above activities.

YES NO 2 → NEXT SECTION

	Business number 1	Business number 2	Business number 3				
1001	Description of enterprises (describe the exact activity using at least two words)						
	code <input type="checkbox"/>	code <input type="checkbox"/>	code <input type="checkbox"/>				
	RECORD THE APPROPRIATE CODE FROM THE LIST ABOVE. IF THE TYPE OF BUSINESS IS NOT LISTED, USE CODE 98.						
1002	Which household member is the most knowledgeable about this business? GIVE SERIAL NUMBER FROM THE HOUSEHOLD ROSTER, AND GFT INFORMATION FROM THIS PERSON.						
	<table border="1"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>			YES	1	NO	2
YES	1						
NO	2						
1003	Is the business/enterprise registered with Registrar of Companies or any other professional association?						
	<table border="1"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>			YES	1	NO	2
YES	1						
NO	2						
1004	Does the business enterprise keep any formal accounts?						
	<table border="1"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>			YES	1	NO	2
YES	1						
NO	2						

10. HOUSEHOLD ENTERPRISES (NON-AGRICULTURAL)

HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE PERSON

	Business number 1	Business number 2	Business number 3															
<p>1005</p> <p>Where does the business enterprise operate? 1 In a permanent building 2 On a footpath, street or open space 3 At a market 4 In the owner's or someone's home 5 In a public place 6 No fixed location 7 Other (specify) _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
<p>1006</p> <p>Is the main entrepreneur in this business a household member? Yes 1 1008 No 2</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
<p>1007</p> <p>Sex of main entrepreneur Male 1 Female 2</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
<p>1008</p> <p>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.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
<p>1009</p> <p>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.</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>															
<p>1010</p> <p>What is the kind of ownership of this business? 1 Sole ownership/self employed 2 Owned jointly by members of this household only 3 Partnership 4 Other (specify) _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
<p>1011</p> <p>When did this business start? month _____ year _____</p>	month <input type="checkbox"/> year <input type="checkbox"/> month <input type="checkbox"/> year <input type="checkbox"/>	month <input type="checkbox"/> year <input type="checkbox"/> month <input type="checkbox"/> year <input type="checkbox"/>	month <input type="checkbox"/> year <input type="checkbox"/> month <input type="checkbox"/> year <input type="checkbox"/>															
<p>1012</p> <p>For how many months out of the past 12 months has this business operated?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
<p>1013</p> <p>On the months that this business operates how many days each month does the business operate, on average?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
<p>1014</p> <p>Please state the number of people who worked (net month) on this business</p> <table border="1"> <tr> <td>Type of worker</td> <td>Male</td> <td>Female</td> <td>Total</td> </tr> <tr> <td>Members of the household, paid or unpaid</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Paid workers (non household members)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Total</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Type of worker	Male	Female	Total	Members of the household, paid or unpaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid workers (non household members)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Total <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Total <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Total <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Total <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Total <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Total <input type="checkbox"/>
Type of worker	Male	Female	Total															
Members of the household, paid or unpaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
Paid workers (non household members)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
Total	<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
<p>1015 To the best of your knowledge, when you set up or took over the business, what was the main source of funds?</p> <p>Household savings or sale of assets 1 Loans or grants from relatives in Business 2 Proceeds from real estate activity 3 Money from inheritance 4 Business partners 5 Bank loan 6 Informal loan (trader, landlord, money lender) 7 Profits from other household businesses 8 Did not need funds to start it because inherited business 9 Did not need funds to start it because it did not need much capital 0 Other (Specify) 98</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>1016 Who are the main customers of this business?</p> <p>Individual consumers 1 Institutions (schools, hospitals, 5 Traders 2 Government ministries 6 Other small businesses 3 Large established businesses 4 Other (Specify) 98</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>1017 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 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 subsistence from this business enterprise in the past 12 months?</p> <p>c. INTERVIEWER: WRITE THE DIFFERENCE OF INCOMES - EXPENDITURES. CHECK: Total income less expenditures normally is not negative.</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<p>1019 Who in the household decides on the use of the earnings from this enterprise? RECORD THE SERIAL NUMBERS OF UP TO TWO MEMBERS</p>	<p>1 <input type="checkbox"/></p> <p>2 <input type="checkbox"/></p>	<p>1 <input type="checkbox"/></p> <p>2 <input type="checkbox"/></p>	<p>1 <input type="checkbox"/></p> <p>2 <input type="checkbox"/></p>

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 - 9 (minus 9) IF DON'T 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 -9 IF DON'T 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 1108

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 household or belonging to others?

YES 1
NO 2 1106

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 (CROP/VEGETABLE/FRUIT)? (Grown in Botswana), in the past 12 months.		A SALES		B
	YES 1	NO 2	Amount received from sales during past 12 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 / Butler nuts					
12 Other Vegetables (e.g. Spinach, Cabbages, tomato etc.)					
13 Fruits					
14 Other crops					

11. AGRICULTURE INCOME AND EXPENDITURE DURING THE PAST 12 MONTHS

HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE PERSON

1105 LIVESOCK Have you or any member of your household owned any cattle or farm animals, either here or elsewhere in Iowa 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 done any hunting, fishing, or gathering?

Yes 1 No 2 1113

1106 Did you sell or consume any livestock or livestock products from [TYPE] during the past 12 months? RECORD AMOUNTS TO THE NEAREST DOLLAR.

TYPE of livestock or livestock product	A SALES		B OWN PRODUCE CONSUMED	
	YES 1	NO 2	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 (not slaughtered)				
04 Goats				
05 Sheep				
06 Donkeys, Mules, Horses				
07 Pigs				
08 Chickens and Poultry (Poultry 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		Total received (cash and in-kind value) during past 12 months
	NO 2	NO 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 firewood 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 (LMD)? 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 PULA IF 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 threshing / 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?.

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 cafes			
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 Toothpaste			
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

		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 (paid)	What was the total amount spent? (paid)
		YES	NO		
<p>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 employer.</p>					
PART B: EXPENDITURES IN THE PAST 12 MONTHS					
HOUSEHOLD HEAD OR MOST INFORMED HOUSEHOLD MEMBER					
12. EXPENDITURES IN THE PAST 7 DAYS AND 12 MONTHS					
During the past 12 months have you or any other member of your household purchased or paid for (ITEM)?					
YES NO ?					
Total purchase price					
Other appliances and household equipment					
21	Home computer equipment (incl. accessories)				
22	Musical instruments				
23	Television				
24	Record/D Player, tape cassette recorder, hi-fi, stereo etc.				
25	Video cassette recorder				
26	Other similar equipment				
27	Still camera				
28	Movies video camera				
29	Other photographic equipment (e.g. lenses, tripods)				
30	Other appliances				
Subtotal: Other appliances					
Cars and vehicles					
31	Purchase of cars, vans, pick ups etc.				
32	Purchase of other motor vehicle				
33	Purchase of motorcycle				
34	Purchase of pedal bicycles				
35	Other personal transport equipment e.g. animal vehicles				
Subtotal: Cars and vehicles					
Land and property					
36	Purchase of land				
37	Purchase of property				
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	Jewellery				
41	Air fares (excluding paid for by employer)				
42	Hotel accommodation (excluding paid for by employer)				
43	Total cost of package holidays				
44	Weddings and other functions				
45	Funerals				
46	Vehicle servicing/repairs				
47	Vehicle rental (excluding paid for by employer)				
48	Fees for professional services				
Subtotal: Miscellaneous expenditures					
Furniture					
1	Refrigerator				
2	Chairs, settees, 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					
11	Washing machines/dishwasher				
12	Cooking stove/ovens				
13	Refrigerator/freezers				
14	Washing machines/dishwasher				
15	Air conditioner/ electric fan				
16	Sewing/laundry machines				
17	Electric heater, gas fire				
18	Grinders, mowers, food processor				
19	Electricity generator				
20	Other household appliances (electrical)				
Subtotal: Major Household Appliances					

12. EXPENDITURES IN THE PAST 7 DAYS AND 12 MONTHS

1203 SALES OF VEHICLES AND PROPERTY. ASK: During the past 12 months did you sell		HOUSEHOLD HEAD OR MOST INFORMED HOUSEHOLD MEMBER	
	Description	Date sold	Amount received
1	Any motor vehicle (a)?		
2			
3			
4	Any property or land?		
5			
6			

of this amount, how much (if any) had to be used to repay loan?

1204 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 OF MONTHS UNDER "last payment" AND 3 MONTHS UNDER "Period covered"

	Description	Yes 1 No 2	Last payment IF NOTHING, WRITE ZERO AND ▶ NEXT ITEM	Period covered (number of months)
1	Electricity			
2	Water			
3	Telephone (including cost of scratch card)			
4	Cellular phone (include cost of prepaid and contract charges)			
5	Medical Aid / Healthcare subscription			
6	Service levy if SHAA owner			
7	Car insurance premium (if paid monthly)			
8	Life insurance premium (if paid monthly)			
9	Monthly payment into savings scheme			
10	Domestic Maid / Domestic worker services			
11	Gardener			
12	Security Guard / Night watchman			
13	Security Monitoring System			
14	Any other monthly payments, all together			
15	DETV (Multi Choice) monthly Subscription			

ASK FOR EACH ITEM AND, IF MENTIONED, RECORD THE AMOUNT OF THE LAST PAYMENT AND THE NUMBER OF MONTHS UNDER "last payment" AND 3 MONTHS UNDER "Period covered"

	Description	Yes 1 No 2	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	Car/vehicle insurance			
7	Any other insurance payments, all together			
8	Annual road tax			
9	Sports / recreational club subscription			
10	Local authority (Council) rates (residential owners only)			
11	Licenses for sport, hobbies			
12	Membership fees for professional associations			
13	Any other annual payments, all together			

13. LOANS

HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

1301 PART A. BORROWING

1300 RECORD THE SERIAL NUMBER OF THE PERSON PROVIDING THIS INFORMATION

During the last 12 months, did you or any member of your household take out or service any loans? PLEASE REFER TO BOTH CASH AND IN-KIND LOANS

No. 131E
 Yes. 131E

1302 LOAN NUMBER	1303 Who in the household was the primary borrower?	1304 Where did you get the loan from?	1305 What is/was the main purpose of this loan?	1306 When was the loan obtained?												1307 How many days did it take to obtain the loan?	1308 How much in total was the amount borrowed?	1309 What is/was the annual interest rate of this loan?
				Jan 1	Feb 2	Mar 3	Apr 4	May 5	Jun 6	Jul 7	Aug 8	Sep 9	Oct 10	Nov 11	Dec 12			
				BUSINESS OR FARM USE 1. Purchase of inputs (fertilizers, insecticides, seeds, pesticides, etc.) 2. Purchase of equipment 3. Purchase of land 4. Purchase of livestock 5. Building improvement 6. Purchase of a dwelling 7. Marriage, family events 8. Purchase of a car 9. Purchase of a school bus 10. Other business or farm use 11. Health expenses 12. Other personal use	PERSONAL USE 1. Household 2. Purchase of a dwelling 3. Construction of dwelling 4. Improvements to a dwelling 5. Marriage, family events 6. Purchase of a car 7. Purchase of a school bus 8. Health expenses 9. Other personal use	1. Relatives, friends 2. NDB 3. Commercial bank 4. Other institution 5. SHHA (housing, health, NGO/Relief agency) 6. Lender/Employer 7. Siblings 8. Money lender/cash loan 9. Cooperative 10. Moshab 11. Pawn shop 12. Other	1. Household 2. Purchase of a dwelling 3. Construction of dwelling 4. Improvements to a dwelling 5. Marriage, family events 6. Purchase of a car 7. Purchase of a school bus 8. Health expenses 9. Other personal use	Jan 1 Feb 2 Mar 3 Apr 4 May 5 Jun 6 Jul 7 Aug 8 Sep 9 Oct 10 Nov 11 Dec 12	COUNT FROM THE TIME THE LOAN WAS FORMALLY REQUESTED OR APPLIED FOR, TO THE TIME THE MONEY WAS RECEIVED	INCLUDE ONLY THE PRINCIPAL	What is/was the annual interest rate of this loan?							
01																		
02																		
03																		
04																		
05																		
06																		

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 not been able to access a commercial bank over the last 12 months? Yes No

1
2 ▶ PART B

1316 What was the main reason for such a refusal/ inability to access?

- 1 Not meeting the minimum requirements
- 2 Lack of ID documents
- 3 No banks close to our household
- 4 Bad borrowing record
- 5 ATC
- 6 Other (specify) 98

LOAN NUMBER	1310	1311	1312	1313	1314
	When is/was the loan scheduled to be fully repaid?	Has this loan been fully or partially repaid?	How much has been already repaid in total for principal and interest?	How much was repaid over the last 12 months for principal and interest?	What collateral/security was used to secure the loan?
	Months	1 Fully paid 2 Partially paid 3 Not paid at all ▶ 1314			00 No collateral/security 01 Agricultural land 02 Buildings or other property 03 Property documents 04 Savings certificates 05 Personal guarantee from someone else in this household 06 Personal guarantee from another person 07 Clean past borrowing record 08 Other (specify) 09 Don't know
01			Full	Full	
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

1316	1318	1319	1320	1321	1322	1323	1324	1325
ENUMERATOR: ASK THE RESPONDENT TO FIRST MENTION ALL THE LOANS CURRENTLY OWED TO THE HOUSEHOLD, THEN THOSE WHICH HAVE ALREADY BEEN REPAYED TO THE HOUSEHOLD IN THE LAST 12 MONTHS	Who was the primary lender in the household?	What is the relationship of the borrower to the primary lender?	What is/was the main purpose of this loan?	When was the loan made?	How much in total was this amount lent in this loan?	What is/was the annual interest rate of this loan?	When is/was the loan to be fully repaid by the borrower?	
LOAN NUMBER	Serial number			Month	Year	Full	Percent per year	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 finished 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	Fully paid	Fully paid	Fully paid	No Collateral
02	Fully paid			Agricultural land
03	Fully paid			Building or other property
04	Fully paid			Property documents
05	Fully paid			Savings certificates
06	Fully paid			Personal guarantee of a relative
07	Fully paid			Personal guarantee from another person
08	Not paid at all			Clean past borrowing record
09	Not paid at all			Other (Specify)
10	Not paid at all			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 1 1400
No 2

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 offices 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 payments
- 09 Using a credit card is difficult
- 10 Credit card agents are unfriendly/ not accessible
- 11 Credit cards are not reliable/ I do not trust them
- 12 I am afraid of getting into a major debt
- 99 Other (specify) _____

▶ 1404

1403 For each credit card, please tell me if any member of your household has one of them? If yes, I'll ask you to estimate the total amount currently due to the credit card by all the members of the household, as well as the amount of the debt on this card 12 months ago.

	a	b	c
	Does the household have this credit card?	Estimated total amount currently due to the credit card	Estimated total amount due due 12 months ago
	YES 1 NO 2	1 2	
1 Visa			
2 MasterCard			
3 American Express			
4 Debita Club			
5 CB Stores/ Edgema/ Jet/ Freshin			
6 Game			
7 Other major retailers, all together			

USE OF BANK ACCOUNTS

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

Yes 1 1400
No 2

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 banks close to our dwelling
- 05 We do not have money
- 06 Registration is too complicated
- 07 Fees for using bank accounts are too high
- 08 I can't afford the minimum payments
- 09 Using a bank account is difficult
- 10 Bank agents are unfriendly/ not accessible
- 11 Banks are not reliable/ I do not trust them
- 99 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 this have this account?	How important is this bank account in your finances?
	YES 1 NO 2	Very important, used for almost all regular payments 1 Somewhat important, use infrequently 2 Unimportant, use rarely 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 8A)

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 for:	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
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Day:1	DAY	MONTH	YEAR
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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
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02			
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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:		Purchased	received as gift	produced at home
	- 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			

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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			
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
	1 bag of maize meal	12.5 kg	P60.00
	Bread	2 loafs	P14.00
	Bundle of Spinach		P2.80
	Morogo wa Dinawa	1 cup	P5.00
	Long life Milk	500ml	P7.00
	Five Roses	125 grams	P7.00
	Bag of Sugar	12.5 kg	P95.00
	Cabbage	3 heads	P30.00
	Eggs	6	P11.00
	Cooking Oil	750ml	P15.00
	1 large box of Cornflakes	750g	P35.00
	DESCRIPTION	Quantity	PULA
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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	
	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				
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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

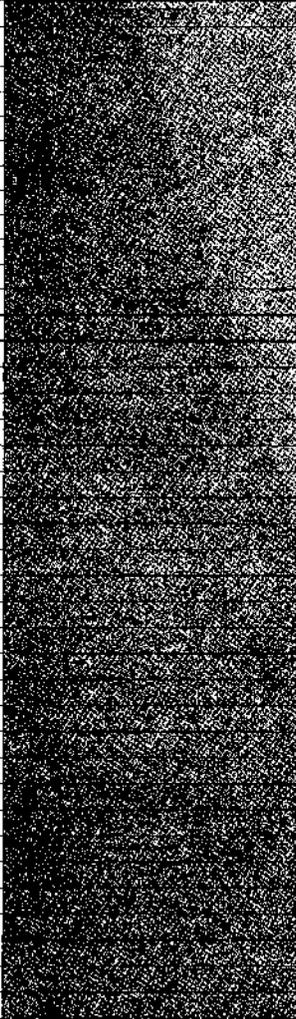
TO BE FILLED BY THE HOUSEHOLD				
LINE NUMBER	Full description of the food purchased. Please give a detailed description. For example:	Quantity purchased	Amount paid in PULA	Write the place where you bought the food
	EXAMPLES	EXAMPLES	EXAMPLES	EXAMPLES
	1 bag of maize meal	12.5 kg	P60.00	Choppies
	Bread	2 loafs	P14.00	Choppies
	Bundle of Spinach		P2.80	Spar
	Morogo wa 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
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Day:3

DAY	MONTH	YEAR

Name of day

LINE NUMBER	TO BE FILLED BY THE HOUSEHOLD		
	Full description of the non-load 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	P360.00
	DESCRIPTION	Quantity	PULA
	301	302	303
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Day: 4

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: 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	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
	Moroga 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				
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Day:4

DAY	MONTH	YEAR

Name of day

TO BE FILLED BY THE HOUSEHOLD		
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
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LINE NUMBER

Day: 5

DAY	MONTH	YEAR

Name of day

LINE NUMBER	TO BE FILLED BY THE HOUSEHOLD					FOOD CHARACTERISTICS		
	Description of the food item consumed (food eaten)		Was the food you ate purchased, received as gift, or produced at home?			Energy (kcal)	Protein (g)	Fat (g)
	WRITE GOODS CONSUMED WITH THE QUANTITY AND THE UNIT OF MEASUREMENT. USE THE SCALE PROVIDED WHENEVER POSSIBLE TO RECORD WEIGHT EXAMPLE:		Purchased	received as gift	produced at home			
	- 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	Energy (kcal)	Protein (g)	Fat (g)
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Day: 5

Name of day

100 100

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:5 DAY MONTH YEAR

Name of day

LINE NUMBER	TO BE FILLED BY THE HOUSEHOLD				FOUR 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	HOUSE CODE	STAKEHOLDER	OPENITY	QUANTITY
	EXAMPLES	EXAMPLES	EXAMPLES	EXAMPLES				
	1 bag of maize meal	12.5 kg	P60.00	Choppies				
	Bread	2 loats	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		CODE	Stakeholder	Unit	Quantity
	201	202	203	204	205	206	207	208
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Day:5

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 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
	301	302	303
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Day: 6

DAY	MONTH	YEAR
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Name of day

LINE NUMBER	TO BE FILLED BY THE HOUSEHOLD					FOR INTERVIEWER				
	Description of the food item consumed (food eaten)		Was the food you ate purchased, received as gift, or produced at home?			STANDARD UNIT OF MEASUREMENT	QUANTITY IN STANDARD UNIT			
	WRITE GOODS CONSUMED WITH THE QUANTITY AND THE UNIT OF MEASUREMENT. USE THE SCALE PROVIDED WHENEVER POSSIBLE TO RECORD WEIGHT EXAMPLE:		Purchased	received as gift	produced at home	1 KILO 2 GRAMS 3 LITRES 4 PIECES/ NUMBER 5 PULCAS	Quantity			
	- 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	103	104	105	106	Unit	107	Quantity	108
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Day: 6			
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:6 DAY MONTH YEAR

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	SOURCE CODE	STANDARD UNIT OF MEASUREMENT	QUANTITY IN STANDARD UNIT	
	EXAMPLES	EXAMPLES	EXAMPLES	EXAMPLES	1 SUPER-MARKET (NORMAL)	1 Kilo		
	1 bag of maize meal	12.5 kg	P60.00	Choppies	2 SUPER-MARKET (BULK)	2 GRAMS		
	Bread	2 loafs	P14.00	Choppies	3 SMALL SHOP	3 LITRE		
	Bundle of Spinach		P2.80	Spar	4 TUCK SHOP	4 PIECES/NUMBER		
	Morogo wa Dinawa	1 cup	P5.00	Open Market	5 OPEN MARKET	5 PULAS		
	Long life Milk	500ml	P7.00	Spar	6 IN THE STREET			
	Five Roses	125 grams	P7.00	Choppies	COICOP			
	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		CODE	Source code	Unit	Quantity
	201	202	203	204	205	206	207	208
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26								

Day:6

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 lifeboy 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 Hart	25kg	P380.00
	301	302	303
01			
02			
03			
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Day: 7

DAY MONTH YEAR

Name of day

LINE NUMBER	TO BE FILLED BY THE HOUSEHOLD					FOR INTERVIEWER		
	Description of the food item consumed (food eaten)		Was the food you ate purchased, received as gift, or produced at home?			STANDARD MEASUREMENT	UNIT	GRAVITY
	WRITE GOODS CONSUMED WITH THE QUANTITY AND THE UNIT OF MEASUREMENT. USE THE SCALE PROVIDED WHENEVER POSSIBLE TO RECORD WEIGHT EXAMPLE:					1 CUP		
	- 1 chicken	1				2 GRAMS		
	- Tea	2 tablespoons	Mark with an X			3 NEW		
	- Maize Meal	500 grams				4 PIECES NUMBER		
	- 1 half of a cabbage	440 grams				5 PULAS		
	- 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	CAICOP CODE	UNIT	GRAVITY
	101	102	103	104	105	106	107	108
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Day: 7			
Name of day			
109		110	
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:7 DAY MONTH YEAR

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: EXAMPLES	Quantity purchased EXAMPLES	Amount paid in PULA EXAMPLES	Write the place where you bought the food EXAMPLES	SOURCE CODE: 1 SUPER-MARKET (NORMAL) 2 SUPER-MARKET (BULK) 3 SMALL SHOP 4 TRUCK SHOP 5 OPEN MARKET 6 IN THE STREET	STANDARD UNIT OF MEASUREMENT 1 KILO 2 GRAMS 3 LITER 4 PIECES/NUMBER 5 PULAS	QUANTITY IN STANDARD UNIT	
	DESCRIPTION	Quantity	PULA	CODE	Source code	Unit	Quantity	
	201	202	203	204	205	206	208	
01								
02								
03								
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Day:7		DAY	MONTH	YEAR
Name of day				
LINE NUMBER	TO BE FILLED BY THE HOUSEHOLD			FOR CODERS
	Full description of the non-food item purchased.	Quantity or number purchased	Amount paid in PULA	ITEM CODE
	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	Item code
	301	302	303	304
	01			
	02			
	03			
	04			
	05			
	06			
	07			
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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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Enumeration Area serial number (001-599) Selected HH (01-15)

Visits	Date (dd/mm/yy)	Day numbers reviewed
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>

Full explanation/ comments

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

LINE NUMBER	TO BE FILLED BY THE HOUSEHOLD					FOR INTERVIEWER		
	Description of the food item consumed (food eaten)		Was the food you ate purchased, received as gift, or produced at home?			STANDARD UNIT OF MEASUREMENT	QUANTITY IN STANDARD UNIT	
	WRITE GOODS CONSUMED WITH THE QUANTITY AND THE UNIT OF MEASUREMENT. USE THE SCALE PROVIDED WHENEVER POSSIBLE TO RECORD WEIGHT EXAMPLE:		Mark with an X			1 Kilo		
	- 1 chicken	1				3 GRAMS		
	- Tea	2 tablespoons				3 LITER		
	- Maize Meal	600 grams				4 PICES/ NUMBER		
	- 1 half of a cabbage	440 grams						
	- beans	1 cup						
	- 4 tomatoes	4						
	- rice (uncooked)	1 small cup				5 PULAK		
	- Five eggs	5						
	NAME OF THE FOOD EATEN	QUANTITY EATEN	Purchased	received as gift	produced at home	CODE/ CODE	Unit	Quantity
	101	102	103	104	105	106	107	108
01								
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05								
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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	<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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Enumeration Area serial number (001-599) Selected HH (01-15)

Visits	Date (dd/mm/yy)	Day numbers reviewed
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>

Full explanation/ comments

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					FOR INTERVIEWER					
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	COICOP CODE	Unit	Quantity
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MADE this 17th day of December, 2015.

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