

Mpala, Ke Botlhokwa

Confidential 2021 Population & Housing Census HOUSEHOLD QUESTIONNAIRE

All correspondence should be addressed to the Statistician General Collected under Statistics Act (Cap 17:01)

District Code													
Village Code													
Locality Code							Num	ber of Visits	Date (d	ld/mm/	уууу)		
							1						
EA Number							2	!					
							3	,					
Lolwapa/ Dwelling number	,									'			
Dwelling number													
GPS Coordinates		Lat	tude		Longitue	de							
GPS Coordinates Dwelling	of	Lat	tude	1	Longitue	de	Final Result Code	,					
GPS Coordinates Dwelling Block/Flat Numb	of er	Lat	tude		Longitue	de	Final Result Code Completed	<u>, </u>				 	
GPS Coordinates Dwelling Block/Flat Numb usehold Number	of er		tude			de Date							
GPS Coordinates Dwelling Block/Flat Numb usehold Number Fieldwork staff	of er	ne					Completed	ed	r intervie	•w			
GPS Coordinates Dwelling Block/Flat Numb usehold Number Fieldwork staff Enumerator	er Nam Nam Sign	ne ne ature					Completed Partially complete No member availe Refused	ed	r intervie	ew.			
GPS Coordinates Dwelling Block/Flat Numb usehold Number Fieldwork staff Enumerator	er Nam Nam Signe	ne ne ature					Completed Partially complete No member avail	ed	r intervie	ew			
GPS Coordinates Dwelling Block/Flat Numb usehold Number Fieldwork staff Enumerator Supervisor	er Nam Nam Signe Signe	ne ne ature ne ature					Completed Partially complete No member availe Refused	ed able fo					
GPS Coordinates Dwelling Block/Flat Numb usehold Number Fieldwork staff Enumerator Supervisor Technical	Nam Sign Nam Sign Nam	ne ne ature ne ature					Completed Partially complete No member availa Refused Dwelling Vacant	ed able fo					
GPS Coordinates Dwelling Block/Flat Numb usehold Number Fieldwork staff Enumerator Supervisor Technical Officer District Census Officer	Nam Sign Nam Sign Nam	ne n					Completed Partially complete No member availa Refused Dwelling Vacant	ed able fo				 nale	

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		ALL PERSONS						
					AGE			
PLACE OF USUAL RESIDENCE	RELATIONSHIP	SEX	Birth Date	NIA A 4ENI-		Years How old is		
Did (A01_NAME) spend the night in this household?	What is (A01_NAME)'s relationship to the head of household?	Is (A01_NAME) male or female	What is (A01_ date of birth?	NAME) S		(A01_NAME)		
Yes, usual member spent the night.	00 Head	1. Male	DECORD MON	ITU AND VEA	D OF BIRTH	completed years?		
the night	01 Spouse/Partner 02 Son/Daughter	2. Female	RECORD MON	IIH AND YEA	K OF BIKIH.			
2. No, usual member absent3. Yes, visitor	03 Son/ daughter In-law 04 Step/adopted/foster child 05 Grandchild		ENTER 99 YYY	V IF MONTH	INKNOWN	IF UNDER 1 YEAR ENTER 00,IF 98 OR OVER		
3. Tes, Visitor	06 Parent 07 Father/Mother In-law 08 Grand Parent 09 Brother/Sister 10 Nephew/Niece 11 Other relative 12 Not related		ENIER 77 TTT	TIF MONTH C	INANOWN	ENTER 98)		
Α02α	A03(2)	A04	MM	Y Y A05(6)	YY	A06(2)		

			ALL PERSONS	S				
	CITIZENSHIP							
CITIZENSHIP What is the country of (A01_NAME)'s citizenship? 072 Botswana 024 Angola 426 Lesotho 454 Malawi 508 Mozambique 516 Namibia 710 South Africa 748 Swaziland 894 Zambia 716 Zimbabwe Other - see list IF NOT 072 GO TO A09 CHECK, IF A02A = 3 NEXT PERSON	ACQUISITION How was (A01_NAME)'s citizenship acquired 1. By birth 2. By Naturalization 3. Citizenship by setllement 4. Other 9. Don't know IF 1 GO TO A10	DURATION For how long has (A01_NAME) been living continuosly in Botswana? RECORD THE LENGTH OF RESIDENCE IN COMPLETED YEARS, IF LESS THAN A YEAR RECORD 00.	When (A01_NAME) was born, where was the mother's usual place of residence? 1. In Botswana 2. Outside Botswana 3.Deffer IF 2 GO TO A10d	What was the usual place (district) of residence for (A01_ NAME)'s mother? SEE THE LIST PROVIDED	PLACE OF BIRTH What was the usual place (locality) of residence for (A01_NAME)'s mother? Deffer SEE THE LIST PROVIDED GO TO A11	What was the usual place (country) of residence for (A01_NAME)'s mother? Deffer SEE THE LIST PROVIDED		
A07(3)	A08	A09(2)	A10	A10a(2)	A10c(3)	A10d(3)		

				ALL PER				
				PLACE OF USI	JAL LIVING			
	NOW	1		1 YEAR	AGO		5 YEARS AC	50
Where does (A01_NAME) usually live? 1. In this locality GO TO A12 2. Elsewhere n Botswana 3. Other country IF 3 GO TO A11b 4. Deffer	What is the name of the district? (SEE LIST) GO TO A12 92. Deffer IF LESS THAN ONE YEAR	What is the name of the country? (SEE LIST) Deffer IF LESS THAN ONE YEAR GO TO A14	Where did (A01_NAME) live this time last year? 1. In this locality GOTO A13 2. Elsewhere in Botswana 3. Other country	What is the name of the district? 92. Deffer (SEE LIST) GO TO A13	What is the name of the country? (SEE LIST)	Where did (A01_NAME) live this time in year 2015? 1.In this locality GO TO A14 2. Elsewhere in Botswana 3. Other country IF 3 GO TO A13b	What is the name of the district? 92. Deffer (SEE LIST) GO TO A14	What is the name of the country? Deffer (SEE LIST)
IF 1 & AGE LESS THAN ONE YEAR GO TO A14	GO TO A14		IF 3 GO TO A12b 4.Deffer			4. Deffer IF 1 & AGE LESS THAN 5 GO TO A14	IF LESS THAN 5 GO TO A14	
A11	A11a(2)	A11b(3)	A12	A12a(2)	A12b(3)	A13	A13a(2)	A13b(3)

		BELOW	16 YEARS	16 YEARS AND OVER		ALL PERSON	S 2 YEARS AN	ID OVER	
PARENTA	L SURVIVAL					L	ANGUAGE		
MOTHER	FATHER	Birth Re	gistration	National Identity Registration	SPOKEN AT I	HOME	EARLY CHILDHO	OD	
Is (A01_ NAME)'s biological mother alive? 1. Yes 2.No 9. Don't Know	Is (A01_ NAME)'s biological Father alive? 1. Yes 2. No 9. Don't Know CHECK A07 IF 072 AND > OR =16YEARS GOTO A17 OTHERWISE GO TO A18	Does (A01_NAME) have a birth certificate/ registration? 1 Yes 2 No 9 Don't know IF 2 OR 9 GO TO A18	Where was (A01_NAME)'s birth certificate registered? 1. In Botswana 2. Outside Botswana 9. Don't know GO TO A18	Has (A01_NAME) registered for a National ID (omang) card? 1. Yes 2. No 3. Deffer	What langue does (A01_N speak most at home? 010 Setswarn 025 English 020 Ikalange 036 Sengolo 040 Sesubiye 057 Senaro 070 Seyeyi 080 Sembuk 090 Afrikaarn 100 Ndebele 110 Shona 120 Seherere 130 Sign lang 777 Other (LIST TO BE PROVIDED)	NĀME) often a a a a a a a a a a a a a a a	What language does /did (A01_NAME) speak most often at home in his/her early childhood? 010 Setswana 025 English 020 Ikalanga 036 Sengologa 040 Sesubiya 036 Sengologa 070 Seyeyi 080 Sembukushu 090 Afrikaans 100 Ndebele 110 Shona 120 Seherero 130 Sign language 777 Other 888 Deffer		ΛE)
A14	A15	A16	A16a	A17		18(3)		A19(3)	
717	719	Aiv	Aivu	All.		(0)		A17(0)	1
								'	

ALL PERSON	ALL PERSONS 2 YEARS AND OVER				SONS 1	2 YEAR	S AND	OVER			PERSONS 10	YEARS AN	ID OVE	R	
EDUCATI	ONAL A	TTAINMI	ENT	TRA	INING			RELIGIO)N	MARITAL ST	ATUS	AGE		MARRIA	AGE/
Has (A01_ NAME) ever attended school? 1. Still at school 2. Completed School 3. Discontinued 4. Never attended 5. Deffer IF 4 GO TO A25	level that (A01_NAME) is currently doing/has completed? Preschool 001003 Primary std 102107 Secondary form 201207 Non Formal Prima 301305 Apprentice certificate 410450, Brigade certificate, Vocational certificate, College certificate Other certificates.		What is/was (A01_NAME)'s subject of training? Deffer	(A01_NAME)'s subject of training? (code - ISCED) Deffer		(A01_NAME)'s religion? 1. Christian 2. Muslim 3. Bahai 4. Hindu 5. African Traditional Religion 6. No Religion 7. Rastafarians 8. Other 9. Deffer		What is (A01_NAME)'s current marital status? 1.Married 2. Never Married 3. Living Together 4. Separated 5. Divorced 6. Widowed 7. Divorced but now living Together 8. Widowed but now living Together 9. Deffer IF 2 GO TO A29		How old was (A01_NAME) when He/ she first got married/ union? 99 unknown 100 Deffer		How long has (A01_NAME) been in this marriage/ union?			
A22			3)	A24	A	\24a(3)	A25	5 (2)	A2	26 (2)	A27	(2)	A28	3(2)
			,												

		ALL PERSONS 12 YEARS AND 0					
			PARTICIPATION IN O	WN USE/SALE PRODUCTION			
	ECONOMIC ACTIVI	тү	AGRICULTURAL PRODUCTION	INTENDED DESTINATION			
Did (A01_NAME) do any type of work for wage/salary pay, profit or home use for at least 1 hour in the past 7 days? (include those temporarily absent from work, e.g. leave) 1. Yes GO TO A31 2. No 3. Deffer [IF NO, PROBE] Has worked at own lands/cattle Post? [IF YES CODE 1]	Since (A01_NAME) was not working, what did he/she do? 01. Actively seeking work/Business 02. House work 03. Student 04. Retired 05. Sick 06. Prisoner 07. disability/mental retarded 08. Other 09. Deffer GO TO A37	What was (A01_NAME) working as during the past 7 days? 01. Employee - paid cash 02. Employee - Paid in kind 03. Self-employed (no employees) 04. Self-employed (with employees) 05. Member- producer corporatives 06. Apprentice 07. Volunteer/ Tirelo Sechaba / Intern 08. Unpaid family helper in family business 09. Working at own agricultural activities (lands/cattleposts) IF 01-08 GO TO A34 (occupation)	What agricultural activities did (A01_NAME) do mainly (at own lands/cattleposts)? 1. Crop production 2. Livestock care 3. Fishing 4. Tree farming 5. Making agricultural produce for household use 6. Mixed farming 7. Other 8. Deffer	Thinking about the products obtained from (A01_NAME)'s household farming, livestock or fishing activitiesWhat are they intended for? READ OPTIONS 1. Only for sale or /barter 2. Mainly for sale/ barter, but some for household use 3.Mainly for household use, but some for sale/ barter 4.Only for Household use 5. Deffer IF 1 OR 2 GO TO A34			
A29	A30 (2)	A31(2)	A32	A33			

			AL	L PERS	ONS 12	YEARS AND OVER							
	occu	PATION				IND	USTRY				SECTOR OF EMP	LOYMENT	
Did (NAME) try to look for work/ open a business in the last 4 weeks or 30 days? 1. Yes 2. No	What type of work did (A01_NAME) do in the past 7 days? To be precise, what were main tasks and duties? Deffer (PROBE AS NECESSARY, USE TWO OR MORE WORDS TO DESCRIBE	(F01_I	NAME past e BOS	7 days		What was the main product, service or activity of (A01_NAME) place of work? Deffer (PROBE AS NECESSARY, USE TWO OR MORE WORDS TO DESCRIBE THE INDUSTRY)	place of work? (Code BISIC) Deffer				For whom did (A01_NAME) work in the past days? EMPLOYEES IN WAGE JOB (PA CASH OR IN KIND) 1. Central Government 2. Local Government 3. Parastatal sector 4. Private sector 5. Non govt organization 6. Private household 7. Ipelegeng		
	THE OCCUPATION)	A24n(4)									SELF-EMPLOYED/ HOUSEHOLD AGRICULTURE 8. Self-employment In own non-agric enterprise, paid or unpaid. 9. Worked in own or household farm, (products are mainly for sale) 10. Deffer		
Α33α	A34		A34	1a(4)		A35		A35	ia(4)		A36 (2)		
		7 7040(4)											
										l			

		ALL	PERSONS 18 YEARS AN	D OVER		
		7122	LAND OWNERSHIP			
Does (A01_NAME) own any type of land (agricultural, residential or business)?	Does (A01_ NAME) own agricultural land (either Individually or, jointly with someone else)?	Does (A01_NAME) own residential land (either Individually or, jointly with someone else)?	Does (A01_NAME) own Business land (either Individually or, jointly with someone else)?	Does (A01_NAME) has a certificate/title deed of the agricultural land with his/her name on it?	Does (A01_NAME) has a certificate/ti- tle deed residential land with his/her name on it?	Does (A01_NAME) has a certificate/ title deed of the business land with his/her name on it?
1. Yes 2. No 3. Deffer IF 2 & FEMALE GO TO M40M	1.Yes 2. No 3. Deffer	1.Yes 2. No 3. Deffer	1.Yes 2. No 3. Deffer	Individually Jointly No certificate/title deed Deffer CHECK IF A38 IS 1	1. Individually 2. Jointly 3. No certificate/ title deed 4. Deffer CHECK IF A38a IS 1	1. Individually 2. Jointly 3. No certificate/ title deed 4. Deffer CHECK IF A38b IS 1 IF MALE GO TO A48
OF IF 2 & MALE GO TO A48						
A37	A38	A38a	A38b	A39	A39a	A39b

			FERTILITY AND	CHILD SURVIVAL	- FEMALES ONLY			
			FEMA	ALES 10 YEARS AN	ID OVER			
How many male children have been born alive by (A01_NAME)?	How many female children have been born alive by (A01_NAME)? IF 00 FOR A40m & A40f GO TO A48	How many males are living with mother?	How many females are living with mother?	How many males are living elsewhere?	How many females are living elsewhere?	How many of the male children have died?	How many of the female children have died?	How old was (A01_NAME) when she had her first child? RECORD AGE IN COMPLETED YEARS
A40m(2)	A40f(2)	A41m(2)	A41f(2)	A42m(2)	A42f(2)	A43m(2)	A43f(2)	A44(2)
A40III(2)	A401(2)	A41111(2)	A411(2)	A42III(2)	A42I(2)	A43III(2)	A431(2)	A44(2)

							F	EMALES 1	0 - 49	YEAR	s					PERS	ONS 5 YEARS AND	OVER
		CHILI	DREN BC	ORN IN T	HE LAST	12 MONT	'HS			LA	ST CH	IILD E	VER I	BORN	ALIVE	IN	IDIVIDUAL USE OF	ICT
mal child bee alive (A0 in p	v many le dren hav en born e by 1_NAME) ast 12 nths?	e	How m female childre been be alive by (A01_N in past months	n have porn AME) 12 5? DR & A45f	these childre		these childr	many of female en ill alive?	and (A01	nich n year _NAM child k	was 1E)s				What is the sex of the child? 1. Male 2. Female 3. Deffer	Has(A01_ NAME) used a mobile cellular phone in the last three months? 1. Yes 2. No 3. Deffer	Has (A01_ NAME) used a computer (desktop, laptop, tablet or similar device) from any location in the last three months? 1. Yes 2. No - IF NO FOR A48 & A49 GO TO A51	Has (A01_ NAME) used the internet from any loca- tion in the last three months? 1. Yes 2. No 3. Deffer
	A 45 mg (2)		A 45		0.4	((2)	Α.	1/6/2)	MON	III	A 4-				A 47~	A 40	A 40	A FO
	A45m(2)		A45	1(∠)	A40	6m(2)	A ²	16f(2)			A47	(0)			A47a	A48	A49	A50
													1					
	'																	
								'										

		PERSONS 5 Y	EARS AND OVER		
		DISA	ABILITY		
SEEING	HEARING	COMMUNICATING	WALKING/ CLIMBING	REMEMBERING/ CONCENTRATING	SELF-CARE
Does (A01_NAME) have difficulty in Seeing, even when wearing glasses for those who usually wear them?	Does (A01_NAME) have difficulty in hearing, even when using hearing aid (for those who usually use them?	Does (A01_NAME) have difficulty with communicating in his/her language (i.e. understanding others or being understood by others?	Does (A01_NAME) have difficulty Walking or climbing stairs?	Does (A01_NAME) have difficulty in remembering or concentrating?	Does (A01_NAME) have difficulty with self-care such as washing all over, dressing or feeding
SEE CODES BELOW	SEE CODES BELOW	SEE CODES BELOW	SEE CODES BELOW	SEE CODES BELOW	SEE CODES BELOW
	1. No difficulty 2. Som	e difficulty 3. A lot of diff	culty 4. Cannot do d	at all 5. Deffer	
A51	A52	A53	A54	A55	A56

			LIST ALL	MEMBERS O	F THIS HO	USEHO	OLD (BOTS	WA	NA C	CITIZE	NS O	NLY	() OUTSIDE	BOTS	1AW	NA	
В								ALL PER	SONS	;								
CITIZENS OUTSIDE	SR NO).	NAME	RELATIONSHIP	SEX				AG	E				EDUCATIONA ATTAINMENT				
Is there a Botswana citizen member of this household out- side the country? (NB: Away for at least a month)			List all members of this household (Botswana Citizens only) outside the country	What is (B02_ NAME)'s relationship to the head of household?	Is (B02_NAME) Male or female	How of is (B02 NAME completed year)	2_ E) in blet- ears?	Birth D What birth?	is (BO2	2_NAM	1E)'s do	ate of		Has (802_ NAME) ever attended school?	highe (B02_ doing	pleted	is curr	ently
1. Yes 2. No - GO TO D01_DEATHS					2. Female	YEAR RECO	RD 00	FOR N			NOWN							
								M	И	Υ	Υ	Υ	Υ					
B01			B02	B03(2)	B04	B05	(2)			ВО	5(6)			В07		ВО	3(4)	
	9																	
										I								
	9																	
	9																	
	9																	
	9																	
	9																	
	7																	
	9																	
	9																	
	9																	
	9																	

P	ERSONS	12 YEARS A	ND OVER			ALL PERSONS		PERSO	NS 12 YEARS OVER
ī	RAINING		MARITAL STATUS	CURR	ENT	INTENDED DURATION OF ABSENCE	REASONS FOR ABSENCE	C	OCCUPATION
What is/ was (802_ NAME)'s subject of training?	subjec trainin	NAME)'s	What is(B02_NAME)'s current marrital status?	(B02_	try doe NAME) e now?	How long does (B02_NAME) intend to stay in that country? 1. 1 - 11 months 2. One year and over	What is the main reason for (B02_NAME)'s absence? Codes: 1 Student 2 Visiting 3 Official business 4 Accompanying 5 Medical 6 Working abroad 7 Other IF 1 TO 5 AND 7 GO TO B14	What type of work is (B02_NAME) doing abroad? (use two or more words to describe occupation)	What type of work is (B02_NAME) doing abroad? (code - BOSCO)
В09	В	09a(3)	B10		B11(3)	B12	B13	B13a	B13b(4)
		ı							

		DEDCOME 5 VI	EARS AND OVER		
			ABILITY		
SEEING	HEARING	COMMUNICATING	WALKING/CLIMBING	REMEMBERING/ CONCENTRATING	SELF-CARE
Does (B02_NAME) have difficulty in Seeing, even when wearing glasses for those who usually wear them?	Does (B02_NAME) have difficulty in Hearing, even when using hearing aid (for those who usually use them?	Does (B02_NAME) have difficulty with Communicating in his/her language (i.e. understanding others or being understood by others?	Does (B02_NAME) have difficulty Walking or climbing stairs?	Does (B02_NAME) have difficulty in Remembering or concentrating?	Does (B02_NAME) have difficulty with self-care such as washing all over, dressing or feeding
(SEE CODES BELOW)	(SEE CODES BELOW)	(SEE CODES BELOW)	(SEE CODES BELOW)	(SEE CODES BELOW)	(SEE CODES BELOW)
1. No diff	iculty 2. Sor	ne difficulty 3. A lo	ot of difficulty	4. Cannot do at all	5. Deffer
B14	B15	B16	B17	B18	B19

								ALL DEATHS					FEMALES 10-49
D DEATHS	BURIAL	NAME	SR NO.	RELA- TIONSHIP	SEX	AGE AT DEATH	DATE OF DEATH	ЕАТН	DEATH REGISTRATION	USUAL RESIDENCE		CAUSE OF DEATH	MATERNAL MORTALITY
Has any member of the household died after February 2020? 1. Yes 2. No	Has there been a buridisince February 2020 in this household? 1. Yes C. No GOTO SECTION E	what are the names of the person/s who died?		(SEE A03)	1. Male 2. Female	How old was (D03_ NAME) when he/she died?	did (D03_1	In which month & year did (D03_NAME)s death occur?	was (D03_ NAME)'s death registered? 1. Yes 2. No 9 Don't Know	What was (D03_NAME)'s usual place of residence ?	o-	was (D03_NAME)'s death due to any of the following? 1. Accident 2. Violence 3. Homicide 4. Suicide 5. GBV 6. Other Disease 7. None of the above 9 Don't know IF MALE, NEXT PERSON IF FEMALE, 1 to 5 NEXT	Did the death of (D03_NAME) occur (Read Out) 1. During Pregnancy 2. During Delivery 3. Within 6 weeks/42 days after delivery 4. Other
							Months	Years					
D01	D02	D03	D04(2)	D05	900	D07(2)		D08	D09	D10(5)		D11	D12
								-		-	-		
								=		-			

0 0 0 0 0 0 0 0 0 0	this household look after any of the following animals?	member of this	Did (any member) of this	Are the crops planted in this	ed in this	Did (any	Does this	How was the	What is the
		member of mis household plant/look affer any of the crops	household plant/ look after any crops or has	מנמון א מנומ כו מפון	»- 	member of the household look after any of the the following?	hold own or have access to	pland/s used for planting acquired?	system of Land tenure for planting
Ves NO		during the the last agric season? " (September 2019 to	tallow during the last agricultural season (October 2019 to (September				land used for planting?	02 Inbal 03 Inheritance 04 Purchased 05 Lease	1. Tribal Land 2. Freehold 3. State
		October 2020)	2020)		Yes NO		200	07 Relative	Land
	01 Cattle	1. Plant (GO TO	01. Sorghum	01. Sorghum	1 2	01. Sorghum	2 No	allocated	
	02 Goats	E03a first)	02. Maize	02. Maize	1 2	02. Maize	(60 10	09 Other	
	03 Sheep	2. Look direr (GO TO E04)	03. Beans/pulses	03. Beans/pulses	1 2	03. Beans/pulses	EU8)		
	04 Pigs	3. Both plant	04. Millet	04. Millet	1 2	04. Millet			•
	05 Poultry	(GO TO E03a	05. Sunflower	05. Sunflower	1 2	05. Sunflower			
	06 Donkeys/ mules	first, then E03b then E04)	06. Groundnuts	06. Groundnuts	1 2	06. Groundnuts			
	07 Horses	4. NO -	07. Water melons	07. Water melons	1 2	07. Water melons			
	08 Ostrich	(60 O O O O O O	08. Melons	08. Melons	1 2	08. Melons			
	09 Game		09. Sweetreed	09. Sweet reed	1 2	09. Sweet reed			
	10 Other		10. Wheat	10. Wheat	1 2	10. Wheat			
			11. Pumpkins	11. Pumpkins	1 2	11. Pumpkins			
			12. Lucerne	12. Lucerne	1 2	12. Lucerne			
			13. Fallow land	13. Other	1 2	13 Other			
			14. Other						
E01b(2)	E02(2)	E03	E03a(2)	E03b(2)		E04(2)	E05	E06 (2)	E07
				b.					

					HOUSING UNIT	HOUSING UNIT (TICK RESPONSES)		
SINCE LAST YEAR THIS	TIME (OCTOBER 2019	SINCE LAST YEAR THIS TIME (OCTOBER 2019) DID YOUR HOUSEHOLD	TYPE OF	ASK FOR MATERIAL OF CONSTRUCTION OF THE MAIN HOUSE	F CONSTRUCTION OF	: THE MAIN HOUSE	TENURE OF HOUS-	
MEMI	MEMBER(S) RECEIVE CASH FROM	H FROM	HOUSING UNIT	FOR THE HOUSEHOLD			ING UNIT	NUMBER OF ROOMS
ACRICULTURAL ACTIVITIES O1. Ploughing services O2. Hunting/trapping O3. Game/wildlife propagation O4. Fishing O5. Tree planting O6. Timber harvesting O7. Selling veld products O8. Selling ivestock O9. Selling crop produce I0. Piggery I1. Bee keeping I2. Dairy produce I3. Ostrich farming I4. poultry I5. Horticulture I6. Sorghum/maize processing I7. Fruits/vegetable processing I8. Hides and skin processing I8. Hides and skin processing I8. Hides	HOUSEHOLD ACTIVITIES Sale of home made produce? 1 Traditional Beer 2 Non alcoholic beverages 3 Craftwork 4 Clothes 5 Cooked food 6 None 7 Other	OTHER CASH/ INKIND RECEIPTS O0 remitances from outside Bofswana 01 Employment wage/salary 02 Business income 03 Rental income 04 Pension of refired persons 05 Contributory pensions - 04 Pension of retired persons 06 Contributory pensions - 07 Dividend payments 08 Child maintance 09 Cash gifts received 10 Cash from relatives 11 Inkind gifts received 12 Cash loans received (incl. salary advance) 13 Destitute Persons Program 14 Orphan Care Program 14 Orphan Care Program 15 World War II Veterans Allowance 16 Old age pension 17 Student allowance 18 Other	01 Traditional 02 Mixed 03 Detached 04 Semi-detacched 05 Town house/ Terracced 06 Flats, Apartment 07 Part of commercial building 08 Movable 09 Shack 10 Rooms 11 None 1- Exclusive use 2- Shared IF 11 GO TO E17	WALLS 10 Conventional bricks/ blocks 02 Mud bricks/ blocks 03 Mud and poles/ cowdung/ thatch/ reeds/bottles 04 Poles and reeds 05 Corrugated Iron/Zinc/Tin 06 Asbestos 07 Wood 08 Stone 09 Other	FLOOR 1 Cement 2 Floor Tiles 3 Mud 4 Mud/Dung 5 Wood 6 Brick/Stones 7 None 8 Other	ROOF 1 Slate 2 Thatch 3 Roof files 4 Corrugated Iron/Zinc/Tin 5 Asbetos 6 Concrete 7 Other	How was this housing unit acquired? 01 Self built (Owner-occupied) 02 Family home 03 Rent Individual 04 Free(job related) 05 Rent Government ment 06 Free: Inherited 07 Free 08 Purchased (Owner occupied) 09 Rent: Company 10 Rent: BHC 11 Rent: Council 12 Rent: VDC 13 Donafted 99 Do not know	How many living rooms are there in this housing unit? (Include garages, kitchen etc. if also used for sleeping)
E8(2)	E09	E10(2)	E11(3)	E12(2)	E13	E14	E15(2)	E16(2)

			HOUSING UNIT (TICK RESPONSES)		
WATER SUPPLY		TOILET FACILITY	BATHROOM	KITCHEN AVALABILITY	REFUSE DISPOSAL
Drinking Water What is the main source of drinking water for the household?	Water for other use What is the principal water supply for this household?	What type of toilet facility is used by this household?	Does your household have a bathroom? 1. With fixed bath or shower within	Does your household 'have a kitchen or space for cooking? 1. Kitchen within housing unit	How does this household mainly dispose off its refuse/rubbish 1 Regularly collected 2 Irregularly collected
01 Piped indoors 02 Piped outdoors 03 Neighbour's tap 04 Communal tap 05 Bouser 06. Tanker 07 Well 08 Borehole	01 Piped indoors 02 Piped outdoors 03 Neighbour 04Communal Tap 05 Bouser 07 Well 08 Borehole	Exclusive Use Shared with other households Communal Shared with Neighbours None	2. Without fixed bath or shower within housing unit 3. With fixed bath or shower outside housing unit 4. Without fixed bath or shower outside housing unit 5. No bathroom available	2. Orner space for cooking within nousing unit such as kitchenette 3. Kitchen or other space for cooking outside housing unit 4. No kitchen or other space for cooking available	s Burning 4 bury 4 bury 5 Designated disposal 7 Other
09 River/Stream 10 Dam/Pan 11 Rain water tank 12 Spring water 13 Bottled water/refill water 14 Other	09 River/Stream 10 Dam/Pan 11 Rain water tank 12 Spring water 13 Other	1 Flush toilet (connected to sewer line) 2 Flush toilet (with septic tank) 3 Ventilated Improved Pit Lattine (VIP) 4 Pit lattine 5 Dry Compost (e.g. Enviroloo) 6 None	1 - Exclusive Use 2 - Shared	1- Exclusive Use 2- Shared	
E17(2)	E18(2)	E19(2)	E20(2)	E21(2)	E22

			01.Electricity - National Grid 01.Electricity -							09 Coal	oal 10. Charcoal		raw/	13. Animal waste/dung	3. Animal waste/dung 14.None	15 Other		E25(2) E26 (2)	
PRINCIPAL FUEL	What is the principal source of energy used by this household for:	COOKING - HEATING SPACE (Affernative)		01. Electricity – National Grid 02. Electrici								esidue/grass/straw/shrubs			_	14. None	l 5 Other	E24a(2)	
	What is the principal so	COOKING - COOKIN		01. Electricity — National Grid								Je/grass/straw/shrubs		14 Other 14. None	15. Other			E24(2)	
		LIGHTING				city-			(Petrol Generator)				09. Candle	10. Paraffin	11. Firewood	12. Charcoal	13 Other	E23 (2)	

OWNERSHIP OF DURABLES & ICT			HOUSEHOLD ACCESS TO ICT	
Does any member of this household own any of the following in a working condition?	lowing in a working	Does any member of this household have access to the internet at home?	What type(s) of internet access services are used in this household?	Why does this household not have Interet access
01. Van 02. Car 02. Car 03. Tractor 04. Truck 05. Donkey cart 05. Bicycle 07. Trailer 08. Wheel barrow 09. Fixed Telephone 10. Computer/(desktop, laptop, tablet or similar) 11. Cellphone	12. Makara/canae 13. Boat with Mator 14. Sewing Machine 15. Matorbike 16. Plough 17. Refrigerator 18. Radio 19. Watch 20. TV 21 Other	(regardless of whether it is used) 1. Yes 2. No (GO TO E30) 3. Don't know (END INTERVIEW)	1. Asymmetric Digital Subscriber Line (ADSL) (e.g. Provided by BTC or Internet Service Providers) 2. Fixed Wireless (Provided by Internet Service Providers, BTC, Mascom, or Orange) 3. Mobile Internet (Provided by bemobile, Orange, Mascom, Orange and through their mobile cellular networks) 4. Satellite broadband 5. Fibre- to-the-Home / Building 9. Don't know.	01 Do not need the Internet 02 Have access to the Internet elsewhere 03 Lack of knowledge or skills 04 Cost of the equipment is too high 05 Cost of the service is too high 06 Privacy or security concerns 07 Internet service is not available in the area 08 No electricity in the household 09 Don't Know
E27(2)		E28	E29	E30 (2)
-				-



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