

Time Use Survey 2010

A: Particulars of the dwelling

A1: PSU Number

A2: Dwelling unit number

A3: Assignment number

A4: Survey date

A5: Physical identification of the dwelling unit

A6: Telephone number of emunerated household

A7: Total number of persons in the household

A8: Questionnaire number for this household (for persons no. 01-10=1, etc.)

B: Households at the selected dwelling unit

B1: Household number for this household

B2: Total number of households at selected dwelling unit

C: Field staff

C1: DSC Assignment number

C2: PQM Assignment number

Unique no.

D: Response details

Visit No	Date (actual)								Result Code	Next visit (planned)								
	d	d	m	m	y	y	y	y		d	d	m	m	y	y	y	y	
D1	<input type="text"/>																	
D2	<input type="text"/>																	
D3	<input type="text"/>																	
D4	<input type="text"/>																	
D5: Final result code <input type="text"/>																		
D6: Comments and full details for result codes 02-12 <input type="text"/>																		

Result codes	
01	Completed
02	Non-contact
03	Refused
04	Partly completed
05	No usable information
06	Vacant/unoccupied dwelling
07	Listing error
08	Demolished
09	Change status
10	Other non-response
11	End at question 1.15
12	Only diary completed

Comment in D6 giving full details for result code 02-12

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SECTION 1: GENERAL HOUSEHOLD INFORMATION

This section covers general information regarding the household. *Ask a responsible person in the household to answer on behalf of the household.*

HOUSING Ask all households

1.1	Indicate the type of main dwelling that the household occupies?	Main Dwelling
	01 = DWELLING/HOUSE OR BRICK/CONCRETE BLOCK STRUCTURE ON A SEPARATE STAND OR YARD OR ON FARM	<input type="checkbox"/> 01
	02 = TRADITIONAL DWELLING/HUT/STRUCTURE MADE OF TRADITIONAL MATERIALS	<input type="checkbox"/> 02
	03 = FLAT OR APARTMENT IN A BLOCK OF FLATS	<input type="checkbox"/> 03
	04 = CLUSTER HOUSE IN COMPLEX	<input type="checkbox"/> 04
	05 = TOWNHOUSE (SEMI-DETACHED HOUSE IN COMPLEX)	<input type="checkbox"/> 05
	06 = SEMI-DETACHED HOUSE	<input type="checkbox"/> 06
	07 = DWELLING/HOUSE/FLAT/ROOM IN BACKYARD	<input type="checkbox"/> 07
	08 = INFORMAL DWELLING/SHACK IN BACKYARD	<input type="checkbox"/> 08
	09 = INFORMAL DWELLING/SHACK NOT IN BACKYARD, E.G. IN AN INFORMAL/SQUATTER SETTLEMENT OR ON FARM	<input type="checkbox"/> 09
	10 = ROOM/FLATLET ON A PROPERTY OR A LARGER DWELLING/ SERVANTS' QUARTERS /GRANNY FLAT	<input type="checkbox"/> 10
	11 = CARAVAN/TENT	<input type="checkbox"/> 11
	12 = OTHER, <i>specify</i>	<input type="checkbox"/> 12

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1.2	Does this household have the use of.....	Yes	No
	01 = Washing machine	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	02 = Vacuum cleaner	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	03 = Refrigerator	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	04 = Landline telephone	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	05 = Cellphone	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	06 = Television	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	07 = Radio	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	08 = Car	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	09 = Clock	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	10 = Computer	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	11 = Internet facilities at home	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	12 = Microwave oven	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	13 = Decoder (e.g. DSTV, Top TV)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	14 = Dishwashing machine	<input type="checkbox"/> 1	<input type="checkbox"/> 2

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SOURCE OF ENERGY Ask all households

1.3	What is the main source of energy/fuel for this household.....	For Lighting?	For Cooking?	For Heating?
	01 = Electricity from mains	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
	02 = Electricity from generator	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
	03 = Gas	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
	04 = Paraffin	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
	05 = Wood		<input type="checkbox"/> 05	<input type="checkbox"/> 05
	06 = Coal		<input type="checkbox"/> 06	<input type="checkbox"/> 06
	07 = Candles	<input type="checkbox"/> 07		
	08 = Animal dung		<input type="checkbox"/> 08	<input type="checkbox"/> 08
	09 = Solar energy	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
	10 = None	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
	11 = Other, specify in the box at the bottom	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11

FETCHING WOOD/DUNG Ask all households

Ask if the answer in Q1.3 is 05 or 08. Otherwise go to Q1.6

1.4	How far do members of the household have to travel to fetch wood/dung?	
	1 = LESS THAN 100M	<input type="checkbox"/> 1
	2 = 100M - LESS THAN 200M	<input type="checkbox"/> 2
	3 = 200M - LESS THAN 500M	<input type="checkbox"/> 3
	4 = 500M - LESS THAN 1KM	<input type="checkbox"/> 4
	5 = 1KM OR MORE	<input type="checkbox"/> 5
	6 = NOT APPLICABLE	<input type="checkbox"/> 6
1.5	Are the persons who usually collect wood/dung.....	
	1 = Mostly males (men and/or boys)?	<input type="checkbox"/> 1
	2 = Mostly females (women and/or girls)?	<input type="checkbox"/> 2
	3 = Equally males and females?	<input type="checkbox"/> 3

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WATER Ask all households

1.6	What is the household's main source of water?	
	01 = PIPED (TAP) WATER IN DWELLING/HOUSE	<input type="checkbox"/> 01
	02 = PIPED (TAP) WATER IN YARD	<input type="checkbox"/> 02
	03 = BOREHOLE IN YARD	<input type="checkbox"/> 03
	04 = RAIN WATER TANK IN YARD	<input type="checkbox"/> 04
	05 = NEIGHBOUR'S TAP	<input type="checkbox"/> 05
	06 = PUBLIC/COMMUNAL TAP	<input type="checkbox"/> 06
	07 = WATER-CARRIER/TANKER	<input type="checkbox"/> 07
	08 = BOREHOLE OUTSIDE YARD	<input type="checkbox"/> 08
	09 = FLOWING WATER/STREAM/RIVER	<input type="checkbox"/> 09
	10 = STAGNANT WATER/DAM/POOL	<input type="checkbox"/> 10
	11 = WELL	<input type="checkbox"/> 11
	12 = SPRING	<input type="checkbox"/> 12
	13 = VENDOR (e.g. person selling water)	<input type="checkbox"/> 13
	14 = OTHER, specify	<input type="checkbox"/> 14
1.7	How far is the water source from the dwelling or yard?	
	1 = LESS THAN 100M	<input type="checkbox"/> 1
	2 = 100M - LESS THAN 200M	<input type="checkbox"/> 2
	3 = 200M - LESS THAN 500M	<input type="checkbox"/> 3
	4 = 500M - LESS THAN 1KM	<input type="checkbox"/> 4
	5 = 1KM OR MORE	<input type="checkbox"/> 5
	6 = NOT APPLICABLE	<input type="checkbox"/> 6
1.8	Are the persons who usually collect water.....	
	1 = Mostly males (men and/or boys)?	<input type="checkbox"/> 1
	2 = Mostly females (women and/or girls)?	<input type="checkbox"/> 2
	3 = Equally males and females?	<input type="checkbox"/> 3

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TRANSPORT AND FACILITIES *Ask all households*

1.9	Are any of the following public transport services within a 30 minute (2 km) walk of this dwelling?	Yes	No
	1 = Train	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	2 = Bus	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	3 = Minibus taxi/sedan taxi	<input type="checkbox"/> 1	<input type="checkbox"/> 2
1.10	Are any of the following facilities within a 30 minute (2 km) walk of this dwelling? (Include mobile services)	Yes	No
	1 = Primary school	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	2 = Secondary school	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	3 = Clinic/ hospital	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	4 = Shops where basic foods can be bought	<input type="checkbox"/> 1	<input type="checkbox"/> 2

HOUSEHOLD INCOME *Ask all households*

1.11	Which of the following sources of income does your household have at present?	Yes	No
	01 = Salaries/wages/commission	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	02 = Earnings from own business or farm	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	03 = State old age or disability grant	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	04 = Child support/foster care/care dependency grant	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	05 = Other state welfare grants	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	06 = Private pensions (including ex-government employees)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	07 = Unemployment insurance fund	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	08 = Investments	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	09 = Remittance from people outside the household	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	10 = Private maintenance (from ex-spouse or father of children)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	11 = Income from other sources, <i>specify</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<input type="text"/>		
	12 = No income → Go to Q1.14	<input type="checkbox"/> 1	<input type="checkbox"/> 2
1.12	Which one of the above income sources usually provides the most money for the household? (Choose only one source) <i>Write the option number in the block provided.</i>	<input type="checkbox"/>	<input type="checkbox"/>

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1.13	What is the usual total monthly income of this household? (from all sources)	
	01 = None	<input type="checkbox"/> 01
	02 = R1 - R200	<input type="checkbox"/> 02
	03 = R201 - R500	<input type="checkbox"/> 03
	04 = R501 - R1 000	<input type="checkbox"/> 04
	05 = R1 001 - R1 500	<input type="checkbox"/> 05
	06 = R1 501 - R2 500	<input type="checkbox"/> 06
	07 = R2 501 - R3 000	<input type="checkbox"/> 07
	08 = R3 501 - R4 500	<input type="checkbox"/> 08
	09 = R4 501 - R6 000	<input type="checkbox"/> 09
	10 = R6 001 - R8 000	<input type="checkbox"/> 10
	11 = R8 001 - R11 000	<input type="checkbox"/> 11
	12 = R11 001 OR MORE	<input type="checkbox"/> 12
	13 = DON'T KNOW	<input type="checkbox"/> 13
	14 = REFUSE	<input type="checkbox"/> 14

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The following information must be obtained for every person who has stayed in this household for at least four nights on average per week during the last four weeks. Do not forget babies. If there are more than 10 persons in the household, use a second questionnaire.

		Person number									
Record persons according to age from oldest to youngest, starting with the oldest in column 01		01	02	03	04	05	06	07	08	09	10
1.14	First name and surname First name:										
	Surname:										
1.15	Has..... stayed in this household for at least four nights on average per week during the last four weeks? 1 = YES 2 = NO → End of questions for this person	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
	1.16 Is.... a male or a female? 1 = MALE 2 = FEMALE	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
1.17	What is’s age in completed years? (less than 1 year = 000)	<input type="text"/>									
1.18	What population group does.... belong to?	<input type="checkbox"/> 1									
	1 = AFRICAN/BLACK	<input type="checkbox"/> 2									
	2 = COLOURED	<input type="checkbox"/> 3									
	3 = INDIAN/ASIAN	<input type="checkbox"/> 4									
	4 = WHITE	<input type="checkbox"/> 5									
	5 = OTHER, specify in the box at the bottom										

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HOUSEHOLD CHORES

1.19	Who is the person who does the most housework? <i>(Please record the person number for the person who does most housework. If the main person responsible for housework is not a member of the household, put code 88).</i>	<input type="text"/> <input type="text"/>
1.20	Indicate the column number of the person who responded to this section of the questionnaire	<input type="text"/> <input type="text"/>
1.21	In what language was the interview conducted? 01 = AFRIKAANS 02 = ENGLISH 03 = INSINDEBELE/SOUTH NDEBELE/NORTH NDEBELE 04 = ISIXHOSA/XHOSA 05 = ISIZULU/ZULU 06 = SEPEDI/NORTHERN SOTHO 07 = SESOTHO/SOUTHERN SOTHO/SOTHO 08 = SETSWANA/TSWANA 09 = SISWATI/SWAZI 10 = TSHIVENDA/VENDA 11 = XITSONG/TSONGA 12 = OTHER, <i>SPECIFY</i> <input type="text"/>	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12

Note to interviewer: You must now select the two individuals who will be respondents for the time use diaries using the grid in your manual. The two individuals must be selected from among all household members who are 10 years of age or older.

1.22	Which two members must be selected? 1 = Number of eligible people in this household 2 = This is the household with this number of eligible people in my sample	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.23	Who are the selected members? 1 = PERSON NUMBER FOR THE FIRST SELECTED MEMBER 2 = PERSON NUMBER FOR THE SECOND SELECTED MEMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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Person no.

Age

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SECTION 2: INDIVIDUAL QUESTIONNAIRE

SELECTED MEMBER 1

2.1 What is the relationship of each of the other members of the household to you?

Indicate the relationship of each of the other members of the household to the selected person.

For example, if you are interviewing household member 02 (Selected person) and household member 03 is her son, then put code 9 in column 02 and put code 2 in column 03.

	01	02	03	04	05	06	07	08	09	10
Selected person 1	<input type="text"/>									
	11	12	13	14	15	16	17	18	19	20
	<input type="text"/>									

Code	Relationship
1	Husband/wife/partner
2	Son/daughter/stepchild/foster or adopted child
3	Brother/sister
4	Father/mother
5	Grandparent or great-grandparent
6	Grandchild
7	Other relative (e.g. in-law or aunt/uncle)
8	Non-related person
9	Self

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2.2	What is the highest level of education that you have successfully completed?	
	00 = NO SCHOOLING	<input type="checkbox"/> 00
	01 = GRADE R/0	<input type="checkbox"/> 01
	02 = GRADE 1/SUB A	<input type="checkbox"/> 02
	03 = GRADE 2/SUB B	<input type="checkbox"/> 03
	04 = GRADE 3/STANDARD 1	<input type="checkbox"/> 04
	05 = GRADE 4/STANDARD 2	<input type="checkbox"/> 05
	06 = GRADE 5/STANDARD 3	<input type="checkbox"/> 06
	07 = GRADE 6/STANDARD 4	<input type="checkbox"/> 07
	08 = GRADE 7/STANDARD 5	<input type="checkbox"/> 08
	09 = GRADE 8/STANDARD 6/FORM 1	<input type="checkbox"/> 09
	10 = GRADE 9/STANDARD 7/FORM 2	<input type="checkbox"/> 10
	11 = GRADE 10/STANDARD 8/FORM 3	<input type="checkbox"/> 11
	12 = GRADE 11/STANDARD 9/FORM 4	<input type="checkbox"/> 12
	13 = GRADE 12/STANDARD 10/FORM 5/MATRIC	<input type="checkbox"/> 13
	14 = NTC I	<input type="checkbox"/> 14
	15 = NTC II	<input type="checkbox"/> 15
	16 = NTC III	<input type="checkbox"/> 16
	17 = CERTIFICATE WITH LESS THAN GRADE12/STD10	<input type="checkbox"/> 17
	18 = DIPLOMA WITH LESS THAN GRADE12/STD10	<input type="checkbox"/> 18
	19 = CERTIFICATE WITH GRADE12/STD10	<input type="checkbox"/> 19
	20 = DIPLOMA WITH GRADE12/STD10	<input type="checkbox"/> 20
	21 = BACHELORS DEGREE	<input type="checkbox"/> 21
	22 = BACHELORS DEGREE AND DIPLOMA	<input type="checkbox"/> 22
	23 = HONOURS DEGREE	<input type="checkbox"/> 23
	24 = HIGHER DEGREE (MASTERS, DOCTORATE)	<input type="checkbox"/> 24
	25 = OTHER, <i>Specify in the box at the bottom</i>	<input type="checkbox"/> 25
	26 = DON'T KNOW	<input type="checkbox"/> 26
	<input type="text"/>	

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2.3	What is your present marital status?	
	1 = MARRIED	<input type="checkbox"/> 1
	2 = LIVING TOGETHER LIKE HUSBAND AND WIFE	<input type="checkbox"/> 2
	3 = WIDOW/WIDOWER	<input type="checkbox"/> 3
	4 = DIVORCED OR SEPARATED	<input type="checkbox"/> 4
	5 = NEVER MARRIED	<input type="checkbox"/> 5
	} → Go to Q 2.6	
2.4	Does your spouse / partner live in this household?	
	1 = YES	<input type="checkbox"/> 1
	2 = NO → Go to Q 2.6	<input type="checkbox"/> 2
2.5	Which person is your spouse / partner?	
	<i>Give person number</i>	<input type="text"/> <input type="text"/>
2.6	Do you have children aged less than 18 years who are still alive?	
	1 = YES	<input type="checkbox"/> 1
	2 = NO → Go to Section 3	<input type="checkbox"/> 2
2.7	How many of these children under 18 years are living in this household?	
		<input type="text"/> <input type="text"/>
2.8	Do you have children under 7 years who are still alive?	
	1 = YES	<input type="checkbox"/> 1
	2 = NO → Go to Section 3	<input type="checkbox"/> 2
2.9	How many of these children under 7 years are living in this household?	
		<input type="text"/> <input type="text"/>

Person no.

Age

SECTION 3:

This section covers economic activities in the last week for persons aged 10 years and above

3.1	<p>In the last week.....</p> <p>(a) Did you work for a wage, salary, commission or any payment in kind (including paid domestic work), even if it was for only one hour?</p> <p><i>Examples: a regular job, contract, casual or piece work for pay, work in exchange of food or housing, paid domestic work.</i></p>	Yes		No
		<input type="checkbox"/> 1		<input type="checkbox"/> 2
	<p>(b) Did you run or do any kind of business, big or small, for yourself or with one or more partners, even if it was for only one hour?</p> <p><i>Examples: Commercial farming, selling things, making things for sale, construction, repairing things, guarding cars, brewing beer, collecting wood or water for sale, hairdressing, crèche business, taxi or other transport business, having a legal or medical practice, performing in public, having a public phone shop, etc.</i></p>	<input type="checkbox"/> 1		<input type="checkbox"/> 2
	<p>(c) Did you help without being paid in any kind of business run by your household, even if it was for only one hour?</p> <p><i>Examples: Commercial farming, help to sell things, make things for sale or exchange, doing the accounts, cleaning up for the business, etc.</i></p> <p>If yes to any part of Q 3.1 go to Section 4, otherwise go to Q 3.2</p>	<input type="checkbox"/> 1		<input type="checkbox"/> 2

3.2	<p>In the last week, even though you did not do any work for pay, profit or did not help without pay in a household business,</p> <p>(a) Did you have a paid job or business that you would definitely return to? → <i>If yes, go to Section 4</i></p> <p><i>Examples: a regular job, contract, casual or piece work for pay, paid domestic work; Commercial farming, selling things, taxi or other transport business, having a legal or medical practice, performing in public, having a public phone shop, etc.</i></p> <p>(b) Did you have an unpaid job in any kind of business run by your household that you would definitely return to?</p> <p style="text-align: right;">→ <i>Go to Q 3.3</i></p> <p><i>Examples: Commercial farming, help to sell things, make things for sale or exchange, doing the accounts, cleaning up for the business, etc.</i></p>	Yes		No
		<input type="checkbox"/> 1		<input type="checkbox"/> 2
		<input type="checkbox"/> 1		<input type="checkbox"/> 2

3.3	<p>In the last four weeks were you looking for any kind of work or trying to start any kind of business?</p> <p>1 = YES → <i>Go to Q 3.5</i></p> <p>2 = NO</p>		1	2
			<input type="checkbox"/> 1	<input type="checkbox"/> 2
3.4	<p>Would you have liked to work last week?</p> <p>1 = YES</p> <p>2 = NO → <i>Go to Q 4.5</i></p>		<input type="checkbox"/> 1	<input type="checkbox"/> 2
			<input type="checkbox"/> 1	<input type="checkbox"/> 2
3.5	<p>If a suitable job had been offered or circumstances had allowed, would you have been able to start work or a business.....</p> <p>1 = Last week?</p> <p>2 = Within a week?</p> <p>3 = Within two weeks?</p> <p>4 = Within four weeks?</p> <p>5 = Later than four weeks from now?</p> <p>6 = DON'T KNOW</p> <p style="text-align: right;">→ <i>Go to Q 4.5</i></p>		<input type="checkbox"/> 1	<input type="checkbox"/> 2
			<input type="checkbox"/> 3	<input type="checkbox"/> 4
			<input type="checkbox"/> 5	<input type="checkbox"/> 6

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Ask for persons aged 10 years and above

<p>4.5 What is your personal main source of income or support to meet your daily needs?</p> <p>01 = WAGES/SALARY/PIECEWORK PAY/COMMISSION</p> <p>02 = EARNING FROM OWN BUSINESS OR FARM</p> <p>03 = STATE OLD AGE PENSION OR DISABILITY</p> <p>04 = CHILD SUPPORT / FOSTER CARE GRANT</p> <p>05 = OTHER STATE WELFARE GRANTS</p> <p>06 = PRIVATE PENSIONS</p> <p>07 = UNEMPLOYMENT INSURANCE FUND</p> <p>08 = INVESTMENTS</p> <p>09 = MONEY FROM OTHER HOUSEHOLD MEMBERS, INCLUDING SPOUSE</p> <p>10 = REMITTANCE FROM PEOPLE OUTSIDE THE HOUSEHOLD</p> <p>11 = PRIVATE MAINTENANCE (FROM EX-SPOUSE OR FATHER OF CHILDREN)</p> <p>12 = INCOME FROM OTHER SOURCES, <i>specify</i></p> <div style="border: 1px solid black; height: 20px; width: 100%; margin: 5px 0;"></div> <p>13 = NO PERSONAL INCOME → Go to Q 4.7</p>	<p><input type="checkbox"/> 01</p> <p><input type="checkbox"/> 02</p> <p><input type="checkbox"/> 03</p> <p><input type="checkbox"/> 04</p> <p><input type="checkbox"/> 05</p> <p><input type="checkbox"/> 06</p> <p><input type="checkbox"/> 07</p> <p><input type="checkbox"/> 08</p> <p><input type="checkbox"/> 09</p> <p><input type="checkbox"/> 10</p> <p><input type="checkbox"/> 11</p> <p><input type="checkbox"/> 12</p> <p><input type="checkbox"/> 13</p>
<p>4.6 What is your usual total monthly personal income from all sources?</p> <p>01 = None</p> <p>02 = R1 - R200</p> <p>03 = R201 - R500</p> <p>04 = R501 - R1 000</p> <p>05 = R1 001 - R1 500</p> <p>06 = R1 501 - R2 500</p> <p>07 = R2 501 - R3 000</p> <p>08 = R3 501 - R4 500</p> <p>09 = R4 501 - R6 000</p> <p>10 = R6 001 - R8 000</p> <p>11 = R8 001 - R11 000</p> <p>12 = R11 001 OR MORE</p> <p>13 = DON'T KNOW</p> <p>14 = REFUSE</p>	<p><input type="checkbox"/> 01</p> <p><input type="checkbox"/> 02</p> <p><input type="checkbox"/> 03</p> <p><input type="checkbox"/> 04</p> <p><input type="checkbox"/> 05</p> <p><input type="checkbox"/> 06</p> <p><input type="checkbox"/> 07</p> <p><input type="checkbox"/> 08</p> <p><input type="checkbox"/> 09</p> <p><input type="checkbox"/> 10</p> <p><input type="checkbox"/> 11</p> <p><input type="checkbox"/> 12</p> <p><input type="checkbox"/> 13</p> <p><input type="checkbox"/> 14</p>

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Non market

<p>4.7 In the last week</p> <p>(a1) Were you involved in any farming activities to produce food for household use or look after livestock?</p> <p><i>Examples: ploughing, harvesting, looking after livestock</i></p> <p>(a2) If yes, for how many hours?</p> <p>(b1) Did you do any construction or major repair work on your own home, plot, cattle post or business or those of the household?</p> <p>(b2) If yes, for how many hours?</p> <p>(c1) Did you catch any fish, prawns, shells, wild animals or other food for household consumption?</p> <p>(c2) If yes, for how many hours?</p>	<table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No														
<input type="checkbox"/> 1	<input type="checkbox"/> 2														
<input type="checkbox"/>	<input type="checkbox"/>														
<input type="checkbox"/> 1	<input type="checkbox"/> 2														
<input type="checkbox"/>	<input type="checkbox"/>														
<input type="checkbox"/> 1	<input type="checkbox"/> 2														
<input type="checkbox"/>	<input type="checkbox"/>														

Person no.

Age

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**SECTION 5:
DIARY FOR SELECTED MEMBER 1**

5.1 Date for which activities are recorded:
(This is the day before today)

Day:

Month:

Year:

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

5.2 Day of the week for which activities are recorded:
(This is the day before today)

1 = Monday

2 = Tuesday

3 = Wednesday

4 = Thursday

5 = Friday

6 = Saturday

7 = Sunday

1

2

3

4

5

6

7

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NOTE: Repeat these questions for each half an hour period. Fill in the description of each activity the same time and location columns while with the respondent. Add the activity codes after the interview is finished.

First person diary							
Time	Q 5.3 What were you doing between (04h00) and 04h30)? <i>Record activity in first line for time period Record one activity per line</i> Q 5.4 What else were you doing (If more than one activity mentioned) <i>(Fill in activities on next two lines for the time period)</i> 1 to 3 activities per time period	Code	Q 5.5 Did you do the activities at the same time, or one after the other?		Q 5.6.a Where were you when you did the activity? <i>(Location 1)</i>	Q 5.6.b Where were you when you did the activity? <i>(Location 2)</i>	Location code 1
			YES	NO			1 = Own dwelling/Home 2 = Someone else's dwelling 3 = Field farm or other agricultural workplace 4 = Other workplace outside private dwelling 5 = Education establishment 6 = Public area i.e. not in private dwelling workplace or educational establishment 7 = Traveling or waiting to travel 8 = Other
04H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
04H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
04H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
05H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Location code 2
05H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 = Inside 2 = Outside 3 = Traveling on foot 4 = Traveling by private transport (car, van, motorcycle) 5 = Traveling by taxi (minibus or other) 6 = Traveling by train 7 = Traveling by bus 8 = Traveling by bicycle 9 = Traveling by other means
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
05H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
05H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
06H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
06H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
06H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
06H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
07H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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First person diary							
Time	Q 5.3 What were you doing between (04h00) and 04h30)? <i>Record activity in first line for time period Record one activity per line</i> Q 5.4 What else were you doing (If more than one activity mentioned) <i>(Fill in activities on next two lines for the time period)</i> 1 to 3 activities per time period	Code	Q 5.5 Did you do the activities at the same time, or one after the other?		Q 5.6.a Where were you when you did the activity? <i>(Location 1)</i>	Q 5.6.b Where were you when you did the activity? <i>(Location 2)</i>	Location code 1
			YES	NO			1 = Own dwelling/Home 2 = Someone else's dwelling 3 = Field farm or other agricultural workplace 4 = Other workplace outside private dwelling 5 = Education establishment 6 = Public area i.e. not in private dwelling workplace or educational establishment 7 = Traveling or waiting to travel 8 = Other
07H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
07H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
07H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
08H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Location code 2
08H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 = Inside 2 = Outside 3 = Traveling on foot 4 = Traveling by private transport (car, van, motorcycle) 5 = Traveling by taxi (minibus or other) 6 = Traveling by train 7 = Traveling by bus 8 = Traveling by bicycle 9 = Traveling by other means
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
08H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
08H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
09H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
09H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
09H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
09H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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First person diary							
Time	Q 5.3 What were you doing between (04h00) and 04h30)? <i>Record activity in first line for time period Record one activity per line</i> Q 5.4 What else were you doing (If more than one activity mentioned) <i>(Fill in activities on next two lines for the time period)</i> 1 to 3 activities per time period	Code	Q 5.5 Did you do the activities at the same time, or one after the other?		Q 5.6.a Where were you when you did the activity? <i>(Location 1)</i>	Q 5.6.b Where were you when you did the activity? <i>(Location 2)</i>	Location code 1 1 = Own dwelling/Home 2 = Someone else's dwelling 3 = Field farm or other agricultural workplace 4 = Other workplace outside private dwelling 5 = Education establishment 6 = Public area i.e. not in private dwelling workplace or educational establishment 7 = Traveling or waiting to travel 8 = Other Location code 2 1 = Inside 2 = Outside 3 = Traveling on foot 4 = Traveling by private transport (car, van, motorcycle) 5 = Traveling by taxi (minibus or other) 6 = Traveling by train 7 = Traveling by bus 8 = Traveling by bicycle 9 = Traveling by other means
			YES	NO			
10H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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First person diary							
Time	Q 5.3 What were you doing between (04h00) and 04h30)? <i>Record activity in first line for time period Record one activity per line</i> Q 5.4 What else were you doing (If more than one activity mentioned) <i>(Fill in activities on next two lines for the time period)</i> 1 to 3 activities per time period	Code	Q 5.5 Did you do the activities at the same time, or one after the other?		Q 5.6.a Where were you when you did the activity? <i>(Location 1)</i>	Q 5.6.b Where were you when you did the activity? <i>(Location 2)</i>	Location code 1
			YES	NO			1 = Own dwelling/Home 2 = Someone else's dwelling 3 = Field farm or other agricultural workplace 4 = Other workplace outside private dwelling 5 = Education establishment 6 = Public area i.e. not in private dwelling workplace or educational establishment 7 = Traveling or waiting to travel 8 = Other
13H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Location code 2
14H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 = Inside 2 = Outside 3 = Traveling on foot 4 = Traveling by private transport (car, van, motorcycle) 5 = Traveling by taxi (minibus or other) 6 = Traveling by train 7 = Traveling by bus 8 = Traveling by bicycle 9 = Traveling by other means
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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+ First person diary +							
Time	Q 5.3 What were you doing between (04h00) and 04h30)? <i>Record activity in first line for time period Record one activity per line</i> Q 5.4 What else were you doing (If more than one activity mentioned) <i>(Fill in activities on next two lines for the time period)</i> 1 to 3 activities per time period	Code	Q 5.5 Did you do the activities at the same time, or one after the other?		Q 5.6.a Where were you when you did the activity? <i>(Location 1)</i>	Q 5.6.b Where were you when you did the activity? <i>(Location 2)</i>	Location code 1 1 = Own dwelling/Home 2 = Someone else's dwelling 3 = Field farm or other agricultural workplace 4 = Other workplace outside private dwelling 5 = Education establishment 6 = Public area i.e. not in private dwelling workplace or educational establishment 7 = Traveling or waiting to travel 8 = Other Location code 2 1 = Inside 2 = Outside 3 = Traveling on foot 4 = Traveling by private transport (car, van, motorcycle) 5 = Traveling by taxi (minibus or other) 6 = Traveling by train 7 = Traveling by bus 8 = Traveling by bicycle 9 = Traveling by other means
			YES	NO			
16H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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First person diary							
Time	Q 5.3 What were you doing between (04h00) and 04h30)? <i>Record activity in first line for time period Record one activity per line</i> Q 5.4 What else were you doing (If more than one activity mentioned) <i>(Fill in activities on next two lines for the time period)</i> 1 to 3 activities per time period	Code	Q 5.5 Did you do the activities at the same time, or one after the other?		Q 5.6.a Where were you when you did the activity? <i>(Location 1)</i>	Q 5.6.b Where were you when you did the activity? <i>(Location 2)</i>	Location code 1
			YES	NO			1 = Own dwelling/Home 2 = Someone else's dwelling 3 = Field farm or other agricultural workplace 4 = Other workplace outside private dwelling 5 = Education establishment 6 = Public area i.e. not in private dwelling workplace or educational establishment 7 = Traveling or waiting to travel 8 = Other
19H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Location code 2
20H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 = Inside 2 = Outside 3 = Traveling on foot 4 = Traveling by private transport (car, van, motorcycle) 5 = Traveling by taxi (minibus or other) 6 = Traveling by train 7 = Traveling by bus 8 = Traveling by bicycle 9 = Traveling by other means
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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First person diary							
Time	Q 5.3 What were you doing between (04h00) and 04h30)? <i>Record activity in first line for time period Record one activity per line</i> Q 5.4 What else were you doing (If more than one activity mentioned) <i>(Fill in activities on next two lines for the time period)</i> 1 to 3 activities per time period	Code	Q 5.5 Did you do the activities at the same time, or one after the other?		Q 5.6.a Where were you when you did the activity? <i>(Location 1)</i>	Q 5.6.b Where were you when you did the activity? <i>(Location 2)</i>	Location code 1
			YES	NO			1 = Own dwelling/Home 2 = Someone else's dwelling 3 = Field farm or other agricultural workplace 4 = Other workplace outside private dwelling 5 = Education establishment 6 = Public area i.e. not in private dwelling workplace or educational establishment 7 = Traveling or waiting to travel 8 = Other
22H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
00H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
00H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
00H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
00H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
01H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- Location code 2**
- 1 = Inside
 - 2 = Outside
 - 3 = Traveling on foot
 - 4 = Traveling by private transport (car, van, motorcycle)
 - 5 = Traveling by taxi (minibus or other)
 - 6 = Traveling by train
 - 7 = Traveling by bus
 - 8 = Traveling by bicycle
 - 9 = Traveling by other means

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First person diary							
Time	Q 5.3 What were you doing between (04h00) and 04h30)? <i>Record activity in first line for time period Record one activity per line</i> Q 5.4 What else were you doing (If more than one activity mentioned) <i>(Fill in activities on next two lines for the time period)</i> 1 to 3 activities per time period	Code	Q 5.5 Did you do the activities at the same time, or one after the other?		Q 5.6.a Where were you when you did the activity? <i>(Location 1)</i>	Q 5.6.b Where were you when you did the activity? <i>(Location 2)</i>	Location code 1
			YES	NO			1 = Own dwelling/Home 2 = Someone else's dwelling 3 = Field farm or other agricultural workplace 4 = Other workplace outside private dwelling 5 = Education establishment 6 = Public area i.e. not in private dwelling workplace or educational establishment 7 = Traveling or waiting to travel 8 = Other
01H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
01H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
01H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
02H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Location code 2
02H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 = Inside 2 = Outside 3 = Traveling on foot 4 = Traveling by private transport (car, van, motorcycle) 5 = Traveling by taxi (minibus or other) 6 = Traveling by train 7 = Traveling by bus 8 = Traveling by bicycle 9 = Traveling by other means
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
02H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
02H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
03H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
03H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
03H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
03H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
04H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Note to interviewer: Probe for more activities if:
 (a) any activities took much longer than you would expect
 (b) activities that normally follow each other seem to be missing

5.7	<p>Did you spend any time during the day looking after children or adults?</p> <p>1 = YES, care of children not recorded all the times } <i>go back to diary and fill</i> 2 = YES, care of adults not recorded all the times } <i>in care activities</i></p> <p>3 = YES, all care of children and adults already recorded all the times 4 = NO</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p>
5.8	<p>Was yesterday a typical day for you?</p> <p>1 = YES 2 = NO, because I was ill 3 = NO, because it was school/ university/ college/ holidays 4 = NO, because I was on leave from work 5 = NO, because there was a funeral, wedding, bereavment 6 = NO, because there was a problem with the weather 7 = NO, because I was looking after another family/ household member</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7</p>
5.9	<p>Overall, how did you feel about the day you just described? Would you say you...</p> <p>1 = Were too busy/ had too many things to do? 2 = Had a comfortable amount of things to do in a day? 3 = Were not busy enough/ did not have enough to do?</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>

End of questions for selected member 1

Thank the respondent for his/her co-operation

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Person no. Age **SECTION 2: INDIVIDUAL QUESTIONNAIRE****SELECTED MEMBER 2****2.1 What is the relationship of each of the other members of the household to you?***Indicate the relationship of each of the other members of the household to the selected person.**For example, if you are interviewing household member 02 (Selected person) and household member 03 is her son, then put code 9 in column 02 and put code 2 in column 03.*

	01	02	03	04	05	06	07	08	09	10
Selected person 2	<input type="text"/>									
	11	12	13	14	15	16	17	18	19	20
	<input type="text"/>									

Code	Relationship
1	Husband/wife/partner
2	Son/daughter/stepchild/foster or adopted child
3	Brother/sister
4	Father/mother
5	Grandparent or great-grandparent
6	Grandchild
7	Other relative (e.g. in-law or aunt/uncle)
8	Non-related person
9	Self

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2.2	What is the highest level of education that you have successfully completed?	
	00 = NO SCHOOLING	<input type="checkbox"/> 00
	01 = GRADE R/0	<input type="checkbox"/> 01
	02 = GRADE 1/SUB A	<input type="checkbox"/> 02
	03 = GRADE 2/SUB B	<input type="checkbox"/> 03
	04 = GRADE 3/STANDARD 1	<input type="checkbox"/> 04
	05 = GRADE 4/STANDARD 2	<input type="checkbox"/> 05
	06 = GRADE 5/STANDARD 3	<input type="checkbox"/> 06
	07 = GRADE 6/STANDARD 4	<input type="checkbox"/> 07
	08 = GRADE 7/STANDARD 5	<input type="checkbox"/> 08
	09 = GRADE 8/STANDARD 6/FORM 1	<input type="checkbox"/> 09
	10 = GRADE 9/STANDARD 7/FORM 2	<input type="checkbox"/> 10
	11 = GRADE 10/STANDARD 8/FORM 3	<input type="checkbox"/> 11
	12 = GRADE 11/STANDARD 9/FORM 4	<input type="checkbox"/> 12
	13 = GRADE 12/STANDARD 10/FORM 5/MATRIC	<input type="checkbox"/> 13
	14 = NTC I	<input type="checkbox"/> 14
	15 = NTC II	<input type="checkbox"/> 15
	16 = NTC III	<input type="checkbox"/> 16
	17 = CERTIFICATE WITH LESS THAN GRADE12/STD10	<input type="checkbox"/> 17
	18 = DIPLOMA WITH LESS THAN GRADE12/STD10	<input type="checkbox"/> 18
	19 = CERTIFICATE WITH GRADE12/STD10	<input type="checkbox"/> 19
	20 = DIPLOMA WITH GRADE12/STD10	<input type="checkbox"/> 20
	21 = BACHELORS DEGREE	<input type="checkbox"/> 21
	22 = BACHELORS DEGREE AND DIPLOMA	<input type="checkbox"/> 22
	23 = HONOURS DEGREE	<input type="checkbox"/> 23
	24 = HIGHER DEGREE (MASTERS, DOCTORATE)	<input type="checkbox"/> 24
	25 = OTHER, <i>Specify in the box at the bottom</i>	<input type="checkbox"/> 25
	26 = DON'T KNOW	<input type="checkbox"/> 26
	<input style="width: 150px; height: 20px;" type="text"/>	

2.3	What is your present marital status?	
	1 = MARRIED	<input type="checkbox"/> 1
	2 = LIVING TOGETHER LIKE HUSBAND AND WIFE	<input type="checkbox"/> 2
	3 = WIDOW/WIDOWER	<input type="checkbox"/> 3
	4 = DIVORCED OR SEPARATED	<input type="checkbox"/> 4
	5 = NEVER MARRIED	<input type="checkbox"/> 5
	} → Go to Q 2.6	
2.4	Does your spouse / partner live in this household?	
	1 = YES	<input type="checkbox"/> 1
	2 = NO → Go to Q 2.6	<input type="checkbox"/> 2
2.5	Which person is your spouse / partner?	
	<i>Give person number</i>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
2.6	Do you have children aged less than 18 years who are still alive?	
	1 = YES	<input type="checkbox"/> 1
	2 = NO → Go to Section 3	<input type="checkbox"/> 2
2.7	How many of these children under 18 years are living in this household?	
		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
2.8	Do you have children under 7 years who are still alive?	
	1 = YES	<input type="checkbox"/> 1
	2 = NO → Go to Section 3	<input type="checkbox"/> 2
2.9	How many of these children under 7 years are living in this household?	
		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

Person no.

Age

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SECTION 3:

This section covers economic activities in the last week for persons aged 10 years and above

3.1	<p>In the last week.....</p> <p>(a) Did you work for a wage, salary, commission or any payment in kind (including paid domestic work), even if it was for only one hour?</p> <p><i>Examples: a regular job, contract, casual or piece work for pay, work in exchange of food or housing, paid domestic work.</i></p>	Yes	No		
		<input type="checkbox"/>	<input type="checkbox"/>	1	2
	<p>(b) Did you run or do any kind of business, big or small, for yourself or with one or more partners, even if it was for only one hour?</p> <p><i>Examples: Commercial farming, selling things, making things for sale, construction, repairing things, guarding cars, brewing beer, collecting wood or water for sale, hairdressing, crèche business, taxi or other transport business, having a legal or medical practice, performing in public, having a public phone shop, etc.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	1	2
	<p>(c) Did you help without being paid in any kind of business run by your household, even if it was for only one hour?</p> <p><i>Examples: Commercial farming, help to sell things, make things for sale or exchange, doing the accounts, cleaning up for the business, etc.</i></p> <p>If yes to any part of Q 3.1 go to Section 4, otherwise go to Q 3.2</p>	<input type="checkbox"/>	<input type="checkbox"/>	1	2

3.2	<p>In the last week, even though you did not do any work for pay, profit or did not help without pay in a household business,</p> <p>(a) Did you have a paid job or business that you would definitely return to? → <i>If yes, go to Section 4</i></p> <p><i>Examples: a regular job, contract, casual or piece work for pay, paid domestic work; Commercial farming, selling things, taxi or other transport business, having a legal or medical practice, performing in public, having a public phone shop, etc.</i></p>	Yes	No		
		<input type="checkbox"/>	<input type="checkbox"/>	1	2
	<p>(b) Did you have an unpaid job in any kind of business run by your household that you would definitely return to?</p> <p style="text-align: right;">→ Go to Q 3.3</p> <p><i>Examples: Commercial farming, help to sell things, make things for sale or exchange, doing the accounts, cleaning up for the business, etc.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	1	2

3.3	<p>In the last four weeks were you looking for any kind of work or trying to start any kind of business?</p> <p>1 = YES → Go to Q 3.5</p> <p>2 = NO</p>										
		<input type="checkbox"/>	<input type="checkbox"/>	1	2						
3.4	<p>Would you have liked to work last week?</p> <p>1 = YES</p> <p>2 = NO → Go to Q 4.5</p>										
		<input type="checkbox"/>	<input type="checkbox"/>	1	2						
3.5	<p>If a suitable job had been offered or circumstances had allowed, would you have been able to start work or a business.....</p> <p>1 = Last week?</p> <p>2 = Within a week?</p> <p>3 = Within two weeks?</p> <p>4 = Within four weeks?</p> <p>5 = Later than four weeks from now?</p> <p>6 = DON'T KNOW</p> <p style="text-align: right;">→ Go to Q 4.5</p>										
		<input type="checkbox"/>									

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Ask for persons aged 10 years and above

<p>4.5 What is your personal main source of income or support to meet your daily needs?</p> <p>01 = WAGES/SALARY/PIECEWORK PAY/COMMISSION</p> <p>02 = EARNING FROM OWN BUSINESS OR FARM</p> <p>03 = STATE OLD AGE PENSION OR DISABILITY</p> <p>04 = CHILD SUPPORT / FOSTER CARE GRANT</p> <p>05 = OTHER STATE WELFARE GRANTS</p> <p>06 = PRIVATE PENSIONS</p> <p>07 = UNEMPLOYMENT INSURANCE FUND</p> <p>08 = INVESTMENTS</p> <p>09 = MONEY FROM OTHER HOUSEHOLD MEMBERS, INCLUDING SPOUSE</p> <p>10 = REMITTANCE FROM PEOPLE OUTSIDE THE HOUSEHOLD</p> <p>11 = PRIVATE MAINTENANCE (FROM EX-SPOUSE OR FATHER OF CHILDREN)</p> <p>12 = INCOME FROM OTHER SOURCES, <i>specify</i></p> <div style="border: 1px solid black; height: 20px; width: 100%; margin: 5px 0;"></div> <p>13 = NO PERSONAL INCOME → <i>Go to Q 4.7</i></p>	<p><input type="checkbox"/> 01</p> <p><input type="checkbox"/> 02</p> <p><input type="checkbox"/> 03</p> <p><input type="checkbox"/> 04</p> <p><input type="checkbox"/> 05</p> <p><input type="checkbox"/> 06</p> <p><input type="checkbox"/> 07</p> <p><input type="checkbox"/> 08</p> <p><input type="checkbox"/> 09</p> <p><input type="checkbox"/> 10</p> <p><input type="checkbox"/> 11</p> <p><input type="checkbox"/> 12</p> <p><input type="checkbox"/> 13</p>
<p>4.6 What is your usual total monthly personal income from all sources?</p> <p>01 = None</p> <p>02 = R1 - R200</p> <p>03 = R201 - R500</p> <p>04 = R501 - R1 000</p> <p>05 = R1 001 - R1 500</p> <p>06 = R1 501 - R2 500</p> <p>07 = R2 501 - R3 000</p> <p>08 = R3 501 - R4 500</p> <p>09 = R4 501 - R6 000</p> <p>10 = R6 001 - R8 000</p> <p>11 = R8 001 - R11 000</p> <p>12 = R11 001 OR MORE</p> <p>13 = DON'T KNOW</p> <p>14 = REFUSE</p>	<p><input type="checkbox"/> 01</p> <p><input type="checkbox"/> 02</p> <p><input type="checkbox"/> 03</p> <p><input type="checkbox"/> 04</p> <p><input type="checkbox"/> 05</p> <p><input type="checkbox"/> 06</p> <p><input type="checkbox"/> 07</p> <p><input type="checkbox"/> 08</p> <p><input type="checkbox"/> 09</p> <p><input type="checkbox"/> 10</p> <p><input type="checkbox"/> 11</p> <p><input type="checkbox"/> 12</p> <p><input type="checkbox"/> 13</p> <p><input type="checkbox"/> 14</p>

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Non market

<p>4.7 In the last week</p> <p>(a1) Were you involved in any farming activities to produce food for household use or look after livestock?</p> <p><i>Examples: ploughing, harvesting, looking after livestock</i></p> <p>(a2) If yes, for how many hours?</p> <p>(b1) Did you do any construction or major repair work on your own home, plot, cattle post or business or those of the household?</p> <p>(b2) If yes, for how many hours?</p> <p>(c1) Did you catch any fish, prawns, shells, wild animals or other food for household consumption?</p> <p>(c2) If yes, for how many hours?</p>	<table border="0"> <tr> <td style="text-align: right;">Yes</td> <td style="text-align: right;">No</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No														
<input type="checkbox"/> 1	<input type="checkbox"/> 2														
<input type="checkbox"/>	<input type="checkbox"/>														
<input type="checkbox"/> 1	<input type="checkbox"/> 2														
<input type="checkbox"/>	<input type="checkbox"/>														
<input type="checkbox"/> 1	<input type="checkbox"/> 2														
<input type="checkbox"/>	<input type="checkbox"/>														

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Person no.

Age

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**SECTION 5:
DIARY FOR SELECTED MEMBER 2**

5.1	Date for which activities are recorded: <i>(This is the day before today)</i>	Day: <input type="text"/> Month: <input type="text"/> Year: <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
5.2	Day of the week for which activities are recorded: <i>(This is the day before today)</i>		
	1 = Monday	<input type="checkbox"/>	1
	2 = Tuesday	<input type="checkbox"/>	2
	3 = Wednesday	<input type="checkbox"/>	3
	4 = Thursday	<input type="checkbox"/>	4
	5 = Friday	<input type="checkbox"/>	5
	6 = Saturday	<input type="checkbox"/>	6
	7 = Sunday	<input type="checkbox"/>	7

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**NOTE: Repeat these questions for each half an hour period. Fill in the description of each activity the same time and location columns while with the respondent.
Add the activity codes after the interview is finished.**

Second person diary							
Time	Q 5.3 What were you doing between (04h00) and 04h30)? <i>Record activity in first line for time period Record one activity per line</i> Q 5.4 What else were you doing (If more than one activity mentioned) <i>(Fill in activities on next two lines for the time period)</i> 1 to 3 activities per time period	Code	Q 5.5 Did you do the activities at the same time, or one after the other?		Q 5.6.a Where were you when you did the activity? <i>(Location 1)</i>	Q 5.6.b Where were you when you did the activity? <i>(Location 2)</i>	Location code 1
			YES	NO			1 = Own dwelling/Home 2 = Someone else's dwelling 3 = Field farm or other agricultural workplace 4 = Other workplace outside private dwelling 5 = Education establishment 6 = Public area i.e. not in private dwelling workplace or educational establishment 7 = Traveling or waiting to travel 8 = Other
04H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
04H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
04H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
05H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Location code 2 1 = Inside 2 = Outside 3 = Traveling on foot 4 = Traveling by private transport (car, van, motorcycle) 5 = Traveling by taxi (minibus or other) 6 = Traveling by train 7 = Traveling by bus 8 = Traveling by bicycle 9 = Traveling by other means
05H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
05H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
05H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
06H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
06H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
06H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
06H30		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
07H00		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Second person diary							
Time	Q 5.3 What were you doing between (04h00) and 04h30)? <i>Record activity in first line for time period Record one activity per line</i> Q 5.4 What else were you doing (If more than one activity mentioned) <i>(Fill in activities on next two lines for the time period)</i> 1 to 3 activities per time period	Code	Q 5.5 Did you do the activities at the same time, or one after the other?		Q 5.6.a Where were you when you did the activity? <i>(Location 1)</i>	Q 5.6.b Where were you when you did the activity? <i>(Location 2)</i>	Location code 1 1 = Own dwelling/Home 2 = Someone else's dwelling 3 = Field farm or other agricultural workplace 4 = Other workplace outside private dwelling 5 = Education establishment 6 = Public area i.e. not in private dwelling workplace or educational establishment 7 = Traveling or waiting to travel 8 = Other Location code 2 1 = Inside 2 = Outside 3 = Traveling on foot 4 = Traveling by private transport (car, van, motorcycle) 5 = Traveling by taxi (minibus or other) 6 = Traveling by train 7 = Traveling by bus 8 = Traveling by bicycle 9 = Traveling by other means
			YES	NO			
07H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
07H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
07H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
08H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
08H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
08H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
08H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
09H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
09H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
09H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
09H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Second person diary							
Time	Q 5.3 What were you doing between (04h00) and 04h30)? <i>Record activity in first line for time period Record one activity per line</i> Q 5.4 What else were you doing (If more than one activity mentioned) <i>(Fill in activities on next two lines for the time period)</i> 1 to 3 activities per time period	Code	Q 5.5 Did you do the activities at the same time, or one after the other?		Q 5.6.a Where were you when you did the activity? <i>(Location 1)</i>	Q 5.6.b Where were you when you did the activity? <i>(Location 2)</i>	Location code 1
			YES	NO			1 = Own dwelling/Home 2 = Someone else's dwelling 3 = Field farm or other agricultural workplace 4 = Other workplace outside private dwelling 5 = Education establishment 6 = Public area i.e. not in private dwelling workplace or educational establishment 7 = Traveling or waiting to travel 8 = Other
10H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Location code 2
11H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 = Inside
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 = Outside
11H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 = Traveling on foot
11H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 = Traveling by private transport (car, van, motorcycle)
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 = Traveling by taxi (minibus or other)
12H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 = Traveling by train
12H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 = Traveling by bus
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 = Traveling by bicycle
12H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 = Traveling by other means
12H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Second person diary							
Time	Q 5.3 What were you doing between (04h00) and 04h30)? <i>Record activity in first line for time period Record one activity per line</i> Q 5.4 What else were you doing (If more than one activity mentioned) <i>(Fill in activities on next two lines for the time period)</i> 1 to 3 activities per time period	Code	Q 5.5 Did you do the activities at the same time, or one after the other?		Q 5.6.a Where were you when you did the activity? <i>(Location 1)</i>	Q 5.6.b Where were you when you did the activity? <i>(Location 2)</i>	Location code 1 1 = Own dwelling/Home 2 = Someone else's dwelling 3 = Field farm or other agricultural workplace 4 = Other workplace outside private dwelling 5 = Education establishment 6 = Public area i.e. not in private dwelling workplace or educational establishment 7 = Traveling or waiting to travel 8 = Other Location code 2 1 = Inside 2 = Outside 3 = Traveling on foot 4 = Traveling by private transport (car, van, motorcycle) 5 = Traveling by taxi (minibus or other) 6 = Traveling by train 7 = Traveling by bus 8 = Traveling by bicycle 9 = Traveling by other means
			YES	NO			
13H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Second person diary							
Time	Q 5.3 What were you doing between (04h00) and 04h30)? <i>Record activity in first line for time period Record one activity per line</i> Q 5.4 What else were you doing (If more than one activity mentioned) <i>(Fill in activities on next two lines for the time period)</i> 1 to 3 activities per time period	Code	Q 5.5 Did you do the activities at the same time, or one after the other?		Q 5.6.a Where were you when you did the activity? <i>(Location 1)</i>	Q 5.6.b Where were you when you did the activity? <i>(Location 2)</i>	Location code 1
			YES	NO			1 = Own dwelling/Home 2 = Someone else's dwelling 3 = Field farm or other agricultural workplace 4 = Other workplace outside private dwelling 5 = Education establishment 6 = Public area i.e. not in private dwelling workplace or educational establishment 7 = Traveling or waiting to travel 8 = Other
16H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Location code 2
17H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 = Inside 2 = Outside 3 = Traveling on foot 4 = Traveling by private transport (car, van, motorcycle) 5 = Traveling by taxi (minibus or other) 6 = Traveling by train 7 = Traveling by bus 8 = Traveling by bicycle 9 = Traveling by other means
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Second person diary							
Time	Q 5.3 What were you doing between (04h00) and 04h30)? <i>Record activity in first line for time period Record one activity per line</i> Q 5.4 What else were you doing (If more than one activity mentioned) <i>(Fill in activities on next two lines for the time period)</i> 1 to 3 activities per time period	Code	Q 5.5 Did you do the activities at the same time, or one after the other?		Q 5.6.a Where were you when you did the activity? <i>(Location 1)</i>	Q 5.6.b Where were you when you did the activity? <i>(Location 2)</i>	Location code 1 1 = Own dwelling/Home 2 = Someone else's dwelling 3 = Field farm or other agricultural workplace 4 = Other workplace outside private dwelling 5 = Education establishment 6 = Public area i.e. not in private dwelling workplace or educational establishment 7 = Traveling or waiting to travel 8 = Other Location code 2 1 = Inside 2 = Outside 3 = Traveling on foot 4 = Traveling by private transport (car, van, motorcycle) 5 = Traveling by taxi (minibus or other) 6 = Traveling by train 7 = Traveling by bus 8 = Traveling by bicycle 9 = Traveling by other means
			YES	NO			
19H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Second person diary							
Time	Q 5.3 What were you doing between (04h00) and 04h30)? <i>Record activity in first line for time period Record one activity per line</i> Q 5.4 What else were you doing (If more than one activity mentioned) <i>(Fill in activities on next two lines for the time period)</i> 1 to 3 activities per time period	Code	Q 5.5 Did you do the activities at the same time, or one after the other?		Q 5.6.a Where were you when you did the activity? <i>(Location 1)</i>	Q 5.6.b Where were you when you did the activity? <i>(Location 2)</i>	Location code 1
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22H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Location code 2
23H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 = Inside 2 = Outside 3 = Traveling on foot 4 = Traveling by private transport (car, van, motorcycle) 5 = Traveling by taxi (minibus or other) 6 = Traveling by train 7 = Traveling by bus 8 = Traveling by bicycle 9 = Traveling by other means
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
00H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
00H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
00H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
00H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
01H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Second person diary							
Time	Q 5.3 What were you doing between (04h00) and 04h30)? <i>Record activity in first line for time period Record one activity per line</i> Q 5.4 What else were you doing (If more than one activity mentioned) <i>(Fill in activities on next two lines for the time period)</i> 1 to 3 activities per time period	Code	Q 5.5 Did you do the activities at the same time, or one after the other?		Q 5.6.a Where were you when you did the activity? <i>(Location 1)</i>	Q 5.6.b Where were you when you did the activity? <i>(Location 2)</i>	Location code 1 1 = Own dwelling/Home 2 = Someone else's dwelling 3 = Field farm or other agricultural workplace 4 = Other workplace outside private dwelling 5 = Education establishment 6 = Public area i.e. not in private dwelling workplace or educational establishment 7 = Traveling or waiting to travel 8 = Other Location code 2 1 = Inside 2 = Outside 3 = Traveling on foot 4 = Traveling by private transport (car, van, motorcycle) 5 = Traveling by taxi (minibus or other) 6 = Traveling by train 7 = Traveling by bus 8 = Traveling by bicycle 9 = Traveling by other means
			YES	NO			
01H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
01H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
01H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
02H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
02H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
02H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
02H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
03H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
03H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
03H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
03H30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
to		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
04H00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Note to interviewer: Probe for more activities if:
 (a) any activities took much longer than you would expect
 (b) activities that normally follow each other seem to be missing

<p>5.7</p>	<p>Did you spend any time during the day looking after children or adults?</p> <p>1 = YES, care of children not recorded all the times 2 = YES, care of adults not recorded all the times 3 = YES, all care of children and adults already recorded all the times 4 = NO</p>	<p><i>go back to diary and fill in care activities</i></p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p>
<p>5.8</p>	<p>Was yesterday a typical day for you?</p> <p>1 = YES 2 = NO, because I was ill 3 = NO, because it was school/ university/ college/ holidays 4 = NO, because I was on leave from work 5 = NO, because there was a funeral, wedding, bereavement 6 = NO, because there was a problem with the weather 7 = NO, because I was looking after another family/ household member</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7</p>
<p>5.9</p>	<p>Overall, how did you feel about the day you just described? Would you say you...</p> <p>1 = Were too busy/ had too many things to do? 2 = Had a comfortable amount of things to do in a day? 3 = Were not busy enough/ did not have enough to do?</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>

End of questions for selected member 2

Thank the respondent for his/her co-operation

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