

STATISTICS ACT
(Cap. 17:01)

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

ARRANGEMENT OF REGULATIONS

REGULATION

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

SCHEDULE

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

- | | |
|---------------------------------|--|
| Citation | 1. These Regulations may be cited as the Statistics (Botswana Multi-Topic Household Survey) Regulations, 2015. |
| Authorisation to conduct survey | 2. The Statistician General may direct any authorised officer to conduct a multi-topic household survey in Botswana to —
(a) provide a comprehensive set of indicators for poverty and labour market; and
(b) gather baseline information which will be tracked on annual basis to inform the Poverty Eradication Strategy and the labour market indicators required for the Labour Market Information System. |
| Conduct of survey | 3. The authorised officer may, for the purposes of the survey, ask any person interviewed, such questions as may be necessary to obtain, from that person, the information required in the questionnaires set out in the Schedule. |
| Penalty | 4. Any person who refuses or neglects to answer any question put to him or her for the purposes of these Regulations commits an offence and is liable to a fine of P100, and in the case of a continuing offence, to a fine of P5 for every day during which the offence continues. |

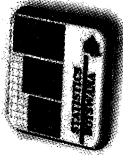
SCHEDULE
(reg. 3)



Republic of Botswana

CONFIDENTIAL

2015/16 BOTSWANA MULTI-TOPIC SURVEY



Household questionnaire Book 1

GEOGRAPHICAL DESCRIPTORS

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

HOUSEHOLD INFORMATION

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

FIELDWORK STAFF	Name	Code
Team supervisor		
Enumerator		
Entry operator		

BMTHS HOUSEHOLD ID NUMBER

Enumeration Area serial number (001-599)				Selected HH number (01-15)	

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

FINAL RESULT AS PER THE TEAM SUPERVISOR			
Fully completed Partially completed Refused No member available for interview Household members away temporarily Other (Specify)			
Total Number of Persons in the Household		Male	Female

Comments:

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

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INFORMATION FOR THE HOUSEHOLD ROSTER

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

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

I would like to start with the head of household followed by the wife/husband

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

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

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

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

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

CENSUS DISTRICT CODES COUNTRY CODES

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

1.DEMOGRAPHIC CHARACTERISTICS,PART A - ROSTER

All persons			12 years and over							
102	103	104	105	106	107	108	109	110	111	112
What is [NAME]'s relationship to the household head? Head 01 Spouse 02 Son/daughter 03 Child in law 04 Step child 05 Grandchild 06 Parent 07 Parent in law 08 Grandchild 09 Brother/sister 10 Nephew/niece 11 Other relative 12 Non-related 13	How old is [NAME] in completed years? IF AGE IS IN AND ABOVE RECORD IN THIS FLAP COPY RESPONSE TO THE FLAP	What is [NAME]'s sex? Male 1 Female 2	Does [NAME] normally live and eat here? Yes 1 No 2 CROSS FROM ROSTER AND FLAP AND NEXT PERSON	Has [NAME] been away from the household for more than one month continuously in the past 12 months? Yes 1 No 2 CROSS FROM ROSTER AND FLAP AND NEXT PERSON	For how many months was [NAME] away? IF MORE THAN 6 MONTHS AWAY, CROSS FROM ROSTER AND FLAP AND NEXT PERSON	ENUMERATOR CHECK IS [NAME] 12 years old or older? CROSS CHECK WITH Q 103 Yes 1 No 2 CROSS FROM ROSTER AND FLAP AND NEXT PERSON	What is [NAME]'s marital status? Married 1 Living together 2 Separated 3 Divorced 4 Widow/ widower 5 Never married 6	Is the Spouse/ Partner of [NAME] living in this household? Yes 1 No 2	RECORD SERIAL NUMBER OF SPOUSE/ PARTNER ▶ 113	Where is the spouse/ partner of [NAME] currently living? IF LIVING ELSEWHERE IN BOTSWANA, WRITE NAME OF THE LOCALITY AND RECORD THE CENSUS DISTRICT CODE IF IN ANOTHER COUNTRY, WRITE COUNTRY NAME AND RECORD THE COUNTRY CODE Elsewhere in this locality 90 Elsewhere in Botswana (write locality & record 2 digit census district code) 91 Other country (write country & record 3 digit code) 92
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										

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

[illegible]

1.DEMOGRAPHIC CHARACTERISTICS.PART B - INFORMATION ON PARENTAL SURVIVAL

FOR PERSONS 18 YEARS OR LESS									
122	123	124	125	126	127	128	129	130	131
ENUMERATOR CHECK: Is [NAME] aged 18 years or less?	Is [NAME]'s biological mother alive?	How old was [NAME] when his/her mother died? IF LESS THAN 1 YEAR WRITE '0'	Was [NAME's] mother a member of this household at the time of her death?	Did [NAME] of this household before his/her mother's death?	Does [NAME]'s biological mother live in this household?	RECORD SERIAL NUMBER OF MOTHER	Does/did [NAME's] mother contribute financially, including in- kind contributions to this household for the support of [NAME]?	What is/was the relation of [NAME]'s mother to the current head of this household?	What is/was [NAME's] mother's highest level of education?
Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2		Yes 1 No 2		None 01 Not stated 02 Some Primary 03 Completed Primary 04 Some Junior Secondary 05 Completed Junior Secondary 06 Some Senior Secondary 07 Completed Senior Secondary 08 Some Vocational/Technical 09 Completed Vocational/Technical 10 Some University college 11 Completed university college 12 Don't know 99
01									
02									
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08									
09									
10									
11									
12									
99									

1. DEMOGRAPHIC CHARACTERISTICS, PART B - INFORMATION ON PARENTAL SURVIVAL

FOR PERSONS 18 YEARS OR LESS									
132	133	134	135	136	137	138	139	140	
Is [NAME]'s biological father alive?	How old was [NAME] when his/her father died?	Was [NAME]'s father a usual member of this household at the time of his death?	Did [NAME] usually live in this household before [NAME]'s father's death?	Does [NAME]'s biological father usually live in this household?	RECORD SERIAL NUMBER OF FATHER	Does [NAME] father contribute financially, including in-kind contributions to this household for the support of [NAME]?	What is/was the relation of [NAME]'s father to the current head of this household?	What is/was [NAME]'s father's highest level of education?	
Yes 1 ▶ 136 No 2	IF NOT YET BORN OR LESS THAN 1 YEAR, WRITE '0	Yes 1 ▶ 139 No 2	Yes 1 ▶ 139 No 2 ▶ 138	Yes 1 No 2 ▶ 138		Yes 1 No 2		None Non formal Some Primary Completed Primary Some Junior Secondary Completed Junior Secondary Some Senior Secondary Completed Senior Secondary Some Vocational/Technical Completed Vocational/Technical Some University/ college Completed university/ college Don't know	
01									
02									
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05									
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07									
08									
09									
10									
11									
12									
99									

CENSUS DISTRICT CODES

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

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

RESPONDENT SHOULD BE HEAD OF HOUSEHOLD / SPOUSE OR KNOWLEDGEABLE ADULT													
141 Do you or any member of your household have children aged below 21 years who are not living in the household? DO NOT INCLUDE PERSONS LISTED AS HOUSEHOLD MEMBERS IN PART A													
Yes 1 No 2 ▶ PART ID													
CHILD ORDER	142	143	144	145	146	147	148	149	150	151	152		
	Please tell me the names of any household member's child (below 21 years old) who is not living in the household.	What is [NAME]'s main reason for not living in this household? 1 Attending school 2 Working 3 Living with his/her other parent 4 Living with grandparent(s) 5 Living with other relatives 6 Marriage 7 Living with boyfriend/ girlfriend 8 Accommodation shortage 9 Other (specify)	What is [NAME]'s sex? 1 Male 2 Female	How old is [NAME] in completed years?	Does [NAME]'s biological father live in this household? Yes 1 No 2 ▶ 146	RECORD SERIAL NUMBER OF FATHER	Does [NAME]'s biological mother live in this household? Yes 1 No 2 ▶ 150	RECORD SERIAL NUMBER OF MOTHER	Where is [NAME] living? (REFERS TO THE CHILD) 96 Elsewhere in this locality 97 Elsewhere in Botswana (write locality & record 2 digit census district code) 98 Other country (write country & record 3 digit code) 99 Don't know LOCALITY CODE	What is the highest grade that [NAME] completed? 88 None 89 Pre-school 90 Non formal 91 Primary 92 Secondary 93 Vocational 94 University/ College 95 Don't know 99	Is [NAME] currently enrolled in school?		
01													
02													
03													
04													
05													
06													
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08													
09													
10													
11													
12													
13													
14													

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

RESPONDENT SHOULD BE HEAD OF HOUSEHOLD / SPOUSE OR KNOWLEDGABLE ADULT All deaths for individuals aged 12 and over									
153 I would like to ask you about recent deaths of adult members of this household, that is, individuals aged 12 years or older. Has any member of this household (12 years or older) died in the last two years, that is, since [CURRENT MONTH TWO YEARS AGO]?									
Yes 1 No 2 ▶ NEXT SECTION									
154	155	156	157	158	159	160	161	162	163
DEATHS	What was the person's name?	When did [NAME] die?	How old was [NAME] when he/she died?	What was [NAME]'s sex?	Before the death of [NAME] he/she the head of the household?	What was [NAME]'s relationship to the current head of this household?	What was the cause of [NAME]'s death?	Was the death registered with civil registration?	Did [NAME] contribute to the household income anytime in the two years before his/her death?
ASK FOR MOST RECENT DEATH, THEN PROMPT FOR EARLIER DEATHS UNTIL DONE.	PROMPT FOR OTHER DEATHS IN THE LAST 2 YEARS	Jan 1 Feb 2 Mar 3 Apr 4 May 5 Jun 6 Jul 7 Aug 8 Sep 9 Oct 10 Nov 11 Dec 12	AGE IN COMPLETED YEARS	Male 1 Female 2	Spouse/Partner 02 Son/Daughter 03 Child in-law 04 Step child 05 Grandchild 06 Parent 07 Parent in-law 08 Grandparent 09 Brother/Sister 10 Nephew/Niece 11 Other relative 12 Not related 13	Illness 01 Transport related accident 02 Other accident 03 Murder 04 Suicide 05 Pregnancy/ 06 Childbirth 07 Natural disaster 08 Other (specify) 09	Yes 1 No 2 Do not know 9	Yes, main breadwinner 1 Yes, major contributor 2 Yes, minor contributor 3 No 4	
		Month Year							Name
01 Most recent									
02 2nd most recent									
03 3rd most recent									
04 4th most recent									
05 5th most recent									
06 6th most recent									
07 7th most recent									

ORDER OF DEATH

2. EDUCATION

All persons 2 years and older							
200	201	202	203	204	205	206	207
ENUMERATOR CHECK : IS INAME] 2 YEARS OR OLDER?	WRITE THE SERIAL NUMBER OF THE PERSON PROVIDING THIS INFORMATION	Did [NAME] attend preschool? CAPTURE DURATION OF ATTENDANCE Yes, less than 1 year Yes, 1 - 2 years Yes, more than 2 years Still attending 217 No	Has [NAME] ever attended school, including non-formal government education? Yes 1 No 2	Why did [NAME] never attend school? (MAIN REASON) Too expensive School too far No school in area Impaired sight Impaired hearing Speech impediment Physical disability Parents did not want/ Did not allow to attend Own illness Caring for ill family member Taking care of other siblings/family members	Can [NAME] read a short sentence in any language? Yes, easily Yes, with difficulty No	How old was [NAME] when entering primary school? (STD 1) RECORD AGE IN COMPLETED YEARS (IF ABOVE AGE 15, WRITE '16') IF DID NOT ATTEND STD1, WRITE '98' IF DON'T KNOW, WRITE '99'	What is the last grade that [NAME] completed? None Non formal Primary Secondary Vocational University/ College Post Graduate Don't know
SERIAL NUMBER	Yes 1 No 2	Yes, less than 1 year Yes, 1 - 2 years Yes, more than 2 years Still attending 217 No	Has [NAME] ever attended school, including non-formal government education? Yes 1 No 2	Why did [NAME] never attend school? (MAIN REASON) Too expensive School too far No school in area Impaired sight Impaired hearing Speech impediment Physical disability Parents did not want/ Did not allow to attend Own illness Caring for ill family member Taking care of other siblings/family members	Can [NAME] read a short sentence in any language? Yes, easily Yes, with difficulty No	How old was [NAME] when entering primary school? (STD 1) RECORD AGE IN COMPLETED YEARS (IF ABOVE AGE 15, WRITE '16') IF DID NOT ATTEND STD1, WRITE '98' IF DON'T KNOW, WRITE '99'	What is the last grade that [NAME] completed? None Non formal Primary Secondary Vocational University/ College Post Graduate Don't know
61							
62							
63							
64							
65							
66							
67							
68							
69							
70							
71							
72							

2. EDUCATION

TRAINING: FOR PERSONS AGED 12 OR MORE				FOR PERSONS 25 YEARS OR LESS WHO ARE ATTENDING SCHOOL					
208	209	210	210A	211	212	213	214	215	216
ENUMERATOR CHECK: IS [NAME] 12 YEARS OR OLDER? Yes 1 No 2	Has [NAME] ever attended training of any type, including in private colleges, for at least 3 months? If yes, what is the status of the training? IF MORE THAN ONE TRAINING, SPEAK OF THE HIGHEST No training 1 > 212 Still training 2 Completed 3 training Discontinued 4	What is/was the highest level of training [NAME] obtained/ intends to obtain? 01 Apprentice certificate 02 Brigades certificate 03 Vocational certificate 04 Educ. College certificate 05 University certificate 06 Other certificate 07 Vocational diploma 08 Educ. College diploma 09 University diploma 10 IHS diploma 11 Other diploma 12 Job specific training	When did [NAME] obtain/ intends to obtain the highest level of training? (Year) IF DISCONTINUED, WRITE 8888 YEAR	What is/was [NAME]'s subject of training? Explain with a few words.	ENUMERATOR CHECK: Is [NAME] 25 YEARS OLD OR LESS? Yes 1 No 2	ENUMERATOR CHECK: Has [NAME] ever attended school? Yes 1 No 2	Is [NAME] currently enrolled in school? Yes 1 No 2	How old was [NAME] when he/she stopped going to school? RECORD AGE IN COMPLETED YEARS	What was the main reason [NAME] stopped going to school? 01 No expense 02 No interest/ not useful 03 School too far 04 Own illness 05 Family illness/Death 06 Abuse by teacher 07 Started working 08 Expulsion 09 Schools had quality level 10 Completed desired level 11 Poor Performance 12 Truancy 13 Substance abuse 14 Cultural/religious beliefs 15 Sexual harassment 16 Bullying 17 Other (specify)
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									

2. EDUCATION

FOR PERSONS 25 YEARS OR LESS WHO ARE ATTENDING SCHOOL							
217	218	219	220	221	222	223	224
What grade is [NAME] currently attending? (or attended during last session if on school break) ----- Pre-school 01 02 03 ▶ 219 Non formal 61 62 63 64 65 ▶ 225 Primary 11 12 13 14 15 16 17 Secondary 21 22 23 24 25 26 Vocational 31 32 33 34 35 University/College 41 42 43 44 45 Graduate 51 52 53 54 55 -----	What is the name of the school [NAME] is currently attending? (or attended during last session) ----- PROBE FOR THE COMPLETE SCHOOL NAME	What type of school is this? ----- Government 1 Private 2 Mission 3 Other (specify) 98 -----	How far is this school from this household? ----- Meters 1 Kilometers 2 ----- UNIT CODES -----	Was [NAME]'s school open last week? ----- Yes 1 No 2 ▶ 225 -----	How many days last week was [NAME]'s school open? ----- IF SAME AS DAYS OPEN, ▶ 225	How many days last week did [NAME] attend school? ----- IF SAME AS DAYS OPEN, ▶ 225	Why was [NAME] not at school every day last week? ----- Sick 1 Caring for sick family members 2 Childrens/other chores 3 Had to work for family/others 4 Not interested/Not useful 5 Waiting for results 6 Other (specify) 98 -----
	School name		Number 1 Unit				
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							

[illegible]

2. EDUCATION

FOR ALL PERSONS 2 YEARS AND ABOVE						
239	240	241	242	243	244	245
Did [NAME] use a private tutor during the previous school year?	In the past 12 months, has [NAME] used a computer/Laptop/Tablet?	How often does [NAME] use a computer/ laptop/ tablet?	Where does [NAME] mainly use the computer/ laptop/ tablet?	Has [NAME] ever used the internet?	How often does [NAME] use the internet?	Where does [NAME] mainly access the internet?
Yes 1 No 2	Yes 1 No 2 ▶ NEXT PERSON	Every day 1 At least once a week 2 At least once a month 3 Within the last three months 4 Within the last six months 5 6-12 months ago 6	Home 1 School 2 Internet café 3 Work place 4 Cell Phone/Tablet 5 Post Office 6 Library 7 Other (specify) 98	Yes 1 No 2 ▶ NEXT PERSON	Every day 1 At least once a week 2 At least once a month 3 Within the last three months 4 Within the last six months 5 Within the last 12 months 6 more than 12 months ago 7	Home 1 School 2 Internet café 3 Work place 4 Cell Phone/Tablet 5 Post Office 6 Library 7 Hotspot 8 Other (specify) 98 ▶ NEXT PERSON
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						

3. HEALTH PART A - HEALTH STATUS

ALL PERSONS				DIFFICULTIES, ALL PERSONS					
300	301	302	303	304	305	306	307	308	309
WRITE THE SERIAL NUMBER OF THE PERSON PROVIDING THIS INFORMATION	Has [NAME] suffered from any illness or injury during the past 4 weeks, including dental problems?	What is the most recent illness or injury that [NAME] suffered in the past 4 weeks? 01 Fatigue 02 Pneumonia 03 Rheumatism 04 Back/ joint pain 05 Other illness 06 (specify) 07 Injury 08 Burn 09 Wound 10 Fracture/ sprain 11 Poisoning 12 Other injuries 13 (specify)	How many days was [NAME] unable to do his/her usual daily activities because of this illness or injury in the past 4 weeks (even for one day)? 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	Did [NAME] receive medical care because of this illness or injury? DO NOT INCLUDE TRADITIONAL/ SPIRITUAL CARE	Why did [NAME] not receive medical care for this illness or injury? 1 BOUGHT MEDICINE/ TREATED ON OWN 2 CANNOT AFFORD/ COSTLY 3 TRAVEL IS TOO DIFFICULT AND COSTLY 4 NO DOCTOR/ NURSE AT THE FACILITY 5 NO MEDICAL FACILITY 6 NO MEDICINE AVAILABLE 7 ILLNESS WAS MINOR 8 NO PROPER SERVICE 9 SOCIAL AND CULTURAL REASONS 10 OTHER (SPECIFY)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	Do you/ [NAME] have difficulty seeing, even if wearing glasses?	Do you/ [NAME] have difficulty hearing, even if using a hearing aid?	Do you/ [NAME] have difficulty walking or climbing steps?
SERIAL NUMBER									
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									

3. HEALTH, PART A - HEALTH STATUS

310	DIFFICULTIES, ALL PERSONS				ALL PERSONS				318			
	311	312	313	314	315	316	317					
A go na le mongwe mo twapeng yo nang le bothata jwa go gologelwa kgotla go nna le kelelelo mo go se a se dirang? Do you/ [NAME] have difficulty communicating in Setswana? NO, NO DIFFICULTY YES, SOME DIFFICULTY YES, A LOT OF DIFFICULTY CANNOT DO IT AT ALL (TOO YOUNG TO TELL)	Do you/ [NAME] have difficulty with (self-care such as) washing all over or dressing	Using your usual (local) language, do you/[NAME] have difficulty communicating, for example understanding or being understood?	What was the cause of the difficulty? MOST IMPORTANT REASON. IF MORE THAN ONE DIFFICULTY, REFER TO THE MOST SERIOUS BORN LIKE THIS 1 ▶ 315 WORK-RELATED INJURY 2 STREET/TRAFFIC 3 OTHER ACCIDENT 4 WORK-RELATED DISEASE 5 NON-WORK RELATED 6 MULTIPLE DISEASES 7 AGING 8 OTHER (SPECIFY) 98 315	How old were you/ [NAME] when this difficulty began? IF MORE THAN ONE DIFFICULTY , REFER TO THE MOST SERIOUS	Do you/ [NAME] have a chronic (long term) or permanent health condition, such as high blood pressure, diabetes, HIV, cancer, depression, TB, etc. Yes 1 No 2 ▶ 319 (part B)	What is this condition? REPORT UP TO THREE CHRONIC CONDITIONS High blood pressure 01 Chronic kidney 11 Low blood pressure 02 disease 12 Cancer 03 TB 13 Cardiovascular disease 04 Anaemia 14 Respiratory disease 05 Dental disease 15 Asthma 06 HIV/AIDS 16 Depression 07 Osteoporosis 17 Chronic mental/ 08 (brittle bones) psychological disease 09 Epilepsy 18 Stomach/ intestinal ulcer 10 Diabetes 66 Rheumatism/ Joint 10 Refuse to answer 66 inflammation Other (specify) 98	How many years have you/[NAME] had this condition? IF LESS THAN 1 YEAR, WRITE '0'	Does this/ these condition(s) prevent [NAME] from working, being active, going to school, etc? ▶ 319 (Part B)				
SERIAL NUMBER						1st	2nd	3rd	1st	2nd	3rd	Yes 1 No 2
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3. HEALTH, PART B - EXPENDITURE ON HEALTH SERVICES IN THE PAST 4 WEEKS AND 12 MONTHS

ALL PERSONS							
319	320	321	322	323	324	325	326
WRITE THE SERIAL NUMBER OF THE PERSON PROVIDING THIS INFORMATION	Did you/ [NAME] consult a health care provider, traditional or spiritual healer for any reason in the last 4 weeks?	What kind of provider did you/ [NAME] consult? IF CONSULTED MORE THAN ONE, RECORD THE MOST RECENT CONSULTED	Who runs this facility?	What is the name of this facility/ provider?	Was this for outpatient or inpatient (staying overnight) care?	What was the reason for the last visit to this provider?	How many visits did you/ (NAME) make to this provider in the last 4 weeks?
		Private doctor 1 ▶ 323 Clinic (fixed structure) 2 Clinic (mobile) 3 ▶ 325 Health Post 4 ▶ 323 Hospital 5 Pharmacy / 6 ▶ 325 Chemist Traditional doctor / Spiritual healer 7 ▶ 324 No 1 Yes 2 ▶ 323 Other (specify) 98	Government 1 Private 2 Employer provided 3 Non Gov't org. 4 Mission 5 Other (specify) 98		Outpatient 1 Inpatient 2	Malaria 01 Fatigue 14 Fever 02 Cough/rapid breathing 15 Diarrhoea / intestinal inflammation 03 Maternal/ Neonatal / 16 Anaemia 04 Nutritional 17 Skin rash/ skin disease 05 Cardiovascular 17 Tonsillitis 06 Injury 18 Mouth or dental problem 07 Diabetes 19 Measles 08 HIV/AIDS 20 Eye infection/ disease 09 TB 21 Headache 10 Back/ joint pain 22 Migraine headache 11 Other Chronic disease 23 Nose/ ear/ throat problem 12 Check-up/ follow-up 24 Common Cold/ Flu 13 visit Other (specify) 98	
				Name			
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3. HEALTH, PART B - EXPENDITURE ON HEALTH SERVICES IN THE PAST 4 WEEKS AND 12 MONTHS

ALL PERSONS									
327	328	329	330	331	332	333	334	335	
How much did you/ [NAME] pay, either in cash or in kind for the costs of care associated with these visits in the past 4 weeks? Please indicate only the amount paid by you and not reimbursed by medical aid.	Were any medicines or laboratory test costs included in this amount paid for the visit(s)?	How much did you/ [NAME] pay for all medicines associated with the visits to this facility during the past 4 weeks (that were not included in the visit costs)? Please indicate only the amount paid by you and not reimbursed by medical aid.	How much did you/ [NAME] pay for laboratory tests (that were not included in the visit costs)? Please indicate only the amount paid by you and not reimbursed by medical aid.	How long did it take to travel to this health provider? (one way)	How far is this health provider from this household (one way)?	How much did you/ [NAME] spend on transportation in total, for all visits to this provider in the last 4 weeks?	Did you/ [NAME] see any other health care provider/ traditional or spiritual healer for the same problem/ reason in the last 4 weeks?	What kind of provider did you/ [NAME] see? (the provider before the most recently consulted)	
DO NOT INCLUDE MEDICINES AND LABORATORY CHARGES IF PAID SEPARATELY. ASK FOR CASH VALUE OF IN KIND PAYMENTS. IF NO PAYMENT, WRITE "00" ▶ 329	Yes 1 No 2	IF NO PAYMENT, WRITE "00" ▶ 329	INCLUDE TRADITIONAL & SPIRITUAL HEALING SERVICES	IF TREATMENT AT OWN HOME, WRITE "V" AND ▶ 334	IF LESS THAN 1 KM, WRITE "V"	INCLUDE THE TRANSPORT COSTS OF PERSONS WHO ACCOMPANIED YOU/ [NAME]	Yes 1 No 2 ▶ 338	Private doctor 1 ▶ 337 Clinic (fixed structure) 2 Clinic (mobile) 3 ▶ 338 Health Post 4 ▶ 337 Hospital 5 Pharmacy / Chemist 6 ▶ 338 Traditional doctor / Spiritual healer 7 ▶ 338 Other (specify) 98	
Pula	Yes 1 No 2	Pula	Pula	Hours Minutes	Kms	Pula			
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3. HEALTH, PART B - EXPENDITURE ON HEALTH SERVICES IN THE PAST 4 WEEKS AND 12 MONTHS

ALL PERSONS											
336	337	338	339	ASK THE FOLLOWING TO THE HOUSEHOLD HEAD OR MOST INFORMED MEMBER:							
Who runs this facility?	What is the name of this facility/provider?	Is [NAME] covered by health insurance (Medical Aid)?	What kind of insurance? Medical aid through public/parastatal employer 1 Medical aid through private employer 2 Medical aid - self insured 3 Dependent of public/parastatal employee 4 Dependent of private employee 5 Dependent of self insured 6 Other (specify) 98 ► Q842 (Part C) (OR IF HOUSEHOLD HEAD ► 940)	340 Now I would like to know about other important health expenditures your household may have made during the past 12 months, that is since [MONTH, YEAR]. Please indicate only the amounts paid by household and not reimbursed by medical aid. Include medical costs incurred outside as well as inside Botswana.	341 TOTAL PAID in the past 12 months						
				PULA							
01				1 Consultations with private doctor							
02				2 Consultations with traditional doctors or healers							
03				3 Dental treatment							
04				4 Cost of surgery (Specify surgery)							
05				5 Consultation with optician, cost of eye tests							
06				6 Costs of spectacles, lenses, etc.							
07				7 Purchases of drugs and medicines (excluding common medicines such as painkillers, cough mixtures, etc.							
08				8 Other medical expenses (Specify)							
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12											

[illegible]

3. HEALTH, PART C - HEALTH RELATED BEHAVIORS

ALL PERSONS 12 YEARS AND OVER											
350		351		352		353		354		355	
Do you consume alcoholic beverages?		How much beer or cider do you drink? How many (bottles, cans, quarts) per day, week or month? IF NONE, PUT '00' FOR NUMBER AND LEAVE UNITS BLANK		How many cartons of chibuku do you drink in a day, a week or a month?		How much home brewed alcohol (bujalwa ja Setswana, khadi, setopati, etc.) do you drink in a day, week or month?		How much of other alcoholic beverages do you consume? (wine, whiskey, etc.) in a day, a week, or a month?		How old were you when you first began drinking alcohol on a regular basis?	
Size unit can/bottle (330-340 ml) 1 bottle/draft (440-500 ml) 2 quart (750 ml) 3 other (specify) 98		Size unit cup/mug 1 (mayonnaise) jar (375 ml) 2 large jar (750 ml) 3 Other (specify) 98		IF NONE, PUT '00' FOR NUMBER AND LEAVE TIME UNIT BLANK Day 1 Week 2 Month 3 Occas. 4		Size unit Day 1 Week 2 Month 3 Occas. 4		Size unit Day 1 Week 2 Month 3 Occas. 4		Size unit Day 1 Week 2 Month 3 Occas. 4	
No 1 Yes 2 ▶ NEXT PERSON		Size Unit Number Time Unit		Number Time Unit		Size Unit Number Time Unit		Size Unit Number Time Unit		Size Unit Number Time Unit	
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3. HEALTH, PART D - IMMUNIZATIONS OF CHILDREN UNDER 5 YEARS

ALL CHILDREN UNDER 5 YEARS (ASK THE MOTHER OR CAREGIVER)						
356	357	358	359	360	361	362
ENUMERATOR: Check the age in the flap. Is s/he less than 5 years old?	WRITE THE SERIAL NUMBER OF THE PERSON PROVIDING THIS INFORMATION	Did [NAME] have diarrhea in the past two weeks?	How was it treated? (last occurrence)	When was [NAME] last taken to an Under 5 clinic or other place for weighing/measuring?	Do you have an under 5 health card for [NAME]? May I see it?	RECORD WEIGHT AT BIRTH UN KILOGRAMS WITH 1 DECIMAL FROM BIRTH CARD (for example 3.8) IF NO BIRTH WEIGHT RECORDED WRITE "99"
Yes 1 No 2 NEXT PERSON		Yes 1 No 2 360	Reduced both food and liquids given to child 1 Reduced food but not liquids 2 Reduced liquids but not food 3 Gave special food to child 4 Oral Rehydration Therapy 5 No treatment 6 Other (specify) 99	Within this month 1 Within last month 2 Within last 3 months 3 Within last 6 months 4 Longer than 6 months ago / never 5	Yes - NEW Card provided (Revised 07/13) 1 Yes - OLD Card provided (REVISED 07) 2 Yes - Card not provided 3 374 No card / Never had card 4 374	Weight (kg)
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3. HEALTH, PART D - IMMUNIZATIONS OF CHILDREN UNDER 5 YEARS

SERIAL NUMBER	374	375	376	377	378	379	380	381	382
	Has [NAME] ever had a vaccination to prevent him/her from getting diseases including vaccinations received in a national immunization day campaign? Yes 1 No 2 ▶ NEXT CHILD Don't know 9	Has [NAME] ever been given BCG vaccination against tuberculosis - 4a an injection in the left lower arm that can leave a scar? Usually given after birth of shortly thereafter. (CHECK FOR SCAR) Yes 1 No 2 Don't know 9 ▶ 375	Has [NAME] ever been given any vaccination drops in the mouth to protect him/her from getting polio? (recommended to be given at 3, 4 and 18 months) Yes 1 No 2 Don't know 9 ▶ 376	How many times has [NAME] been given these drops? # TIMES	Has [NAME] ever been given vaccination injections - shots in the left outer thigh for Pentavalent when he/she was less than 6 months old? Yes 1 No 2 Don't know 9 ▶ 381	How many times has [NAME] been given these shots in the left outer thigh? # TIMES	Has [NAME] ever been given vaccination injection - (a. an injection in the left outer thigh - to prevent him or her from getting DPT (tetanus, whooping cough, diphtheria), at about the age of 18 months? (Pentavalent or DPT) Yes 1 No 2 Don't know 9	Has [NAME] ever been given other vaccination injections - i.e. a shot in the outer part of the upper (left) arm at the age of 9 months or older - to prevent him/her from getting measles? Yes 1 No 2 Don't know 9	Has [NAME] ever received a Vitamin A capsule within the last 6 months? (Vitamin A campaigns are in May and November) Yes 1 No 2 Don't know 9
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3. HEALTH, PART E-PRE/POSTNATAL CHECKUP & BREAST-FEEDING (MOST RECENT BIRTH IN THE LAST FIVE YEARS)

ALL FEMALES 12-49 WHO HAVE GIVEN BIRTH IN THE LAST 5 YEARS											
383	384	385	386	387	388	389	390	391	392	393	394
ENUMERATOR CHECK: IS THIS A WOMAN AGED BETWEEN 12-49 YEARS? Yes 1 No 2 NEXT PERSON	Have you given birth to a child in the last 5 years, that is since [MONTH, YEAR]? Yes 1 No 2 NEXT PERSON	Did you have any child born in the past 5 years who was born alive but later died, even if the child only lived for a few minutes, hours or days? Yes 1 No 2 NEXT WOMAN	What is/was the name of the child born most recently in the past 5 years? IF NOT NAMED, WRITE "BABY BOY" or "BABY GIRL" Yes 1 No 2 NEXT WOMAN	In what month and year was [CHILD NAME] born? Jan 1 Feb 2 Mar 3 Apr 4 May 5 Jun 6 Jul 7 Aug 8 Sep 9 Oct 10 Nov 11 Dec 12	Is [CHILD NAME] still alive? Yes 1 No 2 NEXT PERSON	DOES [CHILD NAME] live in this household Yes 1 No 2 NEXT PERSON	RECORD SERIAL NUMBER OF [CHILD] (TAKE FROM THE HOUSEHOLD ROSTER) 382	How long did [CHILD NAME] live? IF CHILD LIVED MORE THAN 1 YEAR, RECORD YEARS AND MONTHS AND PUT '00' FOR DAYS IF CHILD LIVED LESS THAN 1 YEAR, PUT '00' FOR YEARS AND RECORD NO. OF MONTHS AND ESTIMATED DAYS IF CHILD LIVED LESS THAN 1 MONTH, PUT '00' FOR YEARS AND MONTHS, AND RECORD NO. OF DAYS Days : Months : Years	When you were pregnant with this child, did you consult anyone for a check up (Antenatal Care) on this pregnancy? Yes No 2 NEXT PERSON	Where did you go for this check up? Clinic (fixed location) 1 Mobile clinic 2 Health Post 3 Hospital 4 Private doctor/ Informal 5 doctor/ midwife 6 Other (specify) 98 No 2 NEXT PERSON	Who assisted with the delivery of this child? IF MORE THAN ONE SPEAK OF THE MOST TRAINED Doctor 1 Nurse/midwife 2 Auxiliary nurse 3 Traditional birth attendant 4 Traditional doctor/ Spiritual healer 5 Relative/Friend 6 Other (specify) 98 No 2 NEXT PERSON
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3. HEALTH, PART E-PRE/POSTNATAL CHECKUP & BREASTFEEDING (MOST RECENT BIRTH IN THE LAST FIVE YEARS)

BREAST FEEDING									
395	396	397	398	398b	398c	398d	398e	399	399b
After the birth, did you (mother) see anyone for a post natal checkup?	Where did you go for this check up? Clinic (fixed location) 1 Mobile clinic 2 Health Post 3 Hospital 4 Private doctor 5 Informal 6 Doctor/Other (specify) 98	Did you breastfeed [CHILD NAME] at all? Yes 1 No 2 ▶ 399	How soon after birth did you begin to breastfeed? PLEASE ANSWER EVEN IF THE BABY LATER DIED. Less than 1 hour 1 1-3 hours 2 4-6 hours 3 6-24 hours 4 More than 24 hours 5 Don't know 9	During the three days after delivery, what did you give the baby to drink in addition to first milk/colostrum? IF MORE THAN ONE, SPEAK OF THE MAIN Water 1 Water and formula 2 Sugar and water/tea 3 Goat milk/ cow milk 4 Other (specify) 98 Nothing	Not counting liquids given during the first 3 days after delivery, did you exclusively breastfeed for at least 6 months (no other liquid and no food) or give any formula and breastmilk, but no food? Yes, only breast milk 1 Yes, breast milk and 2 formula 3 No, also some food 4 Not yet 6 months old 5 No, baby died	Not including liquids you gave to the baby in the first three days after delivery, how long was breast milk the only liquid given to the baby? ANSWER IN DAYS IF BABY DIED BEFORE BEGINNING OTHER LIQUIDS, WRITE '888' AND ▶ NEXT WOMAN IF BABY IS STILL DRINKING ONLY BREAST MILK, WRITE '7777' AND ▶ NEXT WOMAN	How old was the baby when you completely stopped breastfeeding? IF BABY IS STILL BREAST-FEEDING, WRITE '88'	Why did you not breastfeed this baby? Baby died 1 Baby too sick 2 Did not have milk 3 Mother sick 4 Medical reason 5 Did not want to 6 Husband/family did not want 7 Work commitments 8 Other (specify) 98	Did you exclusively give formula for at least 6 months (no other liquid and no food)? Yes 1 No 2 Baby died 3 ▶ NEXT WOMAN
SERIAL NUMBER									MONTHS
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4. EMPLOYMENT (all persons age 12 and older)

WORKING STATUS IN THE LAST 7 DAYS									
401	402	403	404	405	406	407	408	409	410
IS THIS PERSON 12 YEARS OR OLDER?	IS THIS PERSON ANSWERING FOR HIMSELF/HERSELF?	WRITE THE SERIAL NUMBER OF THE RESPONDENT	During the past 7 days, have you worked for pay for someone who is not a member of your household, for example, an enterprise, a company, an individual, or the government? (including paid domestic work), even if it was for only one hour? DO NOT INCLUDE APPRENTICESHIP/ INTERNSHIP/ TIELO SECHARA (INCLUDE WORK PAID IN CASH OR IN KIND)	During the past 7 days, how many hours have you done wage/ salary work for pay?	During the past 7 days, have you done any daily agricultural work for pay or any kind of other casual work or piece job?	During the past 7 days, how many hours have you done casual/ daily labour/ piece jobs?	During the past 7 days, have you worked on a cattle post or on farm land owned or rented by a member of your household, such as ploughing, harvesting, looking after cattle, weeding etc.?	During the past 7 days, how many hours have you done this agricultural work for the household?	In general, are the products you obtain from household agricultural production planned to be sold or bartered, or are they mainly for use by the household?
Yes 1 No 2	Yes 1 No 2		Yes 1 No 2	RECORD TO THE NEAREST WHOLE HOUR	YES, all or mainly in agriculture work YES, all or mainly in non-agriculture No	RECORD TO THE NEAREST WHOLE HOUR	Yes 1 No 2	RECORD TO THE NEAREST WHOLE HOUR	Only for sale or barter Mainly for sale/ barter, but some for household use Mainly for household use use Mainly for household use, but some for sale/ barter Only for household use
Yes 1 No 2	Yes 1 No 2	RESPONDENT'S SERIAL NUMBER	Yes 1 No 2	HOURS	Yes 1 No 2	HOURS	Yes 1 No 2	HOURS	
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4. EMPLOYMENT (all persons age 12 and older)

PERSON NOT AT WORK (ABSENT FROM JOB/BUSINESS) IN THE LAST 7 DAYS						
411	412	413	414	415	416	417
During the past 7 days have you worked, paid or unpaid, in any kind of <u>non-farm</u> enterprise/ activity belonging to you or a member of your household, even if it was for only one hour? For example, as a barber, shop keeper, dressmaker, carpenter or taxi driver?	During the past 7 days how many hours have you worked in this household enterprise/ activity?	ENUMERATOR: IS THERE A RESPONSE IN AT LEAST ONE OF QUESTIONS 404, 406, 408 OR 411?	Although you did not work in the past 7 days, do you have a job or activity, including a wage job, or paid or unpaid work in household agriculture or work in a household business, that you will definitely return to?	Is the job or activity you will return to a wage job, agriculture enterprise, or work in household agriculture?	In general, are the products you obtain from household agricultural production planned to be sold or bartered, or are they mainly for use by the household?	What was the main reason you were absent from your job, business or activity in the last 7 days?
Yes 1 No 2	RECORD TO THE NEAREST WHOLE HOUR	Yes 1 No 2	Yes 1 No 2	1 2 3 4	1 2 3 4	01 ▶ 428 Health reasons 02 ▶ 428 Vacation leave 03 ▶ 428 Maternity/ paternity leave 04 ▶ 428 Caring for family or other (except maternity/ paternity leave) 05 ▶ 428 Other family/ community obligations (funerals, meetings) 06 ▶ 428 Strike/ Stay-away/ Lockout 07 ▶ 428 Bad weather 08 ▶ 428 Study or training leave 09 ▶ 428 Unrest (violence) 10 ▶ 428 Temporarily laid off 11 Seasonal work 12 Start a new job/ business at a definite date in the future Other reason (specify) 98 ▶ 428
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4. EMPLOYMENT (all persons age 12 and older)

PERSONS NOT WORKING IN THE LAST 7 DAYS													
418	419	420	421										422
In the last 30 days, did you try to start any kind of business?	In the last 30 days, did you try to start any kind of business?	What was the main reason why you did not try to find work or start a business in the last 30 days	In the last 30 days, what have you done to search for work or to start a business? (CHECK AND CODE ALL THAT APPLY)										Were you available to work or start a business in the last 7 days?
Yes 1 No 2	Yes 1 No 2	01 ▲ 423 Awaiting the season for work 02 ▲ 423 Waiting to be recalled to former job 03 ▲ 423 Health reasons 04 ▲ 423 Pregnancy 05 ▲ 423 Disabled or unable to work (handicapped) 06 ▲ 423 Housewife/ homemaker (family considerations /child care) 07 ▲ 422 Undergoing training to help find work/ apprenticeship/ internship/ Tiralo Sechaba	08 ▲ 423 No jobs available in the area 09 ▲ 423 Lack of money to pay for transport to look for work 10 ▲ 422 Unable to find work requiring higher skills 11 ▲ 423 Lost hope of finding any kind of work 12 ▲ 422 No transport available 13 ▲ 422 Scholar or student 14 ▲ 422 Retired 15 ▲ 426 Too old to work 16 ▲ 426 Too young to work 98 ▲ 422 Other reason (specify)	1 Waited/registered at employment agency/trade union 2 Enquired at workplaces, farms, factories or called on other possible employers 3 Placed/unanswered advertisement(s) 4 Searched through job advertisements / Searched the Internet 5 Sought assistance from relatives or friends 6 Looked For land, building, equipment or applied for permit to start own business or farming 7 Waited in the street/ area where casual workers start a business 8 Sought financial assistance to look for work or to start a business 98 Other (specify)	Yes 1 No 2								
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4. EMPLOYMENT (all persons age 12 and older)

PERSONS NOT WORKING IN THE LAST 7 DAYS		424	425	426	427
SERIAL NUMBER	What was the main reason you were not available to work or start a business in the last 7 days? Scholar or student 01 Housewife/housemaker (family considerations/child care) 02 Health reasons 03 Retired 04 No desire to work 05 Pregnancy 06 Other (specify) 98 ▶ 426	For how long have you been without work and trying to find a job or start a business? Less than 3 months 1 3 - 5 months 2 6 - 8 months 3 9 - 11 months 4 1 year - less than 3 years 5 3 - 5 years 6 More than 5 years 7 Don't know 9	What was your main activity before starting to look for work/trying to start a business? Working 1 Self-employed 2 Doing house work 3 Going to school 4 Worked in own land/cattle post 5 Other (specify) 98	How do you support yourself? Do you/ Are you ASK FOR EACH, CHECK AND CODE ALL THAT APPLY Supported by persons in the household? 1 Supported by persons not in the household? 2 Supported by charity, church, welfare, etc. 3 From savings or money previously earned/pensions? 4 Receive old age or disability pension? 5 Receive child support/ foster care grants? 6 Receive any other welfare grants? 7 Receive payment for apprenticeship/ internship? 8 Have any other sources of support, e.g. bureau, study loan? 98	Although you did not work in the past 7 days, did you work at any wage job or self-employment work, or work in a household enterprise or in agriculture, paid or unpaid, or any piece jobs, in the past 12 months? Yes 1 ▶ 460 No 2 ▶ NEXT PERSON
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4. EMPLOYMENT (all persons age 12 and older)

SERIAL NUMBER	MAIN ACTIVITY IN THE PAST 7 DAYS										435
	428	429	430	431	432	433	434	435			
	For whom did you work in your main activity in the past 7 days? EMPLOYERS IN WAGE FOR (PAID CASH OR IN KIND) Central government 01 Local government 02 Parastatal sector 03 Private sector 04 Non govt organization 05 Private household 06 Self-employed 07 SELF-EMPLOYED/HOUSEHOLD AGRICULTURE Self-employment OR In own non-farm enterprise/ income activity, paid or unpaid 08 Worked in own or household farm/ cattle post, paid or unpaid 09 Other (specify) 98	Is this work...? Permanent 1 Temporary 2 Contract 3 Casual/ Piece job 4 Seasonal (temporary but available at same time each year) 5 Other (specify) 98	How many days per week do you usually work in this activity?	How many hours per day do you usually work in this activity? FOR HERD BOYS, WRITE '0'	How many months in the last 12 months did you do this work? IF LESS THAN ONE MONTH, WRITE '0'	How many years have you been doing this work at this place? IF LESS THAN ONE YEAR, WRITE NUMBER OF MONTHS AND '0' YEARS IF ONE YEAR OR MORE, WRITE ONLY THE NUMBER OF YEARS AND LEAVE MONTHS BLANK	What type of work do you do in this activity? To be precise, what are your main tasks or duties? PROBE AS NECESSARY. USE TWO OR MORE WORDS TO DESCRIBE THE OCCUPATION.	What is the main product, service or type of activity of this place of work? PROBE AS NECESSARY. USE TWO OR MORE WORDS TO DESCRIBE THE INDUSTRY.			
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4. EMPLOYMENT (all persons age 12 and older)

MAIN ACTIVITY IN THE PAST 7 DAYS															
436	437	438	439	440	441	442	443	444							
ENumerator CHECK QUESTION 428 AND WRITE THE PROPER CONDITION CODE BELOW	Does your employer contribute to any pension/ retirement fund/ gratuity for you? 1	Are you entitled to any of the following ...				In the last twelve months, did you take paid sick leave?	In the last twelve months, did you take maternity/ paternity leave?	Does your employer deduct income tax from your salary / wage?	Are you employed on the basis of...	Is the contract / agreement of a...	How much was your last payment, and for which of the following time units?				
		Check and Code all that apply									1 2 3 4				
		1	2	3	4						1	2	3	4	5
EMPLOYEE IN A WAGE JOB (options 01-07 in Q 428)		Paid vacation leave?	Paid sick leave?	Maternity/ paternity leave?	Medical aid benefits from your employer?	Yes 1 No 2 Don't know 3	Yes 1 No 2	Yes 1 No 2 Don't know 3	A written contract 1 A verbal agreement 2	Limited duration 1 Permanent duration 2 Unspecified 3	Basic Salary	Cash Allowance (e.g. bonuses)	In Kind Payment	Day 1 Week 2 Fortnight 3 Month 4 Year 5	
SELF-EMPLOYMENT OR NON-FARM ENTERPRISE OR HOUSEHOLD FARM/ LIVESTOCK (options 08 or 09 in Q 428)	2 Yes 1 No 2 Don't know 3														
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4. EMPLOYMENT (all persons age 12 and older)

Main activity last 7 days		SECONDARY ACTIVITY IN THE PAST 7 DAYS							
445		446	447	448	449	450	451	452	
Who in your household decides on the use of these earnings? LIST UP TO TWO MEMBERS		Did you have any other work in the past 7 days, or do you have another position that you didn't work at in the last week but you will return to? I am asking about all the types of work, including work for pay, or in your own business activity or household agriculture, paid or unpaid, or casual or piece jobs? Yes 1 No 2 ▶ 459	For whom do you work in this secondary activity in the past 7 days? WAGE JOB (CASH OR IN KIND) Central government 01 Local government 02 Parastatal sector 03 Private sector 04 Non-govt organization 05 Private household 06 Unpaid 07 SELF-EMPLOYED/HOUSEHOLD AGRICULTURE 08 Self-employment OR In own non-farm enterprise/ income activity, paid or unpaid 09 Worked in own household farm/ cattle post, paid or unpaid 09 Other (specify) 99	Is this work...? Permanent 1 Temporary 2 Contract 3 Casual/ Piece job 4 Seasonal (temporary but available at same time each year) 5	How many days per week do you usually work in this activity? Days per week	How many hours per day do you usually work in this activity? Hours per day	How many months in the last 12 months did you do this work? Number of months	How many years have you been doing this work at this place? Years Months IF LESS THAN ONE YEAR, WRITE THE NUMBER OF MONTHS AND 0 YEARS. IF ONE YEAR OR MORE, WRITE ONLY THE NUMBER OF YEARS AND LEAVE MONTHS BLANK IF LESS THAN ONE MONTH WRITE "00" UNDER MONTHS	
SERIAL NUMBER		SERIAL #1	SERIAL #2						
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									

SECONDARY ACTIVITY IN THE PAST 7 DAYS									
453	454	455	456	457	458				
What type of work do you do in this activity? To be precise, what are the main tasks or duties?	What is the main product, service or type of activity of this place of work? PROBE AS NECESSARY. USE TWO OR MORE WORDS TO DESCRIBE THE INDUSTRY.	ENUMERATOR: CHECK QUESTION 447 AND WRITE THE PROPER CONDITION CODE BELOW EMPLOYEE IN A WAGE JOB (options 01-07 in Q 1 447) SELF-EMPLOYMENT OR NON-FARM ENTERPRISE OR HOUSEHOLD FARM/ LIVESTOCK (options 08 or 09 in Q 447)	Does your employer deduct income tax from your salary / wage? Yes ☐ 1 No ☐ 2 Don't know ☐ 9	What was your last payment received, and for which of the following time units, for this secondary work in the past 7 days? Basic Salary Cash Allowance (e.g. bonuses) In Kind Payment Payment period Day 1 Week 2 Fortnight 3 Month 4 Year 5	Who in your household decides on the use of these earnings?				
LIST UP TO TWO MEMBERS									
Occupation description	Activity description	Pula	Pula	Value in Pula	SERIAL #1 SERIAL #2				
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									

4. EMPLOYMENT (all persons age 12 and older)

WORK IN THE LAST 12 MONTHS											
459	460	461	462	463	464	465	466				
In the last 12 months, did you have any other employment work, paid or unpaid, other than the work described for the past 7 days?	For whom do you work in this activity 12 in the past months? WAGE JOB (CASH OR IN KIND) 01 Central government 02 Local government 03 Parasatal sector 04 Private sector 05 Non govt organization 06 Private household 07 Iselakang SELF-EMPLOYED/HOUSEHOLD AGRICULTURE 08 Self-employment OR In own non-farm enterprise/income activity, paid or unpaid 09 Worked in own or household farm/ cattle post, paid or unpaid Other (specify) 99	Was this work...? Permanent 1 Temporary 2 Contract 3 Casual/ Piece job 4 Seasonal 5 (temporary but available at same time each year) 6	How many days per week did you usually work in this activity?	How many hours per day did you usually work in this activity?	How many months in the last 12 months did you do this work?	How many years did you do this work at this place? PROBE: IF LESS THAN ONE YEAR, WRITE THE NUMBER OF MONTHS AND ZERO YEARS IF ONE YEAR OR MORE, WRITE ONLY THE NUMBER OF YEARS AND LEAVE MONTHS IN BLANK	What type of work did you do in this activity? To be precise, what are your main tasks or duties? PROBE AS NECESSARY. USE TWO OR MORE WORDS TO DESCRIBE THE OCCUPATION.				
								Days per week	Hours per day	Number of months	Years
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											

4. EMPLOYMENT (all persons age 12 and older)

WORK IN THE LAST 12 MONTHS											
467	468	469	470	471	472	473	474	475			
What is the main product, service or type of activity of this place of work? PROBE AS NECESSARY. USE TWO OR MORE WORDS TO DESCRIBE THE INDUSTRY.	ENUMERATOR CHECK QUESTION 460 AND WRITE THE PROPER CONDITION CODE BELOW EMPLOYEE IN A WAGE JOB (options 01-07 in Q 1 460) SELF-EMPLOYMENT OR NON-FARM ENTERPRISE OR HOUSEHOLD FARM/LIVESTOCK (options 08 or 09 in Q 460) ▶478	Does your employer contribute to any pension/retirement fund/gratuity for you? Yes 1 No 2 Don't know 3	Are/were you entitled to any ... Check and Code all that apply 1 2 3 4 Paid vacation leave? Paid sick leave? Paid Maternity / paternity leave? Medical aid benefits from his/her employer?	In the last twelve months, did you take paid sick leave? Yes 1 No 2	In the last twelve months, did you take paid maternity / paternity leave? Yes 1 No 2	Did your employer deduct income tax from your salary/wage? Yes 1 No 2 Don't know 3	Were you employed on the basis of... A written contract 1 A verbal agreement 2 Unspecified duration 3	Was the contract / agreement of a... Limited duration 1 Permanent duration 2 Unspecified duration 3			
									Industry description		
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											

4. EMPLOYMENT (all persons age 12 and older)

EARNINGS FROM WAGE JOB (LAST PAYMENT AND TOTAL IN LAST 12 MONTHS)												Trade Union					
476												478		479		480	
What was your last payment received, and for which of the following time units, for this main wage job in the past 12 months?												Who in your household decides on the use of these earnings?		What are the estimated total earnings received in the last 12 months from all wage jobs?		Are you a member of a trade union or other workers' organization?	
LIST UP TO TWO MEMBERS												ENUMERATOR: DID RESPONDENT WORK AT ANY WAGE JOB IN THE PAST 7 DAYS (CHECK QUESTIONS 428 AND 447) OR IN THE PAST 12 MONTHS (CHECK Q468)					
1 2 3 4 1 2 3 4												1 2 3 4		1 2 3 4		1 2 3 4	
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1 2 3 4 1 2 3 4												1 2 3 4		1 2 3 4		1 2 3 4	
1 2 3 4 1 2 3 4												1 2 3 4		1 2 3			

5. WAGE EARNERS: INCOME, DEDUCTIONS AND EMPLOYEE BENEFITS

500	LOOK AT QUESTION 428	Are there any household members who are employees in their primary activity in the past 7 days	Yes 1 No 2 SECTION 6								
USE ONE COLUMN TO RECORD ONE PERSON'S EARNINGS. AT THE TOP OF EACH COLUMN ENTER THE PERSON'S SERIAL NUMBER FROM THE HOUSEHOLD ROSTER, ALONG WITH THE SERIAL NUMBER OF THE PERSON PROVIDING THE INFORMATION.											
Now let's talk about the members of your household who are employed with a wage job. I will need details of total earnings and deductions from the main work they did in the past 30 days. RECORD AMOUNTS IN PULA AND THEREBE USING A DECIMAL POINT. IF RESPONDENT DOES NOT KNOW THE DETAILS, SET AN APPOINTMENT WITH THE MOST KNOWLEDGEABLE PERSON.											
502	a. PERSON'S SERIAL NUMBER b. SERIAL NUMBER OF PERSON PROVIDING INFORMATION	a	b	a	b	a	b	a	b	a	b
What was your INCOME IN THE PAST 30 DAYS for...											
503	Basic salary or wage										
504	Car allowance										
505	Value of all other allowances in cash										
What was the VALUE OF WAGES IN-KIND for ...											
506	Mealie meal										
507	Other food										
508	Clothing										
509	Blankets										
510	Value of all other wage and allowances in-kind										
What were your EMPLOYMENT EARNINGS DURING THE PAST 12 MONTHS for...											
511	Back pay										
512	Bonus										
513	Overtime										
514	Travel leave concession										
515	Leave encashment										
516	Amount of any other earnings from this employment										
What were the DEDUCTIONS FROM WAGE/SALARY DURING THE LAST 30 DAYS for...											
517	Income tax										
518	Home rent										
519	Car insurance										
520	Repayment of loans or leave(s)										
521	Educational bond										
522	Pension contribution										
523	Trade Union dues/subscription										
524	Contribution to medical aid scheme										
525	Amount of all other deductions										

5. WAGE EARNERS: INCOME, DEDUCTIONS AND EMPLOYEE BENEFITS

		FIRST HH MEMBER			2ND HH MEMBER			3RD HH MEMBER			4TH HH MEMBER		
		527	528	529	530	531	532	533	534	535	536	537	538
		Provided to which HH member ?	Approx. monthly payments by you (if any)	What would you/ the household have to pay for this item/ service if it were not free or subsidized?	Provided to which HH member?	Approx. monthly payments by you (if any)	What would you/ the household have to pay for this item/ service if it were not free or subsidized?	Provided to which HH member?	Approx. monthly payments by you (if any)	What would you/ the household have to pay for this item/ service if it were not free or subsidized?	Provided to which HH member?	Approx. monthly payments by you (if any)	What would you/ the household have to pay for this item/ service if it were not free or subsidized?
		1	2		SERIAL no.	PULA	PULA	SERIAL no.	PULA	PULA	SERIAL no.	PULA	PULA
	526												
	Is any of these items or services provided (or is paid for) by your employer or the employer of any other household member, or is provided for a reduced or nominal amount?												
	ITEM/ SERVICE												
1	Accommodation/ housing allowance												
2	Car or other vehicle												
3	A second car or other vehicle												
4	Fuel for car												
5	Services of Security guard												
6	Services of Maid												
7	Services of Gardener												
8	Swimming pool												
9	Water												
10	Electricity												
11	Medical aid subscription												
12	School fees												
13	Leave Concession												

6. SERVICES WITHIN THE VILLAGE/ COMMUNITY

HOUSEHOLD HEAD OR SPOUSE

PART A. HEALTH SERVICES

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

601

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

kms

602

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

minutes

603

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

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

604

What type of facility is this?

CLINIC	1	PRIVATE	5
HEALTH POST	2	PHARMACY	6
HOSPITAL	3	OTHER SPECIFY	98
MOBILE CLINIC	4		

605

Who runs this facility?

GOVERNMENT	1	NON-GOV'T. ORG	4
PRIVATE	2	MISSION	5
EMPLOYER-PROVIDED	3	OTHER SPECIFY	98

606

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

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

607

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

EXCELLENT	1	POOR	4
SATISFACTORY	2	DON'T KNOW	9
FAIR	3		

608

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

1st

2nd

3rd

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

609

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

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

► 611

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

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

1st

2nd

3rd

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

6. SERVICES WITHIN THE VILLAGE/ COMMUNITY

HOUSEHOLD HEAD OR SPOUSE

PART B. SCHOOLS

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

PRIMARY SCHOOL

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

YES 1 ☐ NO 2 ☐

612 What is the distance in kilometers to the nearest primary school from this household? (EXCLUDING NON-FORMAL SCHOOLS)
IF LESS THAN 1 KM, WRITE '0'

kms ☐

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

min ☐

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

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

615 What type of school is this?

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

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

YES 1 ☐
NO 2 ☐

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

EXCELLENT 1 ☐
SATISFACTORY 2 ☐
FAIR 3 ☐
POOR 4 ☐
DON'T KNOW 9 ☐

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

PROMPT FOR UP TO 3 PROBLEMS

IF NO PROBLEMS, PUT '0' IN FIRST BOX

1st ☐

2nd ☐

3rd ☐

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

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

BETTER 1 ☐
WORSE 2 ☐
THE SAME 3 ☐
SCHOOL IS NEW 4 ☐
DON'T KNOW 9 ☐

JUNIOR SECONDARY SCHOOL

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

YES 1 ☐
NO 2 ☐

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

kms ☐

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

mins ☐

6. SERVICES WITHIN THE VILLAGE/ COMMUNITY

HOUSEHOLD HEAD OR SPOUSE

- 623 What is the usual method to get to the school?
☐

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

☐
- 624 What kind of school is this?
☐

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

☐
- 625 Has any child in this household attended this school in the last 12 months?
☐

YES	1
NO	2

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

EXCELLENT	1
SATISFACTORY	2
FAIR	3
POOR	4
DONT KNOW	9

☐
- 627 What do you think are the problems with this school, if any? Please start with the most serious problem.
☐

PROMPT FOR UP TO 3 PROBLEMS
IF NO PROBLEMS, PUT 0 IN FIRST BOX
(USE CODES FROM QUESTION 636)

☐
- 628 How does the quality of this school today compare with a year ago?
☐

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

☐
- 629 ENUMERATOR: IS THERE A CHILD AT OR CLOSE TO SENIOR SECONDARY SCHOOL AGE (14-22) IN THIS HOUSEHOLD?
☐

YES	1
NO	2

☐
- 630 What is the distance to the nearest senior secondary school from this household? (kms) IF LESS THAN 1 KM, WRITE 0
☐
- 631 Normally, how long does it take from here to the nearest senior secondary school? (mins)
☐
- 632 What is the usual method to get to the school?
☐

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

☐
- 633 What kind of school is this?
☐

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

☐
- 634 Has any child in this household attended this school in the last 12 months?
☐

YES	1
NO	2

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

EXCELLENT	1
SATISFACTORY	2
FAIR	3
POOR	4
DONT KNOW	9

☐
- 636 What do you think are the problems with this school, if any? Please start with the most serious problem. PROMPT FOR UP TO 3 PROBLEMS
☐

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

☐
- 637 How does the quality of this school today compare with a year ago?
☐

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

☐

SENIOR SECONDARY SCHOOL

7. SELF-ASSESSED WELL-BEING AND SECURITY

HOUSEHOLD HEAD OR SPOUSE	
700	RECORD THE SERIAL NUMBER OF THE PERSON PROVIDING THIS INFORMATION
701	Now I would like to ask you some questions about your household's well being.
702	How safe is your household from crime and violence (external)?
703	How well does the government protect your household from crime and violence?
704	Have you or any member of your household been the victim of violence or a crime in the last 12 months?
705	Did you or any member of your household report this violence or crime that occurred in the last 12 months?
706	Where did you report the violence or crime?
707	Why do you think the service rendered is not satisfactory?
708	Do you or any member of your household participate in Kgella activities?
709	Why do you not participate in Kgella activities?
710	What are the two most important sources of income for this household?
711	How is the economic situation of your household today compared to one year ago?
712	Go ya ka wena, o bona go ka thohaga boae ka kerudi mo lwaping gore le kgene go tshetshet? Ke bua ka madi a dling gore fa a nna ka tlase ga one, o bona ele gore le ka wena mo leong.

7. SELF-ASSESSED WELL-BEING AND SECURITY

HOUSEHOLD HEAD OR SPOUSE	
713 How is your household income currently compared to the amount you have just told me?	MUCH LESS 1 GREATER 4 LESS 2 MUCH GREATER 5 ABOUT THE SAME 3
714 How would you describe the living conditions of your household compared to other households in this community/village?	AMONG THE WEALTHIEST 1 WEALTHIER THAN MOST 2 ABOUT AVERAGE 3 SOMEWHAT POORER THAN AVERAGE 4 MUCH POORER THAN AVERAGE 5
715 Does every member of this household have at least two sets of clothes?	YES 1 NO 2
716 Does every member of this household have at least two pairs of shoes?	YES 1 NO 2
717 Does every child under 18 in this household have a blanket?	YES 1 NO 2 NOT APPLICABLE 3
Now I would like to ask you some questions about your household's food needs and food consumption in the last four weeks.	
Did [EVENT] happen?	How often in the last four weeks?
EVENT	Yes 1 RARELY (1-2 times) 1 No 2 SOMETIMES(2-10 times) 2 NEXT EVENT OFTEN (more than 10 times) 3
718 In the past four weeks, did you worry that your household would not have enough food?	
719 In the past four weeks, were you or any household member unable to eat the kind of food you preferred because of a lack of resources, either income or your own production?	
720 In the past four weeks, did you or any household member have to eat a limited variety of foods due to lack of resources?	
721 In the past four weeks, were you or any household member forced to eat some foods you really did not want to eat because of a lack of resources to obtain other types of food?	
722 In the past four weeks, did you or any household member have to eat a smaller meal than you felt was needed because there was not enough food?	
723 In the past four weeks, did you or any household member have to eat fewer meals in a day because there was no enough food?	
724 In the past four weeks, was there ever no food to eat of any kind in your household because of a lack of resources to get food?	
725 In the past four weeks, did you or any household member go to sleep at night hungry because there was not enough food?	
726 In the past four weeks, did you or any household member go a whole day and night without eating?	
727 How many days last week did the household eat meat, chicken or fish? Note I am asking about the last 7 days ending yesterday.	days
PROBE FOR EACH DAY OF THE LAST WEEK AND MARK TOTAL DAYS FROM 0 TO 7. (IF VEGETARIAN HOUSEHOLD WRITE '88')	

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

HOUSEHOLD HEAD, SPOUSE OR THE MOST KNOWLEDGEABLE PERSON					
800 RECORD THE SERIAL NUMBER OF THE PERSON PROVIDING THIS INFORMATION ☐					
PART A. SOURCES OF HOUSEHOLD INCOME Before asking for specific details about your household income, we would like to know from which of the following sources your household derived income (Cash and In-kind a) during the last 30 days, and b) during the past 12 months.)					
SOURCE	(a)		(b)		(c)
	During the last 30 days	During the past 12 months	1 YES	2 NO	
801 Cash wage / Salary from employment					
802 Business income					
803 Rental income					
804 Pension of retired persons					P
805 Contributory pensions - other					P
806 Interest on savings					P
807 Dividend payments					P
808 Sale of own produce					
809 Sale of livestock					
810 Child support					
811 Child maintenance					P
812 Apprenticeship/ Internship (Tšelo Sechaba)					P
813 Remittances from inside Botswana					P
814 Remittances from outside Botswana					P
815 Cash gifts received					
816 In-kind gifts received					
817 Cash loans received (incl. salary advance)					
818 Earnings in kind (e.g. food, clothing)					
819 Orphan Care Program (in-kind only)					
820 Destitute Persons Program					
821 World War II Veterans Allowance					
822 Old age pension					
823 Ipelegeng					
824 Livestock Management and Infrastructure Development (in-kind only)					
825 Bonus/backpay/overtime/leave encashment/leave concession					
826 Student allowance					
827 OTHER 1. SPECIFY _____					



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

HOUSEHOLD HEAD, SPOUSE OR THE MOST KNOWLEDGEABLE PERSON						
PART B. SOCIAL PROTECTION						
	828	829	830	831	832	833
	In the last 12 months, did your household, or any of its members, receive any payments from this source? Yes <u>1</u> ▶ 830 No <u>2</u>	Why did your household (or any member of your household) not benefit from [SOURCE]? Never heard <u>1</u> Don't know how to enroll <u>2</u> Enrollment office too far <u>3</u> Don't think can benefit <u>4</u> Applied but never received <u>5</u> Don't want to participate <u>6</u> No Oming card (or any form of identity) <u>7</u> Not Eligible <u>8</u> Other (specify) <u>9</u> ▶ NEXT SOURCE <u>98</u>	How much did your household receive in food assistance during the last 12 months from this source? WRITE ONLY THE NUMBER OF ELIGIBLE CHILDREN, NOT AMOUNT	How much did your household receive in <u>in</u> kind (excluding <u>food</u>) during the last 12 months from this source?	Was this payment received by a specific household member, or by the household as a whole? Specific household member(s) <u>1</u> Household as a whole <u>2</u> ▶ NEXT SOURCE	Who in the household was the principal recipient of this payment? WRITE SERIAL NUMBER FROM HH ROSTER
Source	▶ NEXT SOURCE		Total Cash Value PULA	Total Cash Value		
A Orphan Care Programme						
B Destitute Persons Programme						
C Vulnerable Groups Feeding Program						
D School Feeding (Primary or Secondary)			number of eligible children			
E Needy student package						
F Community Home-based Care						
G Remote Area Development Program (RADP)						
H Livestock Management and Infrastructure Development						
I Poverty Eradication Programme						

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

HOUSEHOLD HEAD, SPOUSE OR THE MOST KNOWLEDGEABLE PERSON						
PART C. AID PACKAGES						
	834	835	836	837	838	839
Aid package	In the last 12 months, did your household receive this [AID PACKAGE]? Yes ☐ 1 ☐ 836 No ☐ 2 ☐	Why did your household not benefit from [PACKAGE]? Never heard ☐ 1 Don't know how to enroll ☐ 2 Enrollment offices too far ☐ 3 Don't think can benefit ☐ 4 Applied but never received ☐ 5 Don't want to participate ☐ 6 No Omsang card (or any form of identity) ☐ 7 Not Eligible ☐ 8 Other (specify) ☐ 95 ▶ NEXT PACKAGE	What was the cash value of the aid package received in total during the last 12 months? PUA	Was this payment received by a specific household member, or by the household as a whole? Specific household member ☐ 1 Household as a whole ☐ 2 ▶ 839	Who in the household was the principal recipient of this payment? WRITE SERIAL NUMBER FROM THE HOUSEHOLD ROSTER	Was the package received in the last month too? Yes ☐ 1 No ☐ 2
A World War II Veterans Allowance						
B Old Age Pension						
C Student allowance (UE, MCE, etc.)						
D Scholarships / Sponsorships						
E Youth Development Fund						



9. HOUSING, UTILITIES, DURABLE GOODS AND LIVESTOCK

PART A. DWELLING		HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE PERSON													
CIRCLE AND WRITE APPROPRIATE CODE		RECORD THE SERIAL NUMBER OF THE PERSON PROVIDING THIS INFORMATION													
901	Is this dwelling occupied by your household only?	Yes 1 No 2													
902	ASK FOR (AND OBSERVE) Type of dwelling	Is the dwelling yours?													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> 01 Traditional (township) 02 Mixed 03 Detached 04 Semi-detached 05 Townhouse / terraced </td> <td style="width: 50%; padding: 2px;"> 06 Flat / Apartment 07 Part of a commercial building 08 Movable 09 Shack 10 Rooms 98 Other (Specify) </td> </tr> </table>		01 Traditional (township) 02 Mixed 03 Detached 04 Semi-detached 05 Townhouse / terraced	06 Flat / Apartment 07 Part of a commercial building 08 Movable 09 Shack 10 Rooms 98 Other (Specify)	Yes 1 No 2											
01 Traditional (township) 02 Mixed 03 Detached 04 Semi-detached 05 Townhouse / terraced	06 Flat / Apartment 07 Part of a commercial building 08 Movable 09 Shack 10 Rooms 98 Other (Specify)														
903	How many rooms are there in this housing unit?	Is the dwelling yours?													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">a TOTAL</td> <td style="width: 25%; padding: 2px;">d Bedrooms</td> <td style="width: 25%; padding: 2px;">g Mixed use</td> <td style="width: 25%; padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">b Kitchen</td> <td style="padding: 2px;">e Living / dining rooms</td> <td style="padding: 2px;">h Other utilization</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">c Toilet / bathroom</td> <td style="padding: 2px;">f Business rooms</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> </table>		a TOTAL	d Bedrooms	g Mixed use		b Kitchen	e Living / dining rooms	h Other utilization		c Toilet / bathroom	f Business rooms			Yes 1 No 2	
a TOTAL	d Bedrooms	g Mixed use													
b Kitchen	e Living / dining rooms	h Other utilization													
c Toilet / bathroom	f Business rooms														
904	ASK FOR (AND OBSERVE) Main material of outside walls for the main house.	Are you paying a rent for this dwelling unit?													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> 1 Conventional bricks / blocks 2 Mud bricks / blocks 3 Mud and poles / cow dung / thatch / reeds 4 Poles and reeds </td> <td style="width: 50%; padding: 2px;"> 5 Corrugated iron / zinc / tin 6 Asbestos 7 Wood 8 Stone 9 Other / mixed materials </td> </tr> </table>		1 Conventional bricks / blocks 2 Mud bricks / blocks 3 Mud and poles / cow dung / thatch / reeds 4 Poles and reeds	5 Corrugated iron / zinc / tin 6 Asbestos 7 Wood 8 Stone 9 Other / mixed materials	Yes 1 No 2											
1 Conventional bricks / blocks 2 Mud bricks / blocks 3 Mud and poles / cow dung / thatch / reeds 4 Poles and reeds	5 Corrugated iron / zinc / tin 6 Asbestos 7 Wood 8 Stone 9 Other / mixed materials														
905	ASK FOR (AND OBSERVE) Main material of floor	How much do you pay per month for renting this dwelling? (cash plus value of in-kind payments)													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> 1 Cement 2 Floor tiles 3 Mud 4 Mud dung </td> <td style="width: 50%; padding: 2px;"> 5 Wood 6 Brick stones 7 None 8 Other </td> </tr> </table>		1 Cement 2 Floor tiles 3 Mud 4 Mud dung	5 Wood 6 Brick stones 7 None 8 Other	Provided free of charge by relatives Provided free of charge by landlord Provided free of charge by employer Squatting Other (specify)											
1 Cement 2 Floor tiles 3 Mud 4 Mud dung	5 Wood 6 Brick stones 7 None 8 Other														
906	ASK FOR (AND OBSERVE) Main material of roof	If someone wanted to rent this dwelling today, how much money would they have to pay per month?													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> 1 Slate 2 Thatch / straw 3 Roof tiles 4 Corrugated iron / zinc / tin </td> <td style="width: 50%; padding: 2px;"> 5 Asbestos 6 Concrete 7 Other </td> </tr> </table>		1 Slate 2 Thatch / straw 3 Roof tiles 4 Corrugated iron / zinc / tin	5 Asbestos 6 Concrete 7 Other	Yes 1 No 2											
1 Slate 2 Thatch / straw 3 Roof tiles 4 Corrugated iron / zinc / tin	5 Asbestos 6 Concrete 7 Other														

9. HOUSING, UTILITIES, DURABLE GOODS AND LIVESTOCK

PART B. WATER AND SANITATION

HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE PERSON

CIRCLE AND WRITE APPROPRIATE CODE

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

Piped indoor	01	▶ 919	Unprotected spring	09
Piped outdoors (within yard/plot)	02	▶ 919	Rainwater collection	10
Public/Communal tap/standpipe	03		Bottled water	11
Neighbour's tap	04		Bousser/tanker	12
Tube well/borehole	05		Dam/Pan	13
Protected dug well	06		River/Stream	14
Unprotected dug well	07		Other (specify)	98
Protected spring	08			

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

Piped indoor	01	▶ 919	Unprotected spring	09
Piped outdoors (within yard/plot)	02	▶ 919	Rainwater collection	10
Public/Communal tap/standpipe	03		Bottled water	11
Neighbour's tap	04		Bousser/tanker	12
Tube well/borehole	05		Dam/Pan	13
Protected dug well	06		River/Stream	14
Unprotected dug well	07		Other (specify)	98
Protected spring	08			

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

IF WATER IN PREMISES, PUT ZERO AND ▶ 919

918 Who usually goes to the source to fetch the water for your household?

Serial No. of 1st person (who does it most often)

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

IF NON HOUSEHOLD MEMBER FETCHES WATER, WRITE '88'

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

Yes	1
No	2 ▶ 921
Don't know	9 ▶ 921

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

Anything else? CHECK AND TICK ■ ALL ITEMS MENTIONED

1 Boil		5 Solar disinfection	
2 Add bleach/chlorine		6 Let it stand and settle	
3 Strain it through a cloth		7 Other (specify)	
4 Use a water filter (ceramic sand, composite, etc.)		8 Don't know	

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

Flush to piped sewer system	01	Pit latrine with slab	07
Flush to septic tank	02	Open pit latrine	08
Flush to pit latrine	03	Dry compost/Enviroloo	09
Flush to elsewhere	04	No facilities/bush/field	12
Flush to unknown place	05	Other (specify)	98 ▶ 924
Ventilated improved pit latrine (VIP)	06		

922 Does your household share this toilet with other households?

Yes	1
No	2 ▶ 924

923 How many other households use this toilet facility?

924 ENUMERATOR: CHECK IF THERE ARE CHILDREN UNDER 3 YEARS

The last time [NAME OF YOUNGEST CHILD] passed stools,

what was done to dispose of the stools?

Child used toilet/latrine	1	Left it in the open	6
Put/rinsed into toilet or latrine	2	No child under 3 years	7
Put/rinsed into drain or ditch	3	Other (Specify)	98
Thrown into garbage	4	Don't know	9
Buried	5		

9. HOUSING, UTILITIES, DURABLE GOODS AND LIVESTOCK

HOUSEHOLD HEAD

PART C. GARBAGE DISPOSAL, USE OF FUEL AND ELECTRICITY

CIRCLE AND WRITE APPROPRIATE CODE

925 How does your household dispose of its garbage mainly?

1	2	3	4	5	6	7	8	9	0
Regularly collected	Regularly collected	Regularly collected	Regularly collected	Regularly collected	Regularly collected	Regularly collected	Regularly collected	Regularly collected	Regularly collected
Rubbish pit	Rubbish pit	Rubbish pit	Rubbish pit	Rubbish pit	Rubbish pit	Rubbish pit	Rubbish pit	Rubbish pit	Rubbish pit
Buried	Buried	Buried	Buried	Buried	Buried	Buried	Buried	Buried	Buried
Roadside collection	Roadside collection	Roadside collection	Roadside collection	Roadside collection	Roadside collection	Roadside collection	Roadside collection	Roadside collection	Roadside collection
Burning	Burning	Burning	Burning	Burning	Burning	Burning	Burning	Burning	Burning
Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)

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

01	02	03	04	05
Electricity grid	Electricity grid	Electricity grid	Electricity grid	Electricity grid
Solar power	Solar power	Solar power	Solar power	Solar power
Electricity from a generator	Electricity from a generator	Electricity from a generator	Electricity from a generator	Electricity from a generator
Gas (LPG)	Gas (LPG)	Gas (LPG)	Gas (LPG)	Gas (LPG)
Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)
None	None	None	None	None

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

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

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

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

929 Is your household connected to the BPC grid?

YES 1	NO 2

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

--

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

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

PART D

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

--

9. HOUSING, UTILITIES, DURABLE GOODS AND LIVESTOCK

HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE PERSON

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

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

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

933		934	933	934
How many [ITEM] does the household have in total?		If you sold this item/items today, what could you be able to obtain for them?	How many does the household have in total?	If you sold this item/items today, what could you be able to obtain for them?
IF NONE, PUT ZERO AND ► NEXT ITEM			IF NONE, PUT ZERO AND ► NEXT ITEM	
ITEM		Sale value (PULA)	ITEM	Sale value (PULA)
01 Van/ bakkie/ truck			14 Television	
02 Car			15 Refrigerator/freezer	
03 Tractor			16 Washing machine	
04 Donkey cart			17 Air conditioner	
05 Bicycle			18 Electric/gas cooker	
06 Motor cycle			19 Stereo hi-fi system	
07 Wheel Barrow			20 Personal computer/laptop	
08 Sewing machine			21 Telephone (landline)	
09 Radio			22 Cellular phone	
10 Radio cassette/CD player			23 Microwave cooker	
11 Video Cassette Recorder			24 Jewelry	
12 DVD Player			25 Furniture, rugs, kitchen utensils)	
13 Grinding machine				

9. EMPLOYMENT (all persons age 12 and older)

HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE PERSON											
PART E. LIVESTOCK OWNERSHIP											
935 Did you or anyone in your household own any [LIVESTOCK] over the past 12 months?											
Yes No 1 2 ▶ NEXT LIVESTOCK											
		936		937		938		939			
		a. How many [LIVESTOCK] do you own?		a. How many [LIVESTOCK] did you have 12 months ago?		a. How many [LIVESTOCK] did you sell over the past 12 months?		a. How many [LIVESTOCK] did you buy over the past 12 months?			
		b. How much would it cost to buy all the [LIVESTOCK] today?		b. How much would it have cost to buy them all then, 12 months ago?		b. For how much did you sell all of them?		b. How much did you pay for them?			
		a.	b.	a.	b.	a.	b.	a.	b.	a.	b.
		Number of animals	Purchasing amount (FULA)	Number of animals	Purchasing amount (FULA)	Number of animals	Selling amount (FULA)	Number of animals	Purchasing amount (FULA)		
LIVESTOCK											
a	Cattle										
b	Goats										
c	Sheep										
d	Mafaa cattle										
e	Figs										
f	Horses										
g	Donkeys										
h	Mules										
I	Poultry										
j	Ducks										
k	Pigeons										
l	Other livestock (all together) Specify main type—										



10. HOUSEHOLD ENTERPRISES (NON-AGRICULTURAL)

HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE PERSON

This section asks for information about household businesses or enterprises

ENUMERATOR: CHECK EMPLOYMENT MODULE, MODULE 4, QUESTION 411, TO SEE IF ANY HOUSEHOLD MEMBER REPORTED SELF-EMPLOYMENT OR WORK IN A HOUSEHOLD NON-FARM BUSINESS

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

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

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

Selling cattle/goat/sheep	01	Gathering/selling phone	09	Hawkers	17	Shoe repair	26
Selling poultry	02	Selling/processing of animal products	10	Making/selling clothes	18	Taxi/combi service (for moving people or goods)	27
Selling milk/milkline/eggs	03	Brewing/selling beer/chibuku	11	Making/selling furniture	19	Selling of second hand clothes	28
Selling maize/millet/orghum	04	Making craftwork: baskets/wooden utensils	12	Blacksmithing/tin smithing	20	Phone shops	29
Selling fruits/vegetables	05	Making/selling clothes	13	Vehicle repair/panel beating	21	Arttime vendor	30
Catching/selling fish	06	Cooking and/or selling food	14	Traditional/spiritual healers	22	Selling health products e.g Golden	31
Gathering/selling thatch/plen/heads	07	Street vendor (retailing)	15	Plumbing	23	Other (specify)	32
Gathering/selling firewood	08	General dealers	16	Electrification	24		
				Property rentals	25		

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

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

10. HOUSEHOLD ENTERPRISES (NON-AGRICULTURAL)

HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE PERSON

	Business number 1	Business number 2	Business number 3
1005 When does the business enterprise operate? 1 In a permanent building 2 In the owner's or someone's home 3 On a footpath, street or open space 4 At a market 5 Other (specify) _____ 98 99			
1006 Is the main entrepreneur in this business a household member? Yes 1 No 2			
1007 Sex of main entrepreneur Male 1 Female 2			
1008 Which household members are the main entrepreneurs or most involved in this business? ALLOW UP TO TWO RESPONSES IF TWO MEMBERS EQUALLY INVOLVED GIVE SERIAL NUMBER FROM THE HOUSEHOLD ROSTER.			
1009 Has any other household member helped or worked in the business during the past month? Could you please tell me who they are? RECORD THE SERIAL NUMBER OF UP TO THREE HOUSEHOLD MEMBERS WHO HAVE HELPED IN THE BUSINESS DURING THE PAST MONTH. IF NONE, RECORD '0' IN THE FIRST BOX.	1 2 3	1 2 3	1 2 3
1010 What is the kind of ownership of this business? Sole ownership/self employed 1 Partnership 3 Owned jointly by members of this household only 2 Other (specify) _____ 98			
1011 When did this business start?	month year	month year	month year
1012 For how many months out of the past 12 months has this business operated?			
1013 On the months that this business operates how many days each month does the business operate, on average?			
1014 Please state the number of people who worked last month on this business	Male Female Total	Male Female Total	Male Female Total
Type of worker Members of the household, paid or unpaid Paid workers (non household members) Total			

10. HOUSEHOLD ENTERPRISES (NON-AGRICULTURAL)

HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE PERSON			
	Business number 1	Business number 2	Business number 3
1015 To the best of your knowledge, when you set up or took over the business, what was the main source of funds? Household savings or sale of assets 1 Loans or grants from relatives in Botswana 2 Remittances from relatives abroad 3 Money from inheritance 4 Business partners 5 Bank loan 6 Informal loan (trader, landlord, money lender) 7 Profits from other household businesses 8 Did not need funds to start it because inherited business 9 Did not need funds to start it because it did not need much capital 0 Other (Specify) 98	☐	☐	☐
1016 Who are the main customers of this business? Individual consumers 1 Institutions (schools, hospitals, government ministries) 5 Traders 2 Other small businesses 3 Large established businesses 4 Other (specify) 98	☐	☐	☐
1017 MONTHLY INCOME AND EXPENDITURES a What is the approximate total value of expenditures to run this business in an average month? b What is the approximate total value of sales and/or other income from this business in an average month? c INTERVIEWER: WRITE THE DIFFERENCE OF INCOME - EXPENDITURES. CHECK: Total income less expenditures in an average month normally is not negative.			
1018 ANNUAL INCOME AND EXPENDITURES a What was the total value of expenditures to run this business enterprise in the past 12 months? b What was the total value of sales/income from this business enterprise in the past 12 months? c INTERVIEWER: WRITE THE DIFFERENCE OF INCOMES - EXPENDITURES. CHECK: Total income less expenditures normally is not negative.			
1019 Who in the household decides on the use of the earnings from this enterprise? RECORD THE SERIAL NUMBERS OF UP TO TWO MEMBERS	1 2	1 2	1 2

11. AGRICULTURE INCOME AND EXPENDITURE DURING THE PAST 12 MONTHS

HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE PERSON

1100 RECORD THE SERIAL NUMBER OF THE PERSON PROVIDING THIS INFORMATION

1101 LAND TENURE During the past 12 months, have you or any other member of your household owned any agricultural land?

YES 1
NO 2 ▶ 1102

RECORD LAND SURFACE BELOW IN HECTARES. WRITE - 9 (minus 9) IF DON'T KNOW AREA OR VALUE

A. How much land do you own in total?

Hectares

B. How much land of this total did you or your household operate in the past 12 months? WRITE '0' IF NONE

Hectares

C. How much of your own land was operated by other people? (rented out, sharecropping, etc.) WRITE '0' IF NONE

Hectares

D. How much of your own land was not operated in the past 12 months? WRITE '0' IF NONE

Hectares

E. If you sold today all the land owned by you or other household members, what would be the approximate sale value? WRITE -9 IF DON'T KNOW VALUE

Value in Pula

1102 OPERATION OF LAND OWNED BY OTHERS. During the past 12 months, did you or any other member of your household operate any land belonging to other people?

YES 1
NO 2 ▶ 1103

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

Hectares

1103 CHECK RESPONSES TO 1101B AND 1102:

Did the household operate any land in the past 12 months, either owned by the household or belonging to others?

YES 1
NO 2 ▶ 1105

1104 CROPS, VEGETABLES AND FRUITS

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

RECORD AMOUNTS TO THE NEAREST PULA.

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

11. AGRICULTURE INCOME AND EXPENDITURE DURING THE PAST 12 MONTHS

HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE PERSON

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

Yes 1 No 2 ▶ 1107

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

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

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

Yes 1 No 2 ▶ 1112

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

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

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

Cash	Value of in-kind assistance

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

Cash	Value of in-kind assistance

11. AGRICULTURE INCOME AND EXPENDITURE DURING THE PAST 12 MONTHS

HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE PERSON

1111

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

Yes	1
No	2

► NEXT SECTION

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

A. GENERAL AGRICULTURE OPERATING COSTS

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

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

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

C. Expenses associated with crop growing

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

D. Expenses associated with livestock and poultry

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

12. EXPENDITURES IN THE PAST 7 DAYS AND 12 MONTHS

HOUSEHOLD HEAD OR MOST INFORMED HOUSEHOLD MEMBER		
PART A: EXPENDITURES IN THE PAST 7 DAYS		
1200	RECORD THE SERIAL NUMBER OF THE PERSON PROVIDING THIS INFORMATION	
1201	EXPENDITURE DURING THE LAST 7 DAYS. ASK: Now I would like to talk about the household's expenditures during the past 7 days. Has your household bought or spent money on any [ITEM] during the past month? EXCLUDE ANY [ITEM] PURCHASED FOR RESELLING AS A BUSINESS (PROCESSED OR NOT) ASK FOR ALL ITEMS FIRST, AND CODE YES OR NO IN COLUMN [A]. THEN ASK [B] FOR ALL ITEMS HAVING A YES/1.	
ITEM	A YES NO	B How much did your household spend on [ITEM] in the past 7 days? Pula
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		



12. EXPENDITURES IN THE PAST 7 DAYS AND 12 MONTHS

HOUSEHOLD HEAD OR MOST INFORMED HOUSEHOLD MEMBER				
PART B: EXPENDITURES IN THE PAST 12 MONTHS				
1202 EXPENDITURE PAST 12 MONTHS. Now I would like to talk about the expenditures made by the household in the last 12 months. Include all purchases of second-hand goods as well as new goods. Only personal and household expenditure to be included. Do not include expenditures which were paid for or refunded by an employer.	During the past 12 months have you or any other member of your household purchased or paid for [ITEM]?	YES		What was the total amount spent (pula)
		1	2	
Category & Item		NO	YES	Total purchase price
Furniture				
1 Beds				
2 Chairs, settees, lounge suites				
3 Tables, desks				
4 Other furniture				
Subtotals Furniture				
Clothing				
5 Men's clothing (all items)				
6 Women's clothing (all items)				
7 Children's clothing (all items)				
8 Men's footwear (all items)				
9 Women's footwear (all items)				
10 Children's footwear (all items)				
Subtotals Clothing				
Major Household Appliances whether electric or not				
12 Cooking stoves/ovens				
13 Refrigerators/freezers				
14 Washing machine/dishwasher				
15 Air conditioner/cooler, electric fans				
16 Sewing/knitting machines				
17 Electric heater, gas fire				
18 Grinder, mixer, food processor				
19 Electricity generator				
20 Other household appliances (electrical)				
Subtotals Major Household Appliances				
Other appliances and household equipment				
21 Home computer equipment (incl. accessories)				
22 Musical instruments				
23 Television				
24 Record/CD player, tape/cassette recorder, hi-fi, stereo etc.				
25 Video cassette recorder				
26 Other similar equipment				
27 Still cameras				
28 Movie video cameras				
29 Other photographic equipment (e.g. lenses, tripod)				
30 Other appliances				
Subtotals Other appliances				
Cars and vehicles				
31 Purchases of cars, vans, pick ups etc.				
32 Purchase of other motor vehicle				
33 Purchase of motorcycle				
34 Purchase of pedal bicycles				
35 Other personal transport equipment e.g. animal vehicles				
Subtotals Cars and vehicles				
Land and property				
36 Purchase of land				
37 Purchase of property				
Subtotals Land and property				
Repairs/additions to dwelling				
38 Bricks, tiles and other building materials				
39 Wages and fees paid for repairs and additions				
Subtotals Repairs/additions to dwellings				
Miscellaneous expenditures				
40 Jewellery				
41 Air fares (excluding paid for by employer)				
42 Hotel accommodation (excluding paid for by employer)				
43 Total cost of package holidays				
44 Weddings and other functions				
45 Funerals				
46 Vehicle servicing/repairs				
47 Vehicle rental (excluding paid for by employer)				
48 Fees for professional services				
Subtotals Miscellaneous expenditures				
Total purchase price				

12. EXPENDITURES IN THE PAST 7 DAYS AND 12 MONTHS

1203 SALES OF VEHICLES AND PROPERTY. ASK: During the past 12 months did you sell				
	Description	Date sold	Amount received	of this amount, how much (if any) had to be used to repay loan?
1	Any motor vehicles (a)?			
2				
3				
4	Any property or land?			
5				
6				

PART C: REGULAR MONTHLY AND ANNUAL PAYMENTS				
1204 ASK: Does your household, or any member of your household, pay for any of the following on a monthly basis?				
ASK FOR EACH OF ITEMS AND RECORD THE LAST MONTHLY PAYMENT AND HOW MANY MONTHS IT COVERED (E.G. IF FOR ELECTRICITY IT WAS PAID P267 BUT IT WAS FOR 3 MONTHS, RECORD 267 UNDER "last payment" AND 3 MONTHS UNDER "Period covered")				
	Description	Yes 1 No 2	Last payment IF NOTHING, WRITE ZERO AND ► NEXT ITEM	Period covered (number of months)
1	Electricity			
2	Water			
3	Telephone (including cost of scratch card)			
4	Cellular phone (include cost of prepaid and contract charges)			
5	Medical Aid / Healthcare subscription			
6	Service levy if SHAA owner			
7	Car insurance premium (if paid monthly)			
8	Life insurance premium (if paid monthly)			
9	Monthly payment into savings scheme			
10	Domestic services			
11	Maid / Domestic worker			
12	Gardener			
13	Security Guard / Night watchman			
14	Security Monitoring System			
15	Any other monthly payments, all together			
16	DSTV (Multi Choice) monthly Subscription			

1205 ASK: During the past 12 months, has the household or any household member made any of the following single annual payments?				
ASK FOR EACH ITEM AND, IF MENTIONED, RECORD THE AMOUNT OF THE LAST PAYMENT AND THE NUMBER OF MONTHS IT COVERED (E.G. IF FOR ELECTRICITY IT WAS PAID P267 BUT IT WAS FOR 3 MONTHS, RECORD 267 UNDER "last payment" AND 3 MONTHS UNDER "Period covered")				
	Description	Yes 1 No 2	Last payment IF NOTHING, WRITE ZERO AND ► NEXT ITEM	Period covered (number of months)
1	Annual insurance premium:			
2	Building insurance			
3	Household contents insurance			
4	Mortgage protection policy			
5	Life insurance			
6	Car/vehicle insurance			
7	Any other insurance payments, all together			
8	Annual road tax			
9	Sports / recreational club subscription			
10	Local authority (Council) rates (property owners only)			
11	Licences for sport, hobbies			
12	Membership fees for professional associations			
13	Any other annual payments, all together			

[illegible]

[illegible]

13. LOANS

HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER											
PART B. LENDING											
1317 During the last 12 months, did you or any other member of your household lend any loan to persons outside your household, or have any such loans been repaid to members of your household? PLEASE REFER TO BOTH CASH AND IN-KIND LOANS											
Yes No NEXT SECTION											
1318	1319	1320	1321	1322	1323	1324	1325				
ENUMERATOR: ASK THE RESPONDENT TO FIRST MENTION ALL THE LOANS CURRENTLY OWED TO THE HOUSEHOLD, THEN THOSE WHICH HAVE ALREADY BEEN REPAYED TO THE HOUSEHOLD IN THE LAST 12 MONTHS	Who was the primary lender in the household?	What is the relationship of the borrower to the primary lender?	What is/was the main purpose of this loan?	When was the loan made?	How much in total was the amount lent in this loan?	What is/was the annual interest rate of this loan?	When is/was the loan to be fully repaid by the borrower?				
LOAN NUMBER			BUSINESS OR FARM USE 1 Purchase of inputs (fertilizers, insecticides, seeds) 2 Purchase of equipment 3 Purchase of land 4 Purchase of livestock 5 Building 6 Improvement for farm use 7 Other business or farm use 8 Other	PERSONAL USE 1 Household consumption 2 Purchase of a dwelling 3 Construction of dwelling 4 Improvements to a dwelling 5 Marriage: family events 6 Purchase of durable goods 7 Purchase of a car 8 School fees 9 Health services 10 Other personal use	Jan 1 Feb 2 Mar 3 Apr 4 May 5 Jun 6 Jul 7 Aug 8 Sep 9 Oct 10 Nov 11 Dec 12	INCLUDE ONLY THE PRINCIPAL	Percent per year	Month	Year		
01	Description of loan	Serial number									
02											
03											
04											
05											
06											

13. LOANS

HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER				
PART B. LENDING (Continued)				
LOAN NUMBER	1326	1327	1328	1329
	Has the borrower finished repaying this loan?	How much has been already repaid in total for principal and interests?	And how much was repaid over the last 12 months for principal and interests?	What collateral was used by the borrower?
	Fully paid 1 Partially paid 2 Not paid at all 3			No Collateral 00 Agricultural land 01 Buildings or other property 02 Property documents 03 Savings certificates 04 Personal guarantee of a relative 05 Personal guarantee from another person 06 Clean past borrowing record 07 Other (Specify) 98 Don't know 99
01		Pula	Pula	
02				
03				
04				
05				
06				



14. USE OF CREDIT CARDS AND BANK ACCOUNTS

HOUSEHOLD HEAD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

1400 RECORD THE SERIAL NUMBER OF RESPONDENT

USE OF CREDIT CARDS

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

Yes 1 ☐ 1403
No 2 ☐

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

- 01 I don't know what it is/ how to open one
- 02 I don't need one/ they don't offer services I need
- 03 I don't have the required ID documents
- 04 No credit cards offices close to our dwelling
- 05 We do not have money
- 06 Registration is too complicated
- 07 Fees for using credit cards are too high
- 08 I can't afford the minimum payments
- 09 Using a credit card is difficult
- 10 Credit card agents are unfriendly/ not accessible
- 11 Credit cards are not reliable/ I do not trust them
- 14 I am afraid of getting into a major debt
- 98 Other (specify) _____

▶ 1404

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

	a	b	c
	Does the household have this credit card?	Estimated total amount currently due	Estimated total amount due 12 months ago
1	YES 1 ☐ NO 2 ☐		
2	YES 1 ☐ NO 2 ☐		
3	YES 1 ☐ NO 2 ☐		
4	YES 1 ☐ NO 2 ☐		
5	YES 1 ☐ NO 2 ☐		
6	YES 1 ☐ NO 2 ☐		
7	YES 1 ☐ NO 2 ☐		

USE OF BANK ACCOUNTS

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

Yes 1 ☐ 1406
No 2 ☐

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

- 01 I don't know what it is/ how to open one
- 02 I don't need one/ they don't offer services I need
- 03 I don't have the required ID documents
- 04 No banks close to our dwelling
- 05 We do not have money
- 06 Registration is too complicated
- 07 Fees for using bank accounts are too high
- 08 I can't afford the minimum payments
- 09 Using a bank account is difficult
- 10 Bank agents are unfriendly/ not accessible
- 11 Banks are not reliable/ I do not trust them
- 98 Other (specify) _____

▶ NEXT SECTION

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

	a	b
	Does the household have this account?	How important is this bank account in your finances?
1	YES 1 ☐ NO 2 ☐	Very important, used for almost all financial activities 1
2	YES 1 ☐ NO 2 ☐	Somewhat important, use frequently 2
3	YES 1 ☐ NO 2 ☐	Unimportant, use rarely 3
4	YES 1 ☐ NO 2 ☐	
5	YES 1 ☐ NO 2 ☐	
6	YES 1 ☐ NO 2 ☐	
7	YES 1 ☐ NO 2 ☐	

15. TRANSFER

HOUSEHOLD HEAD

1500 RECORD THE SERIAL NUMBER OF RESPONDENT

TRANSFERS RECEIVED FROM OUTSIDE THE HOUSEHOLD.

1501 During the past 12 months, have you or any member of your household received any money or payments in kind, or gifts from any person who is not a member of your household, not including for child support or child maintenance? (DO NOT INCLUDE CHILD SUPPORT OR CHILD MAINTENANCE, REPORTED IN SEC 8A)

Yes ☐ 1
No ☐ 2 ▶ 1503

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

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

TRANSFERS SENT OUT BY THE HOUSEHOLD.

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

Yes ☐ 1
No ☐ 2 ▶ NEXT
SECTION

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

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

[illegible]

Day: 1			
Name of day			
109		110	
Total amount spent by all household members on meals and drinks purchased (from cafe, restaurant, street vendor for ready made food, fast food (take away)...etc.) consumed inside or outside the dwelling.		No. of NON-household members eating in the meals in the household (Do not count children under 5 years old)	
1.- Breakfast	PULA	1.-Breakfast	Number
2.-Lunch	PULA	2.- Lunch	Number
3.-Dinner	PULA	3.-Dinner	Number
Notes:			

Day:1		DAY	MONTH	YEAR				
Name of day								
LINE NUMBER	TO BE FILLED BY THE HOUSEHOLD				FOR INTERVIEWER			
	Full description of the food purchased. Please give a detailed description. For example:	Quantity purchased	Amount paid in PULA	Write the place where you bought the food	SOURCE CODE 1 SUPER-MARKET (NORMAL) 2 SUPER-MARKET (BULK) 3 SMALL SHOP 4 TUCK SHOP 5 OPEN MARKET 6 IN THE STREET	STANDARD UNIT OF MEASUREMENT KILLO 2 GRAMS LITER 4 PIECES/NUMBER PULAS	QUANTITY IN STANDARD UNIT	
	EXAMPLES	EXAMPLES	EXAMPLES	EXAMPLES				
	1 bag of maize meal	12.5 kg	P60.00	Choppies				
	Bread	2 loafs	P14.00	Choppies				
	Bundle of Spinach		P2.80	Spar				
	Morogo wa Dinawa	1 cup	P5.00	Open Market				
	Long life Milk	500ml	P7.00	Spar				
	Five Roses	125 grams	P7.00	Choppies				
	Bag of Sugar	12.5 kg	P95.00	Choppies				
	Cabbage	3 heads	P30.00	In the street				
	Eggs	6	P11.00	Choppies				
	Cooking Oil	750ml	P15.00	Choppies				
	1 large box of Cornflakes	750g	P35.00	Spar				
	DESCRIPTION	Quantity	PULA		CODE	Source code	Unit	Quantity
	201	202	203	204	205	206	207	208
	01							
	02							
	03							
	04							
	05							
	06							
	07							
	08							
	09							
	10							
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								

Day:1		DAY	MONTH	YEAR	
Name of day					
LINE NUMBER	TO BE FILLED BY THE HOUSEHOLD			FOR CODERS	
	Full description of the non-food item purchased.	Quantity or number purchased	Amount paid in PULA	ITEM CODE	
	Example:				
	1 bar of lifeboy soap	1 bar	P8.00		
	1 colgate toothpaste	1	P8.00		
	1 Tin of doom	750ml	P12.00		
	petrol	10 litres	P88.00		
	cigarettes Peter	10 cigarettes	P21.00		
	Friday newspaper	1	P10.00		
	girl's blouse , cotton	1	P60.00		
	1 pot Hart	25kg	P380.00		
	DESCRIPTION	Quantity	PULA	Item code	
	301	302	303	304	
	01				
	02				
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

Day: 2		DAY	MONTH	YEAR					
Name of day									
LINE NUMBER	TO BE FILLED BY THE HOUSEHOLD					FOR INTERVIEWER			
	Description of the food item consumed (food eaten)				Was the food you ate purchased, received as gift, or produced at home?				
	WRITE GOODS CONSUMED WITH THE QUANTITY AND THE UNIT OF MEASUREMENT. USE THE SCALE PROVIDED WHENEVER POSSIBLE TO RECORD WEIGHT EXAMPLE:								
	- 1 chicken		1						
	- Tea		2 tablespoons		Mark with an X				
	- Maize Meal		600 grams		Purchased	received as gift	produced at home		
	-1 half of a cabbage		440 grams						
	- beans		1 cup						
	- 4 tomatoes		4						
	- rice (uncooked)		1 small cup						
- Five eggs		5							
NAME OF THE FOOD EATEN		QUANTITY EATEN							
101		102		103	104	105	106	107	108
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
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22									
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24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									

Day: 2			
Name of day			
109		110	
Total amount spent by all household members on meals and drinks purchased (from cafe, restaurant, street vendor for ready made food, fast food (take away)...etc.) consumed inside or outside the dwelling.		No. of NON-household members eating in the meals in the household (Do not count children under 5 years old)	
1.- Breakfast	PULA	1.-Breakfast	Number
2.-Lunch	PULA	2.- Lunch	Number
3.-Dinner	PULA	3.-Dinner	Number
Notes:			

Day:2		DAY	MONTH	YEAR				
Name of day								
LINE NUMBER	TO BE FILLED BY THE HOUSEHOLD				FOR INTERVIEWER			
	Full description of the food purchased. Please give a detailed description. For example:	Quantity purchased	Amount paid in PULA	Write the place where you bought the food	SOURCE CODE 1 SUPER-MARKET (NORMAN)	STANDARD UNIT OF MEASUREMENT 1 Kilo	QUANTITY IN STANDARD UNIT	
	EXAMPLES	EXAMPLES	EXAMPLES	EXAMPLES				
	1 bag of maize meal	12.5 kg	P60.00	Choppies	2 SUPER-MARKET (BULK)	2 GRAMS		
	Bread	2 loafs	P14.00	Choppies		3 LITER		
	Bundle of Spinach		P2.80	Spar				
	Morogo wa Dinawa	1 cup	P5.00	Open Market	3 SMALL SHOP	4 PICLES (NEWBET)		
	Long life Milk	500ml	P7.00	Spar				
	Five Roses	125 grams	P7.00	Choppies	4 TUCK SHOP			
	Bag of Sugar	12.5 kg	P95.00	Choppies				
	Cabbage	3 heads	P30.00	In the street	5 OPEN MARKET	5 PULAS		
	Eggs	6	P11.00	Choppies	6 IN THE STREET			
	Cooking Oil	750ml	P15.00	Choppies				
	1 large box of Cornflakes	750g	P35.00	Spar				
	DESCRIPTION	Quantity	PULA		CODE	source code	Unit	Quantity
	201	202	203	204	205	206	207	208
	01							
	02							
	03							
	04							
	05							
	06							
	07							
	08							
	09							
	10							
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								

Day:2		DAY	MONTH	YEAR		
Name of day						
LINE NUMBER	TO BE FILLED BY THE HOUSEHOLD			FOR CODERS		
	Full description of the non-food item purchased.	Quantity or number purchased	Amount paid in PULA	ITEM CODE		
	Example:					
	1 bar of lifeboy soap	1 bar	P8.00			
	1 colgate toothpaste	1	P8.00			
	1 Tin of doom	750ml	P12.00			
	petrol	10 litres	P88.00			
	cigarettes Peter	10 cigarettes	P21.00			
	Friday newspaper	1	P10.00			
	girl's blouse , cotton	1	P60.00			
	I pot Hart	25kg	P380.00			
	DESCRIPTION	Quantity	PULA	Item code		
	301	302	303	304		
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						

Day: 3		DAY	MONTH	YEAR				
Name of day								
LINE NUMBER	TO BE FILLED BY THE HOUSEHOLD					FOR INTERVIEWER		
	Description of the food item consumed (food eaten)				Was the food you ate purchased, received as gift, or produced at home?		STANDARD UNIT OF MEASUREMENT 1 KILO 2 GRAMS 3 LITER 4 PIECES/NUMBER 5 PULAS	QUANTITY IN STANDARD UNIT
	WRITE GOODS CONSUMED WITH THE QUANTITY AND THE UNIT OF MEASUREMENT. USE THE SCALE PROVIDED WHENEVER POSSIBLE TO RECORD WEIGHT EXAMPLE:				Mark with an X			
	- 1 chicken		1		Purchased	received as gift	produced at home	
	- Tea		2 tablespoons					
	- Maize Meal		600 grams					
	- 1 half of a cabbage		440 grams					
	- beans		1 cup					
	- 4 tomatoes		4					
	- rice (uncooked)		1 small cup					
- Five eggs		5						
	NAME OF THE FOOD EATEN		QUANTITY EATEN					
	101		102		103	104	105	106
01								
02								
03								
04								
05								
06								
07								
08								
09								
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Day: 3		A. Daily Consumption of Food (Food eaten)	
Name of day			
A2.- Amount spent on meals and drink purchased in the day		A1.- Guests for this day	
109		110	
Total amount spent by all household members on meals and drinks purchased (from cafe, restaurant, street vendor for ready made food, fast food (take away)...etc.) consumed inside or outside the dwelling.		No. of NON-household members eating in the meals in the household (Do not count children under 5 years old)	
1.- Breakfast	PULA	1.-Breakfast	Number
2.-Lunch	PULA	2.- Lunch	Number
3.-Dinner	PULA	3.-Dinner	Number
Notes:			

Day:3		DAY	MONTH	YEAR	B. Daily Purchase of food			
Name of day								
LINE NUMBER	TO BE FILLED BY THE HOUSEHOLD				FOR INTERVIEWER			
	Full description of the food purchased. Please give a detailed description. For example:	Quantity purchased	Amount paid in PULA	Write the place where you bought the food	SOURCE CODE 1 SUPER MARKET (NORMAL) 2 SUPER MARKET (BULK) 3 SMALL SHOP 4 TUCK SHOP 5 OPEN MARKET 6 IN THE STREET	STANDARD UNIT OF MEASUREMENT 1 KLO 2 GRAMS 3 LITER 4 PIECES/NUMBER 5 PULAS	QUANTITY IN STANDARD UNIT	
	EXAMPLES	EXAMPLES	EXAMPLES	EXAMPLES				
	1 bag of maize meal	12.5 kg	P60.00	Choppies				
	Bread	2 loafs	P14.00	Choppies				
	Bundle of Spinach		P2.80	Spar				
	Morogo wa Dinawa	1 cup	P5.00	Open Market				
	Long life Milk	500ml	P7.00	Spar				
	Five Roses	125 grams	P7.00	Choppies				
	Bag of Sugar	12.5 kg	P95.00	Choppies				
	Cabbage	3 heads	P30.00	In the street				
	Eggs	6	P11.00	Choppies				
	Cooking Oil	750ml	P15.00	Choppies				
	1 large box of Cornflakes	750g	P35.00	Spar				
	DESCRIPTION	Quantity	PULA		COICOP CODE	Source code	Unit	Quantity
	201	202	203	204	205	206	207	208
	01							
	02							
	03							
	04							
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Day:3		DAY	MONTH	YEAR	C - Daily Purchase of Non-food Commodities and Services		
Name of day							
LINE NUMBER	TO BE FILLED BY THE HOUSEHOLD			FOR CODERS			
	Full description of the non-food item purchased.		Quantity or number purchased	Amount paid in PULA		ITEM CODE	
	Example;						
	1 bar of lifeboy soap		1 bar	P8.00			
	1 colgate toothpaste		1	P8.00			
	1 Tin of doom		750ml	P12.00			
	petrol		10 litres	P88.00			
	cigarettes Peter		10 cigarettes	P21.00			
	Friday newspaper		1	P10.00			
	girl's blouse , cotton		1	P60.00			
	1 pot Hart		25kg	P380.00			
	DESCRIPTION		Quantity	PULA		Item code	
301		302	303		304		
01							
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Day: 4		DAY	MONTH	YEAR							
Name of day											
LINE NUMBER	TO BE FILLED BY THE HOUSEHOLD					FOR INTERVIEWER					
	Description of the food item consumed (food eaten)				Was the food you ate purchased, received as gift, or produced at home?						
	WRITE GOODS CONSUMED WITH THE QUANTITY AND THE UNIT OF MEASUREMENT. USE THE SCALE PROVIDED WHENEVER POSSIBLE TO RECORD WEIGHT EXAMPLE:										
	- 1 chicken				1			1 KILO			
	- Tea				2 tablespoons	Mark with an X		2 GRAMS			
	- Maize Meal				600 grams	Purchased received as gift produced at home		3 LITER			
	- 1 half of a cabbage				440 grams			4 PIECES/NUMBER			
	- beans				1 cup						
	- 4 tomatoes				4						
	- rice (uncooked)				1 small cup						
- Five eggs				5		5 PULAS					
NAME OF THE FOOD EATEN				QUANTITY EATEN		GOICOP CODE	Unit	Quantity			
101				102		103	104	105	106	107	108
01											
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Day: 4		Only Consumption of Food (For Valen)	
Name of day			
A2.- Amount spent on meals and drink purchased in the day		A3.- Guests for this day	
109		110	
Total amout spent by all household members on meals and drinks purchased (from cafe, restaurant, street vendor for ready made food, fast food (take away)...etc.) consumed inside or outside the dwelling.		No. of NON-household members eating in the meals in the household (Do not count children under 5 years old)	
1.- Breakfast	PULA	1.-Breakfast	Number
2.-Lunch	PULA	2.- Lunch	Number
3.-Dinner	PULA	3.-Dinner	Number
Notes:			

Day:4		DAY	MONTH	YEAR				
Name of day								
	TO BE FILLED BY THE HOUSEHOLD				FOR INTERVIEWER			
	Full description of the food purchased. Please give a detailed description. For example:	Quantity purchased	Amount paid in PULA	Write the place where you bought the food	SOURCE CODE 1 SUPER-MARKET (NORMAL) 2 SUPER-MARKET (BULK) 3 SMALL SHOP 4 TUCK SHOP 5 OPEN MARKET 6 IN THE STREET	STANDARD UNIT OF MEASUREMENT 1 Kilo 2 GRAMS 3 LITER 4 PIECES/NUMBER 5 PULAS	QUANTITY IN STANDARD UNIT	
	EXAMPLES	EXAMPLES	EXAMPLES	EXAMPLES				
	1 bag of maize meal	12.5 kg	P60.00	Choppies				
	Bread	2 loafs	P14.00	Choppies				
	Bundle of Spinach		P2.80	Spar				
	Morogo wa Dinawa	1 cup	P5.00	Open Market				
	Long life Milk	500ml	P7.00	Spar				
	Five Roses	125 grams	P7.00	Choppies				
	Bag of Sugar	12.5 kg	P95.00	Choppies				
	Cabbage	3 heads	P30.00	In the street				
	Eggs	6	P11.00	Choppies				
	Cooking Oil	750ml	P15.00	Choppies				
	1 large box of Cornflakes	750g	P35.00	Spar				
	DESCRIPTION	Quantity	PULA	COICOP CODE	Source code	Unit	Quantity	
	201	202	203	204	205	206	207	208
LINE NUMBER	01							
	02							
	03							
	04							
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Day:4		DAY	MONTH	YEAR	Purchase of Non-food Medicine and Services
Name of day					
LINE NUMBER	TO BE FILLED BY THE HOUSEHOLD			FOR CODERS	
	Full description of the non-food item purchased.	Quantity or number purchased	Amount paid in PULA	ITEM CODE	
	Example;				
	1 bar of lifeboy soap	1 bar	P8.00		
	1 colgate toothpaste	1	P8.00		
	1 Tin of doom	750ml	P12.00		
	petrol	10 litres	P88.00		
	cigarettes Peter	10 cigarettes	P21.00		
	Friday newspaper	1	P10.00		
	girl's blouse , cotton	1	P60.00		
	1 pot Hart	25kg	P380.00		
	DESCRIPTION	Quantity	PULA	Item code	
	301	302	303	304	
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Day: 5		DAY	MONTH	YEAR	A1: Daily Consumption of Food (Food eaten)					
Name of day										
LINE NUMBER	TO BE FILLED BY THE HOUSEHOLD					FOR INTERVIEWER				
	Description of the food item consumed (food eaten)				Was the food you ate purchased, received as gift, or produced at home?		STANDARD UNIT OF MEASUREMENT	QUANTITY IN STANDARD UNIT		
	WRITE GOODS CONSUMED WITH THE QUANTITY AND THE UNIT OF MEASUREMENT. USE THE SCALE PROVIDED WHENEVER POSSIBLE TO RECORD WEIGHT EXAMPLE:						1 KILO			
	- 1 chicken				1		2 GRAMS			
	- Tea				2 tablespoons	Mark with an X	3 LITER			
	- Maize Meal				600 grams		4 PIECES/NUMBER			
	-1 half of a cabbage				440 grams					
	- beans				1 cup					
	- 4 tomatoes				4					
	- rice (uncooked)				1 small cup					
- Five eggs				5						
	NAME OF THE FOOD EATEN		QUANTITY EATEN		Purchased	received as gift	produced at home	COICOP CODE	Unit	Quantity
	101		102		103	104	105	106	107	108
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Day: 5		A. Daily Consumption of Food (Food eaten)	
Name of day			
A2 - Amount spent on meals and drink purchased in the day		A3 - Guests for this day	
109		110	
Total amount spent by all household members on meals and drinks purchased (from cafe, restaurant, street vendor for ready made food, fast food (take away)...etc..) consumed inside or outside the dwelling.		No. of NON-household members eating in the meals in the household (Do not count children under 5 years old)	
1.- Breakfast	PULA	1.-Breakfast	Number
2.-Lunch	PULA	2.- Lunch	Number
3.-Dinner	PULA	3.-Dinner	Number
Notes:			

Day:5		DAY	MONTH	YEAR	B - Daily Purchase of food			
Name of day								
LINE NUMBER	TO BE FILLED BY THE HOUSEHOLD				FOR INTERVIEWER			
	Full description of the food purchased. Please give a detailed description. For example:	Quantity purchased	Amount paid in PULA	Write the place where you bought the food	SOURCE CODE	STANDARD UNIT OF MEASUREMENT	QUANTITY IN STANDARD UNIT	
	EXAMPLES	EXAMPLES	EXAMPLES	EXAMPLES	1 SUPER-MARKET (NORMAL)	1 KILO		
	1 bag of maize meal	12.5 kg	P60.00	Choppies	2 SUPER-MARKET (BULK)	2 GRAMS		
	Bread	2 loafs	P14.00	Choppies		3 LITER		
	Bundle of Spinach		P2.80	Spar	3 SMALL SHOP	4 PIECES/NUMBER		
	Morogo wa Dinawa	1 cup	P5.00	Open Market	4 TUCK SHOP			
	Long life Milk	500ml	P7.00	Spar	5 OPEN MARKET	5 PUL/GS		
	Five Roses	125 grams	P7.00	Choppies	6 IN THE STREET			
	Bag of Sugar	12.5 kg	P95.00	Choppies				
Cabbage	3 heads	P30.00	In the street					
Eggs	6	P11.00	Choppies					
Cooking Oil	750ml	P15.00	Choppies					
1 large box of Cornflakes	750g	P35.00	Spar					
	DESCRIPTION	Quantity	PULA		COICOP CODE	Source code	Unit	Quantity
	201	202	203	204	205	206	207	208
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Day:5		DAY	MONTH	YEAR	C.- Daily Purchase of Non-food Commodities and Services
Name of day					
LINE NUMBER	TO BE FILLED BY THE HOUSEHOLD			FOR CODERS	
	Full description of the non-food item purchased.	Quantity or number purchased	Amount paid in PULA	ITEM CODE	
	Example;				
	1 bar of lifeboy soap	1 bar	P8.00		
	1 colgate toothpaste	1	P8.00		
	1 Tin of doom	750ml	P12.00		
	petrol	10 litres	P88.00		
	cigarettes Peter	10 cigarettes	P21.00		
	Friday newspaper	1	P10.00		
	girl's blouse , cotton	1	P60.00		
	1 pot Hart	25kg	P380.00		
	DESCRIPTION	Quantity	PULA	Item code	
	301	302	303	304	
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Day: 6		DAY	MONTH	YEAR	A1: Daily Consumption of Food (Food eaten)							
Name of day												
LINE NUMBER	TO BE FILLED BY THE HOUSEHOLD					FOR INTERVIEWER						
	Description of the food item consumed (food eaten)				Was the food you ate purchased, received as gift, or produced at home?		STANDARD UNIT OF MEASUREMENT	QUANTITY IN STANDARD UNIT				
	WRITE GOODS CONSUMED WITH THE QUANTITY AND THE UNIT OF MEASUREMENT. USE THE SCALE PROVIDED WHENEVER POSSIBLE TO RECORD WEIGHT EXAMPLE:						1 KILO					
	- 1 chicken 1						2 GRAMS					
	- Tea 2 tablespoons				Mark with an X		3 LITER					
	- Maize Meal 600 grams				Purchased	received as gift	produced at home	4 PIECES/NUMBER				
	- 1 half of a cabbage 440 grams											
	- beans 1 cup											
	- 4 tomatoes 4											
	- rice (uncooked) 1 small cup											
- Five eggs 5						5 PULAS						
NAME OF THE FOOD EATEN				QUANTITY EATEN		COICOP CODE	Unit	Quantity				
	101				102		103	104	105	106	107	108
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Day: 6		A. Daily Consumption of Food (Food eaten)	
Name of day			
A2. Amount spent on meals and drink purchased in the day		A3. Guests for this day	
109		110	
Total amount spent by all household members on meals and drinks purchased (from cafe, restaurant, street vendor for ready made food, fast food (take away)...etc.) consumed inside or outside the dwelling.		No. of NON-household members eating in the meals in the household (Do not count children under 5 years old)	
1.- Breakfast	PULA	1.-Breakfast	Number
2.-Lunch	PULA	2.- Lunch	Number
3.-Dinner	PULA	3.-Dinner	Number
Notes:			

Day: 6		DAY	MONTH	YEAR	B. - Daily Purchase of food			
Name of day								
LINE NUMBER	TO BE FILLED BY THE HOUSEHOLD				FOR INTERVIEWER			
	Full description of the food purchased. Please give a detailed description. For example:	Quantity purchased	Amount paid in PULA	Write the place where you bought the food	SOURCE CODE 1 SUPER-MARKET (NORMAL) 2 SUPER-MARKET (BULK) 3 SMALL SHOP 4 TUCK SHOP 5 OPEN MARKET 6 IN THE STREET	STANDARD UNIT OF MEASUREMENT KILO 2 GRAMS 3 LITER 4 PIECES/NUMBER 5 PULAS	QUANTITY IN STANDARD UNIT	
	EXAMPLES	EXAMPLES	EXAMPLES	EXAMPLES				
	1 bag of maize meal	12.5 kg	P60.00	Choppies				
	Bread	2 loafs	P14.00	Choppies				
	Bundle of Spinach		P2.80	Spar				
	Morogo wa Dinawa	1 cup	P5.00	Open Market				
	Long life Milk	500ml	P7.00	Spar				
	Five Roses	125 grams	P7.00	Choppies				
	Bag of Sugar	12.5 kg	P95.00	Choppies				
	Cabbage	3 heads	P30.00	In the street				
	Eggs	6	P11.00	Choppies				
	Cooking Oil	750ml	P15.00	Choppies				
	1 large box of Cornflakes	750g	P35.00	Spar				
	DESCRIPTION	Quantity	PULA		COICOP CODE	Source code	Unit	Quantity
	201	202	203	204	205	206	207	208
	01							
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Day:6		DAY	MONTH	YEAR	C. - Daily Purchase of Non-food Commodities and Services				
Name of day									
LINE NUMBER	TO BE FILLED BY THE HOUSEHOLD			FOR CODERS					
	Full description of the non-food item purchased.			Quantity or number purchased		Amount paid in PULA		ITEM CODE	
	Example:								
	1 bar of lifeboy soap			1 bar		P8.00			
	1 colgate toothpaste			1		P8.00			
	1 Tin of doom			750ml		P12.00			
	petrol			10 litres		P88.00			
	cigarettes Peter			10 cigarettes		P21.00			
	Friday newspaper			1		P10.00			
	girl's blouse , cotton			1		P60.00			
	1 pot Hart			25kg		P380.00			
	DESCRIPTION			Quantity		PULA		Item code	
	301			302		303		304	
	01								
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Day: 7		DAY	MONTH	YEAR	A1: Daily Consumption of Food (Food eaten)				
Name of day									
LINE NUMBER	TO BE FILLED BY THE HOUSEHOLD					FOR INTERVIEWER			
	Description of the food item consumed (food eaten)				Was the food you ate purchased, received as gift, or produced at home?		STANDARD UNIT OF MEASUREMENT	QUANTITY IN STANDARD UNIT	
	WRITE GOODS CONSUMED WITH THE QUANTITY AND THE UNIT OF MEASUREMENT. USE THE SCALE PROVIDED WHENEVER POSSIBLE TO RECORD WEIGHT EXAMPLE:								
	- 1 chicken		1		Mark with an X		1 KILO		
	- Tea		2 tablespoons						
	- Maize Meal		600 grams		Purchased	received as gift	produced at home	2 GRAMS	
	- 1 half of a cabbage		440 grams						
	- beans		1 cup		5 PULAS				
	- 4 tomatoes		4						
	- rice (uncooked)		1 small cup		COICOP CODE	Unit	Quantity		
- Five eggs		5							
NAME OF THE FOOD EATEN		QUANTITY EATEN		103	104	105	106	107	108
01									
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Day: 7		A. Daily Consumption of Food (Food eaten)	
Name of day			
A2 - Amount spent on meals and drink purchased in the day		A3 - Guests for this day	
109		110	
Total amount spent by all household members on meals and drinks purchased (from cafe, restaurant, street vendor for ready made food, fast food (take away)...etc.) consumed inside or outside the dwelling.		No. of NON-household members eating in the meals in the household (Do not count children under 5 years old)	
1.- Breakfast	PULA	1.-Breakfast	Number
2.-Lunch	PULA	2.- Lunch	Number
3.-Dinner	PULA	3.-Dinner	Number
Notes:			

Day:7		DAY	MONTH	YEAR	B.- Daily Purchase of food			
Name of day								
LINE NUMBER	TO BE FILLED BY THE HOUSEHOLD				FOR INTERVIEWER			
	Full description of the food purchased. Please give a detailed description. For example:	Quantity purchased	Amount paid in PULA	Write the place where you bought the food		SOURCE CODE 1 SUPER-MARKET (NORMAL) 2 SUPER-MARKET (BULK) 3 SMALL SHOP 4 TUCK SHOP 5 OPEN MARKET 6 IN THE STREET	STANDARD UNIT OF MEASUREMENT KILO 2 GRAMS 3 LITER 4 PIECES/NUMBER 5 PULAS	QUANTITY IN STANDARD UNIT
	EXAMPLES	EXAMPLES	EXAMPLES	EXAMPLES				
	1 bag of maize meal	12.5 kg	P60.00	Choppies				
	Bread	2 loafs	P14.00	Choppies				
	Bundle of Spinach		P2.80	Spar				
	Morogo wa Dinawa	1 cup	P5.00	Open Market				
	Long life Milk	500ml	P7.00	Spar				
	Five Roses	125 grams	P7.00	Choppies				
	Bag of Sugar	12.5 kg	P95.00	Choppies				
	Cabbage	3 heads	P30.00	In the street				
	Eggs	6	P11.00	Choppies				
	Cooking Oil	750ml	P15.00	Choppies				
	1 large box of Cornflakes	750g	P35.00	Spar	COICOP			
	DESCRIPTION	Quantity	PULA		CODE	Source code	Unit	Quantity
201	202	203	204	205	206	207	208	
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Day:7		DAY	MONTH	YEAR	C. - Daily Purchase of Non-food Commodities and Services		
Name of day							
LINE NUMBER	TO BE FILLED BY THE HOUSEHOLD			FOR CODERS			
	Full description of the non-food item purchased.			Quantity or number purchased		Amount paid in PULA	ITEM CODE
	Example:						
	1 bar of lifeboy soap			1 bar		P8.00	
	1 colgate toothpaste			1		P8.00	
	1 Tin of doom			750ml		P12.00	
	petrol			10 litres		P88.00	
	cigarettes Peter			10 cigarettes		P21.00	
	Friday newspaper			1		P10.00	
	girl's blouse , cotton			1		P60.00	
	I pot Hart			25kg		P380.00	
	DESCRIPTION			Quantity		PULA	Item code
301			302		303	304	
01							
02							
03							
04							
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CONFIDENTIAL
BOTSWANA MULTI-TOPIC HOUSEHOLD SURVEYS
DIARY



WEEK 1

Locality Name/Code

Name of the head of
the household

Fieldwork staff	Name	Code
Team supervisor		
Enumerator		
Entry operator		

Final result as per the Team supervisor

☐ All days completed
☐ Some days completed
☐ No days completed
☐ Refused

BMTHS HOUSEHOLD ID NUMBER

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Enumeration Area serial
number (001-599)

Selected HH
(01-15)

Visits	Date (dd/ mm/yy)	Day numbers reviewed
1		
2		
3		
4		
5		
6		

Full explanation/ comments

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

Day: 1		DAY	MONTH	YEAR	A1: Daily Consumption of Food (Food eaten)						
Name of day											
LINE NUMBER	TO BE FILLED BY THE HOUSEHOLD					FOR INTERVIEWER					
	Description of the food item consumed (food eaten)				Was the food you ate purchased, received as gift, or produced at home?						
	WRITE GOODS CONSUMED WITH THE QUANTITY AND THE UNIT OF MEASUREMENT. USE THE SCALE PROVIDED WHENEVER POSSIBLE TO RECORD WEIGHT EXAMPLE:										
	- 1 chicken				1						
	- Tea				2 tablespoons						
	- Maize Meal				600 grams						
	-1 half of a cabbage				440 grams						
	- beans				1 cup						
	- 4 tomatoes				4						
	- rice (uncooked)				1 small cup						
- Five eggs				5							
NAME OF THE FOOD EATEN				QUANTITY EATEN							
101				102		103	104	105	106	107	108
01											
02											
03											
04											
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CONFIDENTIAL
BOTSWANA MULTI-TOPIC HOUSEHOLD SURVEYS
DIARY



WEEK 2

Locality Name/Code

Name of the head of the household

Fieldwork staff	Name	Code
Team supervisor		
Enumerator		
Entry operator		

Final result as per the Team supervisor

All days completed	☐
Some days completed	
No days completed	
Refused	

BMTHS HOUSEHOLD ID NUMBER

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Enumeration Area serial number (001-599) Selected HH (01-15)

Visits	Date (dd/mm/yy)	Day numbers reviewed
1		
2		
3		
4		
5		
6		

Full explanation/ comments

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

Day: 1		DAY	MONTH	YEAR	A1: Daily Consumption of Food (Food eaten)							
Name of day												
LINE NUMBER	TO BE FILLED BY THE HOUSEHOLD					FOR INTERVIEWER						
	Description of the food item consumed (food eaten)				Was the food you ate purchased, received as gift, or produced at home?		STANDARD UNIT OF MEASUREMENT	QUANTITY IN STANDARD UNIT				
	WRITE GOODS CONSUMED WITH THE QUANTITY AND THE UNIT OF MEASUREMENT. USE THE SCALE PROVIDED WHENEVER POSSIBLE TO RECORD WEIGHT EXAMPLE:											
	- 1 chicken				1							
	- Tea				2 tablespoons							
	- Maize Meal				600 grams							
	- 1 half of a cabbage				440 grams							
	- beans				1 cup							
	- 4 tomatoes				4							
	- rice (uncooked)				1 small cup							
- Five eggs				5								
	NAME OF THE FOOD EATEN				QUANTITY EATEN		COICOP CODE	Unit	Quantity			
	101				102		103	104	105	106	107	108
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MADE this 17th day of December, 2015.

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