



# AGRICULTURAL SURVEY 2000

PSU number

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Dwelling unit number

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Questionnaire number

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Total no of questionnaires for this dwelling unit

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Physical identification of the dwelling unit .....

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Telephone number (if any)

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Physical identification of the farming operation .....

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Response details				
Visit	Date (actual)	Result code	Next planned	visit
1				
2				
3				
4				
<b>FINAL RESULT</b>				

RESULT CODES (for response details)	
1	Completed
2	Non-contact
3	Refused
4	Partly complete
5	No usable information
6	Vacant dwelling
7	Listing error
8	Other

**Comment and give full details below of all non-response**

### Field staff

Interviewer	Date checked
Supervisor	Date checked

### Comments and full details of all non-response

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## INTRODUCTION

In order for the government to undertake planning and development in the agricultural sector, comprehensive information on all farmers is essential. While fairly comprehensive information about large-farms was readily available until recently, very little information has been collected about small-farms. It is very important that a statistical base be developed and updated for setting targets and assessing growth in the agricultural sector, and for developing socio-economic indicators of the situation in rural areas.

In a special effort to remedy this lack of up-to-date information, this sample survey of farmers is being conducted on behalf of the National Department of Agriculture (NDA). As the operator of a farming operation selected to participate in this survey, we hope you will answer the following questions as honestly and as accurately as possible. All information you provide will be held strictly confidential and used only in combination with data from other selected farmers to provide farm statistics for your province and the Republic of South Africa.

## SECTION A - This section covers particulars of each person in the farm household

**Read out:** First I would like to find out about the members of this household and to identify those involved in farming.

List all household members, starting with the respondent	Person number					
	01 Respondent	02	03	04	05	06
<b>1 First name and surname</b> Write down first name and surname of each member of the household, starting with the respondent.  Write sideways if necessary	First name:					
	Sur-name:					
<b>2 What is ..... 's relationship to the head of the household?</b>  01 = HEAD OF HOUSEHOLD 02 = SPOUSE OR PARTNER 03 = CHILD 04 = PARENT 05 = GRANDCHILD 06 = GRANDPARENT 07 = BROTHER OR SISTER 08 = SON- OR DAUGHTER-IN-LAW 09 = FATHER- OR MOTHER-IN-LAW 10 = BROTHER- OR SISTER-IN-LAW 11 = OTHER FAMILY 12 = OTHER NON-FAMILY	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
<b>3 Is ..... a male or a female?</b>  1 = MALE 2 = FEMALE	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2

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<b>4 How old was ..... at his/her last birthday?</b> <i>Less than 1 year = 0</i>						
<b>5 What is the highest level of formal education that ..... has completed?</b> 1 = No SCHOOLING, GRADE 0 2 = SUB A/GRADE 1- GRADE 7/STANDARD 5 3 = GRADE 8/STANDARD 6/FORM 1 - GRADE 12/ STANDARD 10/FORM 5/ MATRIC 4 = SOME COLLEGE OR UNIVERSITY 5 = COLLEGE OR UNIVERSITY DEGREE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

07	08	09	10	11	12	13	14	15	16	17	18
<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2

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<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5

	01	02	03	04	05	06
<b>6 Does ..... make any day-to-day decisions about the farming operation?</b>						
1 = YES	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2 = NO	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<b>7 What population group does ..... belong to?</b>						
1 = AFRICAN/BLACK	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2 = COLOURED	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 = INDIAN/ASIAN	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4 = WHITE	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
5 = OTHER	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5

07	08	09	10	11	12	13	14	15	16	17	18
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5

**SECTION B – Definition of farming operation**

*Read out:* Now I would like to ask about ...

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<p><b>1 How many different farming operations (or farming units) are operated by members of this household?</b>  <i>Multiple farms, holdings or portions of land (whether contiguous or not and irrespective of magisterial district) that are operated as a single unit should be considered one farming operation.</i></p> <ul style="list-style-type: none"> <li>▪ Complete the rest of this questionnaire for the first farming operation associated with this household.</li> <li>▪ If Q 1 = 2 or more, complete additional questionnaires for all farming operations associated with this household.</li> </ul>	
<p><b>2 Are the day-to-day decisions for this farming operation made by an individual, partners or a hired manager?</b></p> <p>1 = ONE INDIVIDUAL → Go to Q5</p> <p>2 = PARTNERS → Go to Q3a</p> <p>A hired manager for a:</p> <p>3 = PUBLIC COMPANY OR CORPORATION } → Go to Q5</p> <p>4 = PRIVATE COMPANY OR CORPORATION }</p> <p>5 = CO-OPERATIVE }</p> <p>6 = CENTRAL, PROVINCIAL OR LOCAL GOVERNMENT }</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2  <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
<p><b>3.a How many individual members are involved in the partnership?</b></p>	
<p><b>3.b Do any of these partners live in another household?</b></p> <p>1 = YES</p> <p>2 = No → Go to Q5</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<p><b>3.c Please give the name of this partnership.</b></p> <p>1. _____</p> <p>_____</p>	
<p><b>4 The “senior partner” is defined as the partner who makes the day-to-day decisions for the farming operation - if decisions are shared, the oldest partner.</b></p> <p><b>Does the senior partner live in this household?</b></p> <p>1 = YES → Go to Q5</p> <p>2 = No End of interview for this household</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<p><b>5 Of the household members identified as making decisions about farming operations (Q A.6 = YES), which person is the main decision maker for this farming operation?</b>  <i>Give person number from table in section A</i></p>	
<p><b>6 For how many years has this farming unit been in operation?</b> <i>Give number of years</i></p>	
<p><b>7 Is this farming unit operated on a</b></p> <p>1 = Full-time basis</p> <p>2 = Part-time basis</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2

## SECTION C – Land use

**Read out:** Now I would like to ask about the total land operated. Please identify all plots of land, located here or elsewhere, to which this household had access in the last 12 months. Include residential plots, cropland, pasture or grazing land, woodland, and vacant or fallow land.

*Start with residential plots. When all questions for a plot have been asked, prompt with “Any other plots?”*

	Plot number					
	01	02	03	04	05	06

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<b>1.a What is the total area of the plot?</b>						
<b>1.b In what unit of measure is that?</b>						
1 = HECTARES	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2 = SQUARE METERS	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 = MORGANS	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4 = ACRES	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
5 = FOOTBALL FIELDS	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
6 = OTHER, SPECIFY .....	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<b>2 On what basis do you have access to this plot?</b>						
01 = OWN – BOUGHT OR INHERITED	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
02 = OWN VIA LAND GRANT	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
03 = ALLOCATED BY LOCAL/TRIBAL AUTHORITY	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
04 = RENT FROM OTHERS FOR CASH	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
05 = RENT FROM OTHERS FOR A SHARE OF CROP OR LIVESTOCK PRODUCTION	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
06 = RENT FROM OTHERS AT NO COST	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
07 = RENT TO OTHERS FOR CASH	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
08 = RENT TO OTHERS FOR A SHARE OF CROP OR LIVESTOCK PRODUCTION	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
09 = RENT TO OTHERS AT NO COST	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
10 = OCCUPY INFORMALLY	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
<i>If rented for cash</i>						
<b>3 What was the total rent paid for the plot in the last 12 months?</b>						
<b>4 What was the main use of this plot during the last 12 months?</b>						
1 = RESIDENTIAL	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2 = CROPLAND	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 = GRAZING	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4 = FALLOW	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
5 = VACANT	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
6 = OTHER	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<b>5 What type of water supply does this plot have?</b>						
1 = RAIN FED ONLY	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2 = RETICULATED TO A TAP	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3 = HAND CARRIED	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4 = FURROW (E.G. FLOOD)	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
5 = PUMPED (E.G. SPRINKLERS)	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
6 = CENTRE PIVOT	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
7 = DAM	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
8 = OTHER, SPECIFY .....	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8

<b>07</b>	<b>08</b>	<b>09</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>

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<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8

## SECTION D – Crop area, production and disposition

*Read out:* Now I would like to find out about the crops produced on this operation during the past year.

	1. During the last 12 months or the last full crop	2. How big an area ...			3. What was the total quantity harvested?		
		did you plant?	do you have under ...?	did you harvest?	Unit of Measure	Total Production	Unit of Measure

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					1 = Hectares 2 = Square meters 3 = Morgans 4 = Acres 5 = Football fields 6 = Other, specify		01 = Kilos 02 = 10 kilo container 03 = 20 kilo container 04 = 50 kilo container 05 = Box, specify size 06 = Basin, specify size 07 = Tin, specify size 08 = Bundle 09 = Bunch 10 = Piece/Number 11 = Other, specify	
CROP		Units	Units	Units	Enter code	Quantity	Enter code	If 05-07 or 11, specify
Maize for grain	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Maize for fresh consumption (mealies)	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Grain sorghum	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Wheat	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Soya beans	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Dry beans	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Groundnuts	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Sunflowers	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Sugarcane	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Cotton	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Lucerne or other hay	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Tobacco	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Other field crops specify	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							

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4. Of the total quantity harvested, how much did you sell or do you intend to sell? What was the average price you received?		5. Of the total quantity not sold...					
		a. How much was kept for use by this farm or household for...			How much was used to pay...		
Total sold and to be sold	Average price	Home consumption?	Seed?	Feed?	Share rent?	Farm or household labourers?	
Quantity	Rand per unit	Quantity	Quantity	Quantity	Quantity	Quantity	CROP
							Maize for grain
							Maize for fresh consumption (mealies)
							Grain sorghum
							Wheat
							Soya beans
							Dry beans
							Groundnuts
							Sunflowers
							Sugarcane
							Cotton
							Lucerne or other hay
							Tobacco
							Other field crops Specify

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	1. During the last 12 months or the last full crop season, did you raise any of this crop?	2. How big an area ...			Unit of Measure 1 = Hectares 2 = Square meters 3 = Morgans 4 = Acres 5 = Football fields 6 = Other, specify	3. What was the total quantity harvested?		
		did you plant?	do you have under ...?	did you harvest?		Total Production	Unit of Measure 01 = Kilos 02 = 10 kilo container 03 = 20 kilo container 04 = 50 kilo container 05 = Box, specify size 06 = Basin, specify size 07 = Tin, specify size 08 = Bundle 09 = Bunch 10 = Piece/Number 11 = Other, specify	
CROP		Units	Units	Units	Enter code	Quantity	Enter code	If 05-07 or 11, specify
Apples	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Avocados	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Bananas	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Grapes	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Guavas	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Litchis	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Mangoes	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Oranges and other citrus fruit	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Pawpaws	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Peaches	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Pears	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Pineapples	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Plums	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Strawberries & other berries	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Tree nuts	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							

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4. Of the total quantity harvested, how much did you sell or do you intend to sell? What was the average price you received?		5. Of the total quantity not sold...					
		a. How much was kept for use by this farm or household for...			How much was used to pay...		
Total sold and to be sold	Average price	Home consumption?	Seed?	Feed?	Share rent?	Farm or household labourers?	
Quantity	Rand per unit	Quantity	Quantity	Quantity	Quantity	Quantity	CROP
							Apples
							Avocados
							Bananas
							Grapes
							Guavas
							Litchis
							Mangoes
							Oranges and other citrus fruit
							Pawpaws
							Peaches
							Pears
							Pineapples
							Plums
							Strawberries & other berries
							Tree nuts

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	1. During the last 12 months or the last full crop season, did you raise any of this crop?	2. How big an area ...			Unit of Measure 1 = Hectares 2 = Square meters 3 = Morgans 4 = Acres 5 = Football fields 6 = Other, specify	3. What was the total quantity harvested?		
		did you plant?	do you have under ...?	did you harvest?		Total Production	Unit of Measure 01 = Kilos 02 = 10 kilo container 03 = 20 kilo container 04 = 50 kilo container 05 = Box, specify size 06 = Basin, specify size 07 = Tin, specify size 08 = Bundle 09 = Bunch 10 = Piece/Number 11 = Other, specify	
CROP		Units	Units	Units	Enter code	Quantity	Enter code	If 05-07 or 11, specify
Watermelons and other melons	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Other fruit, specify	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Amadumbe	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Beetroot	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Cabbage	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Carrots	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Cauliflower	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Green beans	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Green peas	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Lettuce	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Onions	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Potatoes	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Pumpkins and squashes	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							

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4. Of the total quantity harvested, how much did you sell or do you intend to sell? What was the average price you received?		5. Of the total quantity not sold...					
		a. How much was kept for use by this farm or household for...			How much was used to pay...		
Total sold and to be sold	Average price	Home consumption?	Seed?	Feed?	Share rent?	Farm or household labourers?	
Quantity	Rand per unit	Quantity	Quantity	Quantity	Quantity	Quantity	CROP
							Watermelons and other melons
							Other fruit, specify
							Amadumbe
							Beetroot
							Cabbage
							Carrots
							Cauliflower
							Green beans
							Green peas
							Lettuce
							Onions
							Potatoes
							Pumpkins and squashes

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	1. During the last 12 months or the last full crop season, did you raise any of this crop?	2. How big an area ...				3. What was the total quantity harvested?			
		did you plant?	do you have under ...?	did you harvest?	Unit of Measure	Total Production	Unit of Measure		
					1 = Hectares 2 = Square meters 3 = Morgans 4 = Acres 5 = Football fields 6 = Other, specify		01 = Kilos 02 = 10 kilo container 03 = 20 kilo container 04 = 50 kilo container 05 = Box, specify size 06 = Basin, specify size 07 = Tin, specify size 08 = Bundle 09 = Bunch 10 = Piece/Number 11 = Other, specify		
CROP		Units	Units	Units	Enter code	Quantity	Enter code	If 05-07 or 11, specify	

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	1. During the last 12 months or the last full crop season, did you raise any of this crop?	2. How big an area ...				3. What was the total quantity harvested?		
		did you plant?	do you have under ...?	did you harvest?	Unit of Measure	Total Production	Unit of Measure	
CROP		Units	Units	Units	Enter code	Quantity	Enter code	If 05-07 or 11, specify
Spinach	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓				1 = Hectares 2 = Square meters 3 = Morgans 4 = Acres 5 = Football fields 6 = Other, specify			
Other types of morogo	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Sweet potatoes	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Tomatoes	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Turnips	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Beetroot	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Other vegetables, specify	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Flowers	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Herbs	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Sisal	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Trees for timber and/or charcoal	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
Other, specify	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							
	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓							

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4. Of the total quantity harvested, how much did you sell or do you intend to sell? What was the average price you received?		5. Of the total quantity not sold...					
		a. How much was kept for use by this farm or household for...			How much was used to pay...		
Total sold and to be sold	Average price	Home consumption?	Seed?	Feed?	Share rent?	Farm or household labourers?	
Quantity	Rand per unit	Quantity	Quantity	Quantity	Quantity	Quantity	CROP
							Spinach
							Other types of morogo
							Sweet potatoes
							Tomatoes
							Turnips
							Beetroot
							Other vegetables, specify
							Flowers
							Herbs
							Sisal
							Trees for timber and/or charcoal
							Other, specify

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## SECTION E – Livestock and poultry inventory and disposition

**Read out:** Now I would like to find out about the livestock and poultry on y this operation from 1 September 1999 through 31 August 2000

ANIMALS	1. During the last 12 months, did this operation have any of these animals?	2. How many of these animals did this operation have as of 31 August 2000?	From 1 September 1999 through 31 August 2000...		
			3. How many were born?	4. How many did the operation buy? What was the average price paid?	
				Number bought	Average price
		Head	Head	Head	Rand per head
Beef cattle and calves	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓				
Dairy cattle and calves	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓				
Sheep and lambs	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓				
Angora goats and kids	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓				
Other goats and kids	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓				
Pigs and piglets	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓				
Horses	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓				
Donkeys	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓				
Poultry (chickens, ducks, turkeys)	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓				
Ostriches	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓				
Game, specify type	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓				
	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓				
	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓				
Other, specify	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓				
	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓				
	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓				

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From 1 September 1999 through 31 August 2000...						
5. How many did the operation sell? What was the average price received?		6. How many were slaughtered for household consumption?	7. How many died, disappeared or were stolen?	8. How many were used to pay...		ANIMALS
Number sold	Average price			Share rent?	Farm or household labourers?	
Head	Rand per head	Head	Head	Head	Head	
						Beef cattle
						Dairy cattle
						Sheep
						Angora goats
						Other goats
						Pigs
						Horses
						Donkeys
						Poultry
						Ostriches
						Game, specify
						Other, specify

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PSU no  DU no  Questionnaire no  +

**SECTION F – Crop, livestock and poultry products**

**Read out:** Now I would like to find out about the crop, livestock and poultry products produced by this operation during the last 12 months

PRODUCTS	1. During the last 12 months, did this operation produce any of these products?  <input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	2. How much of this product was produced?		3. Of the total quantity produced, how much was sold? What was the average price received?	
		Production	Unit of Measure	Total Sold	Average Price
		Quantity		Quantity	Rand per unit
Flour	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓		kilos		
Maize meal	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓		kilos		
Processed animal feed	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓		kilos		
Jams and jellies	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓		kilos		
Juices	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓		litres		
Dried fruit	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓		kilos		
Canned fruits	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓		kilos		
Canned vegetables	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓		kilos		
Other crop products, specify	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓		Specify		
	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓				
Meat	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓		kilos		
Eggs	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓		dozen		
Milk	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓		litres		
Butter	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓		kilos		
Cheese	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓		kilos		
Other dairy products	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓		kilos		
Honey	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓		kilos		
Wool	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓		kilos		

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4. Of the total quantity not sold...			
a. How much was kept for home consumption or for consumption by farm animals?	b. How much was used to pay...		PRODUCTS
	Share rent?	Farm or household labourers?	
Quantity	Quantity	Quantity	
			Flour
			Maize meal
			Processed animal feed
			Jams and jellies
			Juices
			Dried fruit
			Canned fruits
			Canned vegetables
			Other crop products, specify
			Meat
			Eggs
			Milk
			Butter
			Cheese
			Other dairy Products
			Honey
			Wool

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SECTION 7 - Crop, livestock and poultry products

PRODUCTS	1. During the last 12 months, did this operation produce any of these products?  <input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	2. How much of this product was produced?		3. Of the total quantity produced, how much was sold? What was the average price received?	
		Production	Unit of Measure	Total Sold	Average Price
		Quantity		Quantity	Rand per unit
Mohair	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓		kilos		
Hides and skins	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓		number		
Other animal products, specify	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓		specify		
	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓				
	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓				

4. Of the total quantity not sold...			
a. How much was kept for home consumption or for consumption by farm animals?	b. How much was used to pay...		PRODUCTS
	Share rent?	Farm or household labourers?	
Quantity	Quantity	Quantity	
			Mohair
			Hides and skins
			Other animal products, specify

**SECTION G – Other farm income**

*Read out:* Now I would like to ask about any other sources of farm income received during the last 12 months



INCOME SOURCE	1. During the last 12 months, did this operation receive income from any other farm-related sources?	2. Was payment received in cash or in-kind?	3. What was the total amount received in cash? Rand
Letting of farm property to others	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
Sales of manure or straw produced by this operation	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
Hiring out of livestock for draft	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
Hiring out of livestock for stud services	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
Custom work for and/or machine hire to others	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
Sales of farm machinery and vehicles	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
Agricultural disaster relief payments received	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
Other, specify	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	

**SECTION H – Farm labour**

**READ OUT:** Now I would like to ask about the number of workers and time spent working on this operation during the last 12 months.

	1. During the last 12 months, how many people worked on this farming operation?		2. On average, how many hours did a worker of this type spend working on this operation each month?
	Number of workers		Hours per person in average month
	Males	Females	
Operator & partners			
Family members:	Unpaid		
	Paid		
Other unpaid workers			
Hired workers:	Permanent		
	Seasonal		
	Contract		

**SECTION I – Production and operating expenses**

**Read out:** Now I would like to ask about your farm expenses during the last 12 months

INPUT, SERVICE OR EXPENSE	1. During the last 12 months, did this operation use this input or service, or incur this expense?	2. Where was this input or service obtained?		3. Did you pay in cash or in-kind?	4. What was the total amount paid?
		Enter code	If 8, specify		
<b>CROPS</b>					
Seed or seedlings	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓			<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
Fertilizers (chemical or manure)	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓			<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
Crop pesticides (herbicides, insecticides, fungicides)	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓			<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
Irrigation water	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓			<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	

	1. During the last 12 months, did this operation use this input or service, or incur this expense?	2. Where was this input or service obtained?		3. Did you pay in cash or in-kind?	4. What was the total amount paid?
		1 = Produced on farm 2 = Neighbour 3 = Commercial farmer 4 = Local dealer or business 5 = Farmers' cooperative 6 = Mill or processing plant 7 = Government service 8 = Other, specify			
Ploughing services	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓			<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
Harvesting services	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓			<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
Milling, gristing or other crop processing	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓			<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
<b>LIVESTOCK</b>					
Livestock or poultry feed, including grain, hay, etc.	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓			<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
Animal sprays & dips	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓			<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
Veterinary services	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓			<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
Animal vaccines, medicines and remedies	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓			<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
Straw for animal bedding	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓			<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
Butchering/abattoir services	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓			<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
<b>ENERGY &amp; UTILITIES</b>					
Petrol, diesel, paraffin, oil and lubricants for farm use	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓			<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
Electricity for farm use	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓			<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
		<i>Enter code</i>	<i>If 8, specify</i>		<b>Rand</b>
Other energy for farm use (wood, coal, etc.)	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓			<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
<b>Telephone service for farm use</b>	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓			<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
<b>OTHER INPUTS OR SERVICES</b>					
Transport/hauling services	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓			<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
Marketing services	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓			<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	

	1. During the last 12 months, did this operation use this input or service, or incur this expense?	2. Where was this input or service obtained?		3. Did you pay in cash or in-kind?	4. What was the total amount paid?
		1 = Produced on farm 2 = Neighbour 3 = Commercial farmer 4 = Local dealer or business 5 = Farmers' cooperative 6 = Mill or processing plant 7 = Government service 8 = Other, specify			
Use of storage facilities	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓			<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
Other, specify	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓			<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓			<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
<b>SUPPLIES &amp; REPAIRS</b>					
Farm supplies, tools, equipment, marketing containers & packaging materials	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓			<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
Maintenance & repair (including parts) to bakkies, lorries, tractors & other machinery used on farm	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓			<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
Maintenance & repair (including materials) to farm structures (buildings, dams, fences, etc.)	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓			<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
<b>CAPITAL IMPROVEMENTS</b>					
New structures & buildings (houses for workers, farm buildings, sheds, fences, pigsties, fowl runs, etc.)	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓			<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
Improvements to the land (clearing, contouring, irrigation furrows)	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓			<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
<b>FEES, INSURANCE &amp; TAXES</b>					
Tribal/local authority fees paid to gain access to agricultural land	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓			<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	

	1. During the last 12 months, did this operation use this input or service, or incur this expense?	2. Where was this input or service obtained?		3. Did you pay in cash or in-kind?	4. What was the total amount paid?
		1 = Produced on farm 2 = Neighbour 3 = Commercial farmer 4 = Local dealer or business 5 = Farmers' cooperative 6 = Mill or processing plant 7 = Government service 8 = Other, specify			
		Enter code	If 8, specify		Rand
Taxes on agricultural land and farm business	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓			<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	

	1. During the last 12 months, did this operation use this input or service, or incur this expense?	2. Where was this input or service obtained? 1 = Produced on farm 2 = Neighbour 3 = Commercial farmer 4 = Local dealer or business 5 = Farmers' cooperative 6 = Mill or processing plant 7 = Government service 8 = Other, specify	3. Did you pay in cash or in-kind?	4. What was the total amount paid?
Insurance for farm business	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓		<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
Interest & fees paid on loans for farm business	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓		<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
<b>LABOUR</b>				
Hired farm workers (permanent, seasonal & contract)	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓		<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
<b>OTHER EXPENSES</b>				
General business expenses Accounting, legal, license & membership fees; advertising; magazines; computers, furniture, other office equipment & supplies; etc.	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓		<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
Rental of work animals	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓		<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
Public transport used for farming activities	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓		<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
Other, specify	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓		<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	
	<input type="checkbox"/> YES → <input type="checkbox"/> NO ↓		<input type="checkbox"/> 1 CASH → <input type="checkbox"/> 2 IN-KIND ↓	

**SECTION J – Farm assets**

*Read out:* Now I would like to ask about your farm assets during the last 12 months

ASSET	1. Does this farming operation own any of these assets?	2. What is the estimated market value or actual cash value of these assets? Rand
<b>PHYSICAL ASSETS</b>		
Agricultural land	<input type="checkbox"/> YES → <input type="checkbox"/> No ↓	
Operator's house	<input type="checkbox"/> YES → <input type="checkbox"/> No ↓	
Other houses & schools	<input type="checkbox"/> YES → <input type="checkbox"/> No ↓	
Farm buildings & other structures (shed, warehouse, other storage facilities, livestock/poultry houses, etc.)	<input type="checkbox"/> YES → <input type="checkbox"/> No ↓	
Motor vehicles (cars, bakkies, lorries, airplanes, etc.)	<input type="checkbox"/> YES → <input type="checkbox"/> No ↓	
Tractors, machinery & implements	<input type="checkbox"/> YES → <input type="checkbox"/> No ↓	
Farm equipment & tools (pump, wheelbarrow, sprayer, spade, hoe, etc.)	<input type="checkbox"/> YES → <input type="checkbox"/> No ↓	
All livestock, poultry & other animals	<input type="checkbox"/> YES → <input type="checkbox"/> No ↓	
All crops standing in fields & orchards, not yet harvested	<input type="checkbox"/> YES → <input type="checkbox"/> No ↓	
All crops stored (grains, hay, silage, nursery & greenhouse products not in ground)	<input type="checkbox"/> YES → <input type="checkbox"/> No ↓	
Production inputs (feed, fertilizer, chemicals, fuel, parts, seed and other supplies)	<input type="checkbox"/> YES → <input type="checkbox"/> No ↓	
Office equipment & supplies (computers, furniture, telephone/cellular phone, radio, TV, etc.)	<input type="checkbox"/> YES → <input type="checkbox"/> No ↓	
Other physical assets (packaging materials, wool not yet marketed, etc. - specify)	<input type="checkbox"/> YES → <input type="checkbox"/> No ↓	
<b>FINANCIAL ASSETS</b>		
Savings account at a bank	<input type="checkbox"/> YES → <input type="checkbox"/> No ↓	
Savings in stokvel	<input type="checkbox"/> YES → <input type="checkbox"/> No ↓	
Savings in a pension plans or retirement annuities	<input type="checkbox"/> YES → <input type="checkbox"/> No ↓	

ASSET	1. Does this farming operation own any of these assets?	2. What is the estimated market value or actual cash value of these assets? Rand
Unit trusts, stocks or shares	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 No ↓	
Cash loans to others which are expected to be repaid	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 No ↓	
Life insurance	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 No ↓	
Other financial assets, specify	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 No ↓	
	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 No ↓	
	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 No ↓	
	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 No ↓	

**SECTION K – Farm debt**

**Read out:** Now I would like to ask about your farm debts during the last 12 months

<p><b>1 In the last 12 months, did this farming operation buy anything on credit, or obtain or repay any cash loans for agricultural purposes?</b></p>	<p><input type="checkbox"/> 1 YES ↓ <input type="checkbox"/> 1 No → <i>Section L</i></p>
<p><b>2 Were any of the loans or credit obtained from ...</b></p> <p>A Commercial banks?</p> <p>B Land Bank?</p> <p>C Other government agencies?</p> <p>D Stokvel?</p> <p>E Farmers' cooperatives?</p> <p>F Local dealers or businesses?</p> <p>G Commercial farmers?</p> <p>H Friends or neighbours?</p> <p>I Family members?</p> <p>J Other sources? Specify .....</p>	<p><input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No</p> <p><input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No</p> <p><input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No</p> <p><input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No</p> <p><input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No</p> <p><input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No</p> <p><input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No</p> <p><input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No</p> <p><input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No</p> <p><input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No</p>
<p><b>3 Was the money or credit used for ...</b></p> <p>A Agricultural production input and services?</p> <p>B Purchasing agricultural land?</p> <p>C Farm supplies, tools or equipment?</p> <p>D Farm vehicles or machinery?</p> <p>E Capital improvements?</p> <p>F General farm operating expenses?</p> <p>G Other agricultural purposes? Specify .....</p>	<p><input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No</p> <p><input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No</p> <p><input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No</p> <p><input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No</p> <p><input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No</p> <p><input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No</p> <p><input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No</p>
<p><b>4 How much does this operation have outstanding (remaining to be paid) in...</b></p> <p>A Registered mortgages?</p> <p>B Short term loans (originally negotiated to be paid in full in 1 year or less)?</p> <p>C Long term loans (originally negotiated to be paid in full in more than 1 year)?</p>	<p><b>Rand</b></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>

**SECTION L – Non-farm income**

*If the operator is a hired manager, Go to Section N*

<p><b>1 During the last 12 months, did any members of this household do any work not related to this farm operation for payment in cash or in-kind?</b></p>	<p><input type="checkbox"/> 1 YES ↓ <input type="checkbox"/> 2 No → Q 3</p>
<p><b>2 How much did members of this household receive in cash for...</b></p> <p>A Full-time or part-time work off this farm, including work on neighbours' farms?</p> <p>B Other businesses in which you and your partners are self-employed?</p>	<p><b>Rand</b></p> <p><input type="text"/></p> <p><input type="text"/></p>



3 During the last 12 months, how much did members of this household receive in cash for...	Rand
A Pensions or retirement annuities?	
B Unemployment Insurance?	
C Workmen's Compensation	
D Grants	
E Interest & dividends from personal savings accounts, loans, stock holdings, etc.?	
F Profits from sale of property?	
G Letting of non-farm property to others?	
H Cash gifts	
I Remittances from persons not living in the household?	
J Other non-farm sources of income? Specify .....	

**SECTION M – Non-farm expenses**

3 During the last 12 months, what was spent by this household on ...	<i>Enter code</i>
A Food and groceries, including cleaning products and personal items?	
B Non-food items bought or paid for regularly (transport, rent, electricity or other fuels, water, etc.)?	
C Repaying debts (hire purchases, credit cards, etc.)?	
D Medical expenses, insurances and contributions to retirement plans?	
E Other items bought infrequently (clothing, household appliances, furniture, schooling costs, etc.)?	

- |                              |                               |
|------------------------------|-------------------------------|
| <b>01</b> = R1 - R500        | <b>08</b> = R10 001 - R15 000 |
| <b>02</b> = R501 - R1 000    | <b>09</b> = R15 001 - R20 000 |
| <b>03</b> = R1 001 - R2 000  | <b>10</b> = R20 001 - R30 000 |
| <b>04</b> = R2 001 - R3 000  | <b>11</b> = R30 001 - R40 000 |
| <b>05</b> = R3 001 - R4 000  | <b>12</b> = R40 001 - R50 000 |
| <b>06</b> = R4 001 - R5 000  | <b>13</b> = R50 001 - R75 000 |
| <b>07</b> = R5 001 - R10 000 | <b>14</b> = More than R75 000 |

+

PSU no

DU no

Questionnaire no

 +**SECTION N – Access to agricultural support services****Read out:** Finally, I would like to ask about your need for, access to and satisfaction with various agricultural support services**FARM LOANS & CREDIT**

<p><b>1 Which of the following statements best describes your access to loans and credit for farming purposes?</b></p> <p>1 = I have applied for and received a loan or credit</p> <p>2 = I have applied for a loan or credit, and my application is being considered</p> <p>3 = My applications for a loan or credit have been turned down</p> <p>4 = I have not applied for a loan or credit because I have no collateral</p> <p>5 = I have not applied for a loan or credit because interest rates and fees are too high</p> <p>6 = I do not want or need a loan or credit</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
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**SERVICES AND FACILITIES**

<b>SERVICE OR FACILITY</b>	<b>2. Do you need or would you like to have access to this type of service or facility?</b>	<b>3. Is this type of service or facility readily available to you?</b>	<b>4. Is this service or facility adequate for your needs?</b>
Water for irrigation	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO - EXPLAIN
Telephone/cellular phone service	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO - EXPLAIN
Electricity for farming purposes	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO - EXPLAIN
Farm-to-market roads	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO - EXPLAIN
Transport	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO - EXPLAIN
Input dealers	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO - EXPLAIN
Trading centers	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO - EXPLAIN
Mills	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO - EXPLAIN
Driers	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO - EXPLAIN
Grain silos	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO - EXPLAIN
Cold storage facilities	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO - EXPLAIN
Packaging services	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO - EXPLAIN
Warehouses	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO - EXPLAIN
Other, specify	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	<input type="checkbox"/> 1 YES → <input type="checkbox"/> 2 NO ↓	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO - EXPLAIN

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PSU no

DU no

Questionnaire no

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**MARKETS**

TYPE OF MARKET	5. In the last 12 months, did you sell any farm produce to this type of market?	6. If "YES" to Q 5, What portion of the farm's total sales is to this type of market?		7. If "No" to Q 5.	
		Percent		a. Is this type of market available to you?	b. If made available, would you use it?
Street vendors	<input type="checkbox"/> 1 YES → GO TO Q 6 <input type="checkbox"/> 2 No → GO TO Q 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 YES ↓ GO TO NEXT <input type="checkbox"/> 2 No →	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No
Farmers' markets	<input type="checkbox"/> 1 YES → GO TO Q 6 <input type="checkbox"/> 2 No → GO TO Q 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 YES ↓ GO TO NEXT <input type="checkbox"/> 2 No →	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No
Local markets	<input type="checkbox"/> 1 YES → GO TO Q 6 <input type="checkbox"/> 2 No → GO TO Q 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 YES ↓ GO TO NEXT <input type="checkbox"/> 2 No →	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No
Fresh produce markets (wholesalers)	<input type="checkbox"/> 1 YES → GO TO Q 6 <input type="checkbox"/> 2 No → GO TO Q 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 YES ↓ GO TO NEXT <input type="checkbox"/> 2 No →	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No
Packers	<input type="checkbox"/> 1 YES → GO TO Q 6 <input type="checkbox"/> 2 No → GO TO Q 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 YES ↓ GO TO NEXT <input type="checkbox"/> 2 No →	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No
Contracts with retailers	<input type="checkbox"/> 1 YES → GO TO Q 6 <input type="checkbox"/> 2 No → GO TO Q 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 YES ↓ GO TO NEXT <input type="checkbox"/> 2 No →	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No
Contracts with processors	<input type="checkbox"/> 1 YES → GO TO Q 6 <input type="checkbox"/> 2 No → GO TO Q 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 YES ↓ GO TO NEXT <input type="checkbox"/> 2 No →	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No
Export market	<input type="checkbox"/> 1 YES → GO TO Q 6 <input type="checkbox"/> 2 No → GO TO Q 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 YES ↓ GO TO NEXT <input type="checkbox"/> 2 No →	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No
Other, specify	<input type="checkbox"/> 1 YES → GO TO Q 6 <input type="checkbox"/> 2 No → GO TO Q 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 YES ↓ GO TO NEXT <input type="checkbox"/> 2 No →	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No

**SOURCES OF AGRICULTURAL INFORMATION**

INFORMATION SOURCE	8. Do you use this source to obtain information about farming (practices, prices, marketing, financing, etc.)?	9. If "YES"...		10. If "No"...	
		a. How often do you use this source? 1 = Every day 2 = Once a week 3 = Once a month 4 = A few times a year Enter code	b. Is this source adequate for your information needs?	a. Is this source available to you?	b. If made available, would you use it?
Newspapers/magazines	<input type="checkbox"/> 1 YES → GO TO Q 9 <input type="checkbox"/> 2 No → GO TO Q 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 YES ↓ GO TO NEXT <input type="checkbox"/> 2 No →	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No
Radio/TV programmes	<input type="checkbox"/> 1 YES → GO TO Q 9 <input type="checkbox"/> 2 No → GO TO Q 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 YES ↓ GO TO NEXT <input type="checkbox"/> 2 No →	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No
Other farmers	<input type="checkbox"/> 1 YES → GO TO Q 9 <input type="checkbox"/> 2 No → GO TO Q 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 YES ↓ GO TO NEXT <input type="checkbox"/> 2 No →	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No
Market agents	<input type="checkbox"/> 1 YES → GO TO Q 9 <input type="checkbox"/> 2 No → GO TO Q 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 YES ↓ GO TO NEXT <input type="checkbox"/> 2 No →	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No
Farmers' organisations & co-	<input type="checkbox"/> 1 YES → GO TO Q 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 YES ↓ GO TO NEXT	<input type="checkbox"/> 1 YES

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INFORMATION SOURCE	8. Do you use this source to obtain information about farming (practices, prices, marketing, financing, etc.)?  <input type="checkbox"/> 2 No → Go to Q 10	9. If "YES"...		10. If "No"...	
		a. How often do you use this source? 1 = Every day 2 = Once a week 3 = Once a month 4 = A few times a year <i>Enter code</i>	b. Is this source adequate for your information needs?  <input type="checkbox"/> 2 No	a. Is this source available to you?  <input type="checkbox"/> 2 No →	b. If made available, would you use it?  <input type="checkbox"/> 2 No
operatives	<input type="checkbox"/> 2 No → Go to Q 10		<input type="checkbox"/> 2 No	<input type="checkbox"/> 2 No →	<input type="checkbox"/> 2 No
Industry newsletters	<input type="checkbox"/> 1 YES → Go to Q 9 <input type="checkbox"/> 2 No → Go to Q 10		<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No	<input type="checkbox"/> 1 YES ↓ Go to NEXT <input type="checkbox"/> 2 No →	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No
Government reports	<input type="checkbox"/> 1 YES → Go to Q 9 <input type="checkbox"/> 2 No → Go to Q 10		<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No	<input type="checkbox"/> 1 YES ↓ Go to NEXT <input type="checkbox"/> 2 No →	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No
Universities & other training institutions	<input type="checkbox"/> 1 YES → Go to Q 9 <input type="checkbox"/> 2 No → Go to Q 10		<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No	<input type="checkbox"/> 1 YES ↓ Go to NEXT <input type="checkbox"/> 2 No →	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No
Agricultural extension officers	<input type="checkbox"/> 1 YES → Go to Q 9 <input type="checkbox"/> 2 No → Go to Q 10		<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No	<input type="checkbox"/> 1 YES ↓ Go to NEXT <input type="checkbox"/> 2 No →	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No
Other, specify	<input type="checkbox"/> 1 YES → Go to Q 9 <input type="checkbox"/> 2 No → Go to Q 10		<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No	<input type="checkbox"/> 1 YES ↓ Go to NEXT <input type="checkbox"/> 2 No →	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 No
<b>11. In which language do you prefer to get information about farming?</b> 01 = Afrikaans 02 = English 03 = isiNdebele 04 = isiXhosa 05 = isiZulu 06 = Sepedi 07 = Sesotho 08 = Setswana 09 = siSwati 10 = Tshivenda 11 = Xitsonga 12 = Other, specify .....					<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12

**MEMBERSHIPS**

<b>12. Are you or is anyone in this household a member of ...</b> A. A farmers' cooperative? B. National African Farmers' Union (NAFU)? C. African Farmers' Union?	Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2
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+ PSU no  DU no  Questionnaire no  +

D. Agri SA (formerly South African Agricultural Union - SAAU)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
E. A national producers' organisation (Grain SA, Cotton SA, NERPO, etc.)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
F. A local farmers' association or union?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
G. Any other type of farmers' organisation? Specify, .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

+ PSU no  DU no  Questionnaire no

**SECTION O - This section is for the interviewer to answer**  
**INTERVIEWER**

<b>1</b>	<b>Please, indicate the respondent number of the person who answered the main part of the questions</b>	
<b>2</b>	<b>In what language was the main part of the interview conducted?</b>	
	01 = AFRIKAANS	<input type="checkbox"/> 01
	02 = ENGLISH	<input type="checkbox"/> 02
	03 = ISINDEBELE/SOUTH NDEBELE/NORTH NDEBELE	<input type="checkbox"/> 03
	04 = ISIXHOSA/XHOSA	<input type="checkbox"/> 04
	05 = ISIZULU/ZULU	<input type="checkbox"/> 05
	06 = SEPEDI/NORTHERN SOTHO	<input type="checkbox"/> 06
	07 = SESOTHO/SOUTHERN SOTHO/SOTHO	<input type="checkbox"/> 07
	08 = SETSWANA/TSWANA	<input type="checkbox"/> 08
	09 = SISWATI/SWAZI	<input type="checkbox"/> 09
	10 = TSHIVENDA/VENDA	<input type="checkbox"/> 10
	11 = XITSONGA/TSONGA	<input type="checkbox"/> 11
	12 = OTHER, SPECIFY .....	<input type="checkbox"/> 12
<b>CODE BOX FOR HEAD OFFICE USE</b>		

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This concludes our survey. Thank you very much for your time and effort!

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+ PSU no  DU no  Questionnaire no  +