



REPUBLIC OF ZAMBIA

QUESTIONNAIRE NO: OF

FORM:

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CENTRAL STATISTICAL OFFICE

P.O. BOX 31908, LUSAKA, ZAMBIA

TEL Nos. 251377/251370/253609/251385/253908/253468/256520

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Website: www.zamstats.gov.zm

LIVING CONDITIONS MONITORING SURVEY V (LCMS V) - 2006

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD IDENTIFICATION PARTICULARS	CODE NUMBER			
1. PROVINCE NAME	<input style="width: 30px; height: 20px;" type="text"/>			
2. DISTRICT NAME	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>			
3. CONSTITUENCY NAME	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>			
4. WARD NAME	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>			
5. CSA NUMBER	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>			
6. SEA NUMBER	<input style="width: 30px; height: 20px;" type="text"/>			
7. RURAL.....1 URBAN..... 2	<input style="width: 30px; height: 20px;" type="text"/>			
8. STRATUM RURAL: 1. Small Scale 2. Medium Scale 3. Large Scale 4. Non-Agric URBAN: 5. Low Cost 6. Medium Cost 7. High Cost	<input style="width: 30px; height: 20px;" type="text"/>			
9. HOUSEHOLD NUMBER (HHN)	<input style="width: 30px; height: 20px;" type="text"/>			
10. VILLAGE OR LOCALITY NAME				
11. CHIEF'S/CHIEFTAINNESS' AREA (RURAL AREAS ONLY) FOR URBAN AREAS RECORD 888	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>			
12. HOUSEHOLD SELECTION STATUS: 1. Originally selected household 2. Replacement household	<input style="width: 30px; height: 20px;" type="text"/>			
13. IF REPLACEMENT HOUSEHOLD, REASON FOR REPLACING: 1. Refusal 2. Non-contact 3. Dwelling cannot be found 4. Other (Specify).....	<input style="width: 30px; height: 20px;" type="text"/>			
14. ENUMERATED HOUSEHOLD Residential Sampling Serial Name of Head.....Address..... Number	<input style="width: 30px; height: 20px;" type="text"/>			
15. NAME OF MAIN RESPONDENT SERIAL NUMBER FROM HOUSEHOLD ROSTER	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>			
16. TOTAL NUMBER OF PERSONS WHO LIVE IN THIS HOUSEHOLD (INCLUDE USUAL MEMBERS ABSENT)	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>			
17. ENUMERATOR'S NAME..... DATE OF INTERVIEW	<table style="margin: auto;"> <tr> <td style="text-align: center;">DD <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;">MM <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;">YY <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></td> </tr> </table>	DD <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	MM <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	YY <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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18. SUPERVISOR'S NAME..... DATE OF CHECKING	<table style="margin: auto;"> <tr> <td style="text-align: center;">DD <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;">MM <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;">YY <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></td> </tr> </table>	DD <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	MM <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	YY <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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SECTION 1: HOUSEHOLD ROSTER (Continued)

	4	5	6	7
PID	What is the relationship ofto the head of the household?	Is male or female?	Does..... have any disability?	Is..... blind, partially sighted, deaf, dumb, crippled, mentally retarded, mentally ill , ex-mental?
	HEAD.....01			
	SPOUSE.....02	MALE.....1	YES.....1	BLIND.....1
	OWN CHILD.....03	FEMALE...2	NO.....2>> Q8	PARTIALLY SIGHTED.....2
	STEP CHILD.....04			DEAF.....3
	ADOPTED CHILD.....05			DUMB.....4
	GRAND CHILD.....06			PHYSICALLY DISABLED.....5
	BROTHER/SISTER.....07			MENTALLY RETARDED.....6
	COUSIN.....08			MENTALLY ILL.....7
	NIECE/NEPHEW.....09			EX-MENTAL.....8
	BROTHER/SISTER-IN LAW.....10			[RECORD UP TO THREE DISABILITIES]
	PARENT.....11			
	PARENT-IN-LAW.....12			
	OTHER RELATIVE.....13			
	MAID/NANNY/HOUSE-SERVANT....14			
NON-RELATIVE.....15				
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SECTION 1: HOUSEHOLD ROSTER (Continued)

	8	9	10	11	
PID	Where was.....residing 12 months ago?	What district was.... residing in? [ENTER DISTRICT NAME & CODE BELOW]	Was the part of the Districtwas residing in 12 months ago Rural or Urban? (SEE LIST OF URBAN CENTRES IN APPENDIX) RURAL.....1 URBAN.....2	Why did..... move from his/her previous residence? FOR SCHOOL.....01 BACK FROM SCHOOL/STUDIES.....02 TO SEEK WORK/ BUSINESS.....03 TO START WORK/ BUSINESS.....04 TRANSFER OF HEAD OF HOUSEHOLD.....05 PREVIOUS HOUSEHOLD COULD NOT AFFORD TO KEEP HIM/HER.....06 DEATH OF PARENT/GUARDIAN.....07 GOT MARRIED.....08 NEW HOUSEHOLD.....09 RETIREMENT.....10 RETRENCHMENT.....11 DECIDED TO RESETTLE.....12 ACQUIRED OWN/DIFFERENT ACCOMODATION.....13 FOUND NEW AGRICULTURAL LAND.....14 OTHER (SPECIFY).....15	
	SAME DWELLING.....1 >> SEC 2				
	DIFFERENT DWELLING, SAME LOCALITY/SAME DISTRICT.....2 >> SEC 2				
	DIFFERENT LOCALITY/ SAME DISTRICT.....3 >> Q10				
	DIFFERENT DISTRICT SAME PROVINCE.....4				
	DIFFERENT PROVINCE.....5				
	DIFFERENT COUNTRY.....6 >> Q11				
	NOT APPLICABLE.....7 >> SECT 2				
	[IF A CHILD IS BELOW 12 MONTHS RECORD 7]				
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
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SECTION 3: HEALTH FOR ALL PERSONS

INTRODUCTION: I am now going to ask you about the health status of the members of the household.....

	1	2	3	
PID	Has been sick or injured during the last two weeks?	What was ... mainly suffering from?	Did consult any health or other institution/personnel for this illness/injury or did he/she only use self-administered medicine?	
	YES SICK.....1	FEVER/MALARIA.....01	CONSULTED.....1 USED SELF ADMINISTERED MEDICINE ONLY.....2 NONE OF THE ABOVE.....3 >> Q9	
	YES INJURED.....2 >> Q 3	COUGH/COLD/CHEST INFECTION.....02		
	YES BOTH.....3	TUBERCULOSIS (TB).....03		
	NO.....4	ASTHMA.....04		
	} Q9	DON'T KNOW.....5		BRONCHITIS.....05
				PNEUMONIA/CHEST PAIN.....06
				DIARRHOEA WITHOUT BLOOD.....07
				DIARRHOEA WITH BLOOD.....08
				DIARRHOEA AND VOMITTING.....09
				VOMITING.....10
				ABDOMINAL PAINS.....11
				CONSTIPATION/STOMACH UPSET.....12
				LIVER INFECTION/SIDE PAIN.....13
				LACK OF BLOOD/ANEAMIA.....14
	BOILS.....15			
SKIN RASH/SKIN INFECTION.....16				
PILES/HAEMORRHOIDS.....17				
SHINGLES/HERPES ZOSTER.....18				
PARALYSIS OF ANY KIND.....19				
STROKE.....20				
HYPERTENSION.....21				
DIABETES/SUGAR DISEASE.....22				
EYE INFECTION.....23				
EAR INFECTION.....24				
TOOTHACHE/MOUTH INFECTION.....25				
HEADACHE.....26				
MEASLES.....27				
JAUNDICE/YELLOWNESS.....28				
BACKACHE.....29				
OTHER (SPECIFY).....30				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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SECTION 5: ECONOMIC ACTIVITY (CONT'D)

	9	10	11	12
PID	What was the main reason for leaving that job/business? LOW WAGE./SALARY.....01 FIRED/DISMISSED.....02 ENTERPRISE CLOSED.....03 ENTERPRISE PRIVATISED.....04 ENTERPRISE LIQUIDATED.....05 RETRENCHED/DECLARED REDUNDANT.....06 GOT ANOTHER JOB.....07 BANKRUPTCY.....08 LACK OF PROFIT.....09 WAS A TEMPORARY JOB.....10 RETIRED.....11 OTHER (SPECIFY).....12	Do you have another job/business? YES.....1 NO.....2 >> NEXT SECT	What type of job/business is this? [GIVE OCCUPATION BELOW IN BOTH WORDS AND CODE NUMBER] [IF MORE THAN ONE SECONDARY JOB/BUSINESS RECORD THE MAIN ONE]	What sort of business/service is carried out by your employer/establishment/business in this job/business? [RECORD INDUSTRY OF SECONDARY JOB/BUSINESS IN BOTH WORDS AND CODE NUMBER]
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="text"/> <input type="text"/>
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SECTION 5: ECONOMIC ACTIVITY (CONT'D)

	13	14	15	16	17
PID	What is your employment status in this job/business? SELF EMPLOYED.....01 CENTRAL GOVT EMPLOYEE.....02 LOCAL GOVT EMPLOYEE.....03 PARASTATAL EMPLOYEE.....04 PRIVATE SECTOR EMPLOYEE.....05 NGO EMPLOYEE.....06 INTERNATIONAL ORGANISATION/ EMBASSY EMPLOYEE.....07 EMPLOYER/PARTNER.....08 HOUSEHOLD EMPLOYEE.....09 UNPAID FAMILY WORKER.....10 PIECEWORKER.....11 } >> Q17 OTHER (SPECIFY).....12 }	In this job/business, are you entitled to pension, gratuity or social security? YES.....1 NO.....2	Are you entitled to paid leave in this job/business? YES.....1 NO.....2	Are there five (5) or more people working in this company/business including the owner? YES.....1 NO.....2 [NEXT SECTION] [INCLUDING ALL WORKERS IN ALL BRANCHES OF THE SAME COMPANY/ BUSINESS]	Did you have a job or business in the last 12 months? YES.....1 NO.....2 >> Q19
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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SECTION 5: ECONOMIC ACTIVITY (CONT'D)

	18	19	20
PID	What was the main reason for leaving that job/business? LOW WAGE./SALARY.....01 FIRED.....02 ENTERPRISE CLOSED.....03 ENTERPRISE PRIVATISED.....04 ENTERPRISE LIQUIDATED.....05 RETRENCHED/DECLARED REDUNDANT...06 GOT ANOTHER JOB.....07 BANKRUPTCY.....08 LACK OF PROFIT.....09 WAS A TEMPORARY JOB.....10 RETIRED.....11 OTHER (SPECIFY).....12	Are you currently engaged in any income generating activities or farming? YES.....1 NO.....2 >> NEXT SECTION	What is the main income generating activity or type of farming you are engaged in? [CHECK RELEVANT APPENDIX FOR CODES] [RECORD ACTIVITY BOTH IN WORDS AND CODE]
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<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

SECTION 6: INCOME FOR ALL PERSONS AGED 5 YEARS AND ABOVE INCLUDING AGRICULTURAL INCOME

How much income did all members of your household (**combined**) receive in the last 12 months from sale of the following own produced crops?

	CROPS	AMOUNT IN WORDS (KWACHA)	AMOUNT IN FIGURES (KWACHA)
1.	Hybrid Maize		<input type="text"/>
2.	Local Maize		<input type="text"/>
3.	Cassava		<input type="text"/>
4.	Groundnuts		<input type="text"/>
5.	Rice		<input type="text"/>
6.	Millet		<input type="text"/>
7.	Sorghum		<input type="text"/>
8.	Beans		<input type="text"/>
9.	Soyabeans		<input type="text"/>
10.	Sweet Potatoes		<input type="text"/>
11.	Irish Potatoes		<input type="text"/>
12.	Vegetables		<input type="text"/>
13.	Cotton		<input type="text"/>
14.	Tobacco		<input type="text"/>
15.	Sunflower		<input type="text"/>
16.	Paprika		<input type="text"/>
17.	Other crops		<input type="text"/>

**SECTION 6: INCOME FOR ALL PERSONS AGED 5 YEARS AND ABOVE INCLUDING AGRICULTURAL
INCOME (Cont'd)**

How much income did all members of your household (**combined**) receive from the following sources in the last twelve (12) months?

	LIVESTOCK	NUMBER SOLD/CONSUMED	INCOME FROM SALES OR VALUE OF CONSUMPTION [KWACHA]
18.1	Sale of own cattle (live)	<input type="text"/>	<input type="text"/>
18.2	Sale of own cattle (slaughtered)	<input type="text"/>	<input type="text"/>
18.3	Own cattle consumed	<input type="text"/>	<input type="text"/>
19.1	Sale of own goats (live)	<input type="text"/>	<input type="text"/>
19.2	Sale of own goats (slaughtered)	<input type="text"/>	<input type="text"/>
19.3	Own goats consumed	<input type="text"/>	<input type="text"/>
20.1	Sale of own sheep (live)	<input type="text"/>	<input type="text"/>
20.2	Sale of own sheep (slaughtered)	<input type="text"/>	<input type="text"/>
20.3	Own sheep consumed	<input type="text"/>	<input type="text"/>
21.1	Sale of own pigs (live)	<input type="text"/>	<input type="text"/>
21.2	Sale of own pigs (slaughtered)	<input type="text"/>	<input type="text"/>
21.3	Own pigs consumed	<input type="text"/>	<input type="text"/>
22	Sale of own produced livestock products such as milk, yoghurt, fat, cheese and hides, in the last 12 months?		<input type="text"/>

SECTION 6: INCOME FOR ALL PERSONS AGED 5 YEARS AND ABOVE INCLUDING AGRICULTURAL INCOME (Cont'd)

How much income did all members of your household (**combined**) receive from the following sources in the last twelve (12) months?

	POULTRY	NUMBER SOLD/CONSUMED	INCOME FROM SALES OR VALUE OF CONSUMPTION [KWACHA]
23.1	Sale of own chicken	<input type="text"/>	<input type="text"/>
23.2	Own chicken consumed	<input type="text"/>	<input type="text"/>
23.3	Sale of own guinea fowls	<input type="text"/>	<input type="text"/>
23.4	Own guinea fowls consumed	<input type="text"/>	<input type="text"/>
23.5	Sale of own ducks and geese	<input type="text"/>	<input type="text"/>
23.6	Own ducks and geese consumed	<input type="text"/>	<input type="text"/>
23.7	Sale of own turkeys	<input type="text"/>	<input type="text"/>
23.8	Own turkeys consumed	<input type="text"/>	<input type="text"/>
23.9	Sale of own rabbits	<input type="text"/>	<input type="text"/>
23.10	Own rabbits consumed	<input type="text"/>	<input type="text"/>
23.11	Sale of own pigeons	<input type="text"/>	<input type="text"/>
23.12	Own pigeons consumed	<input type="text"/>	<input type="text"/>
23.13	Sale of own eggs	<input type="text"/>	<input type="text"/>
23.14	Own eggs consumed	<input type="text"/>	<input type="text"/>
	OTHER FARMING INCOME		
24	Other farming income (lease of tractor, agricultural land, scotch cart, lease of transport for produce, etc.) in the last 12 months?		<input type="text"/>

SECTION 7: HOUSEHOLD ASSETS

INTRODUCTION: I am now going to ask you questions about whether or not your household owns the following Items/Services

	ASSETS	1.Does this household own a/annow 1.. YES 2...NO >> NEXT ASSET	2. How many do you own?	3. How long ago was obtained? [IF LESSTHAN ONE MONTH PUT ZERO]	4.. What was the value of ... at the time of purchase? [IF GIFTS PUT ZERO]	5. For how much would you sell ... now? [ADD IF MORE THAN 1]
1	Plough	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
2	Crop sprayer	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
3	Boat	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
4	Canoe	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
5	Brazier/mbaula	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
6	Fishing net	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
7	Bicycle	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
8	Motor cycle	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
9	Motor vehicle	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
10	Tractor	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
11	Television	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
12	DVD/VCR	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
13	Home Theatre	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
14	Radio	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
15	Grinding/Hammer Mill (powered)	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
16	Electric Iron	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
17	Non-electric Iron	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
18	Refrigerator	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
19	Deep freezer	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
20	Land telephone line (operating)	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
21	Cellular phone (active)	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
22	Internet connection	<input type="checkbox"/>				
23	Satellite dish/Decoders	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
24	Sewing machine	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
25	Knitting machine	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
26	Electric stove	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
27	Gas stove	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
28	Non-residential building	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
29	Residential building	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
30	Scotch cart	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 7: HOUSEHOLD ASSETS [Cont'd]

	ASSETS	1.Does this household own a/annow 1.... YES 2....NO	2. How many do you own?	3. How long ago was obtained? [IF LESS THAN ONE MONTH PUT ZERO]	4. What was the value of at the time of purchase? [IF GIFTS PUT ZERO]	5. For how much would you sell now? [ADD IF MORE THAN 1]
31	Donkeys	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
32	Oxen	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
33	Computer	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
34	Hoe	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
35	Axe	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
36	Hunting gun	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
37	Table (dining)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
38	Lounge Suit (Sofa)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
39	Bed	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
40	Mattress	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
41	Pick	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
42	Hammer	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
43	Shovel/spade	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
44	Wheel barrow	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
45	Hand driven tractor	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
46	Water pumps	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
47	Hand hammer mills	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
48	Shellers	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
49	Rump presses/oil expellers	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
50	Hand saw	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
51	Carpentry Plane	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 8: HOUSEHOLD AMENITIES AND HOUSING CONDITIONS

INTRODUCTION: I am now going to ask you about various amenities and housing conditions

No.	QUESTION	CATEGORY AND CODE	CODE
1	What kind of dwelling does your household live in?	TRADITIONAL HUT.....01 IMPROVED TRADITIONAL HOUSE.....02 DETACHED HOUSE.....03 FLAT/APARTMENT/MULTI-UNIT.....04 SEMI-DETACHED HOUSE.....05 SERVANT QUARTERS.....06 GUEST HOUSE/WING.....07 HOUSE ATTACHED TO/ON TOP OF SHOP, ETC.....08 HOSTEL.....09 NON-RESIDENTIAL BUILDING (E.G. SCHOOL CLASSROOM, ETC).....10 UNCONVENTIONAL (E.G. KANTEMBA, STORAGE CONTAINER, ETC).....11 OTHER (SPECIFY).....12	<input type="checkbox"/>
2.	On what basis does your household occupy the dwelling you live in? Is it.....	Owner-occupied1 >> Q5B Rented from local Government (District council)?...2 Rented from Central Government?.....3 Rented from Private Company?.....4 Rented from Parastatal (e.g. ZSIC, NAPSA, NHA, ZIMCO, etc).....5 Rented from private persons (landlord).....6 House owned and provided free by employer.....7 Other free housing?.....8 } >> Q6 Other (Specify).....9	<input type="checkbox"/>
3	How is the rent paid? Is it.....	Deducted from salary but paid in full.....1 Deducted from salary and subsidized by employer...2 Paid directly by the household.....3 Paid by employer.....4 >> Q6	<input type="checkbox"/>
4	How much rent are you charged per month?	AMOUNT IN <input type="text"/> <input type="text"/> KWACHA	
5A.	In what installments or period do you pay your rent? Is it.....	Monthly.....1 Every two (2) months.....2 Every three (3) months.....3 Every six (6) months.....4 Yearly.....5 Other (Specify).....6 } >> Q6	<input type="checkbox"/>
5B.	How much do you pay for ground rates per year?	<input type="text"/>	
5C.	How much you pay for property rates per six much?	<input type="text"/>	
5D.	Do you pay mortgage for your dwelling?	YES.....1 NO.....2 >> QUESTION 5E	<input type="checkbox"/>
5E.	How much do you pay for mortgage?	GO TO QUESTION 6 <input type="text"/>	
5F.	If you were to rent out your house, how much would it fetch?	<input type="text"/>	

SECTION 8: HOUSEHOLD AMENITIES AND HOUSING CONDITIONS (Cont'd)

6	What kind of building materials is/are theof this dwelling made of ? [IF A MULTI-STOREY/UNIT BUILDING RECORD BUILDING MATERIALS OF THE OUTER ROOF (ROOF TOP) AND OUTER WALL].	(A) ROOF	ASBESTOS SHEETS.....1 TILES.....2 IRON SHEETS.....3 GRASS/STRAW/THATCH.....4 CONCRETE.....5 OTHER (SPECIFY).....6	<input type="checkbox"/>
		(B) WALLS	PAN BRICK.....01 CONCRETE BRICK.....02 MUD BRICK.....03 BURNT BRICK.....04 POLE.....05 POLE & DAGGA.....06 MUD.....07 GRASS/STRAW.....08 IRON SHEETS.....09 HARDBOARD.....10 A MIXTURE OF HARDBOARD, TIN SHEET, PLASTIC, ETC.....11 OTHER (SPECIFY).....12	<input type="checkbox"/>
		(C) FLOOR	CONCRETE ONLY.....1 COVERED CONCRETE.....2 MUD.....3 WOOD ONLY.....4 OTHER (SPECIFY).....5	<input type="checkbox"/>
7.	What is the main source of water supply for this household?	DIRECTLY FROM THE RIVER/ LAKE/STREAM/DAM.....01 UNPROTECTED WELL.....02 PUMPED (PIPED) FROM THE RIVER/LAKE/DAM.....03 PROTECTED WELL.....04 BOREHOLE.....05 PUBLIC TAP.....06 OWN TAP.....07 OTHER TAP (E.G. FROM NEAR BY BUILDING).....08 BOUGHT FROM WATER VENDOR.....09 OTHER (SPECIFY).....10	<input type="checkbox"/>	
8.	How far is this source of water from this house? [IF LESS THAN ONE KILOMETRE ENTER 00]		<input type="checkbox"/> KM	
9.	What is the main source of drinking water for this household?	DIRECTLY FROM THE RIVER/ LAKE/STREAM/DAM.....01 UNPROTECTED WELL.....02 PUMPED (PIPED) FROM THE RIVER/LAKE/DAM.....03 PROTECTED WELL.....04 BOREHOLE.....05 PUBLIC TAP.....06 OWN TAP.....07 OTHER TAP (E.G. FROM NEAR BY BUILDING)08 BOUGHT FROM WATER VENDOR.....09 MINERAL BOTTLED WATER.....10 >> Q 11 OTHER (SPECIFY).....11	<input type="checkbox"/>	
10.	Do you treat your drinking water?	YES.....1 NO.....2 >>Q12	<input type="checkbox"/>	
11.	How do you treat your drinking water?	BOIL.....1 ADD CHLORINE.....2 OTHER TREATMENT (SPECIFY).....3	<input type="checkbox"/>	

SECTION 8: HOUSEHOLD AMENITIES AND HOUSING CONDITIONS (Cont'd)

12	How much on average are you charged for water per month ? [ENTER '00' IF THEY DON'T PAY]	<p align="center">AMOUNT IN KWACHA</p> <div style="display: flex; justify-content: space-around;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> </div>	
13	What is the main type of energy used for lighting in your household?	Kerosine/Paraffin.....1 Electricity.....2 Candle.....3 Diesel.....4 Open Fire.....5 Torch.....6 Solar Panel.....7 Other (Specify).....8 None.....9	<input type="checkbox"/>
14	What is the main type of energy that your household uses for cooking?	Collected Firewood.....01 Purchased Firewood.....02 Charcoal own produced.....03 Charcoal purchased.....04 Coal.....05 Kerosine/Paraffin.....06 Gas.....07 Electricity.....08 Crop/Livestock Residues.....09 Other (Specify).....10	<input type="checkbox"/> <input type="checkbox"/>
15	What type of cooking device is used by your household?	Stove/Cooker.....1 Brazier (Mbaula).....2 Clay Stove (Mbaula).....3 Brick/Stone Stand on Open Fire.....4 Metal Stand on Open Fire.....5 Vehicle Tyre Rim.....6 Hot Plate without Stand.....7 Hot Plate on Welded Stand.....8 Other Device (Specify).....9	<input type="checkbox"/>
16	How much on average are you charged for electricity per month? [ONLY FOR THOSE WHOSE ANSWER WAS ELECTRICITY IN QUESTIONS 12 AND/OR 13] [ENTER '00' IF THEY DON'T PAY]	<p align="center">AMOUNT IN KWACHA</p> <div style="display: flex; justify-content: space-around;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> </div>	
17	What is the main type of toilet facility for this household?	Own Flush Toilet Inside the House.....01 Own Flush Toilet Outside the House.....02 Communal/Shared Flush Toilet.....03 Own Pit Latrine.....04 Communal Pit Latrine.....05 Neighbour's/Another Household's Pit Latrine.....06 Bucket/Tin/Other Container.....07 Aqua Privy.....08 Other (Specify).....09 None.....10	<input type="checkbox"/> <input type="checkbox"/>
18.	What is the main method of garbage disposal that this household uses?	Refuse Collected.....1 Pit.....2 Dumping.....3 Burning.....4 Other (Specify).....5	<input type="checkbox"/>

SECTION 9: HOUSEHOLD ACCESS TO FACILITIES

INTRODUCTION: I am now going to ask you questions about distances to various facilities

		1	2	3	4	5	6
		Do you know where the nearest is located? YES...1 NO....2 >> NEXT FACILITY	How far is it to the nearest.....? [READ OUT FACILITIES] [GIVE DISTANCE IN KM. IF LESS THAN A KILOMETRE ENTER 00 IF MORE THAN 90KM ENTER 90. IF DON'T KNOW ENTER 99]	Do you use this facility? YES...1 NO.....2 >>Q 6	Normally, by what means do you get there? ON FOOT.....1 BICYCLE.....2 MOTORBIKE.....3 SCOTCH CART..4 PUBLIC TRANSPORT.....5 PERSONAL VEHICLE.....6 OTHER (SPECIFY).....7	Normally how long does it take you to get there? LESS THAN 10 MIN.....1 BETWEEN10-19 MIN.....2 BETWEEN20-29 MIN.....3 BETWEEN30-59MIN.....4 1 HOUR + ABOVE5>> [NEXT SECTION]	What is the reason for not using the facility? TOO EXPENSIVE.....1 TOO FAR.....2 POOR ADMINISTRATION...3 POOR QUALITY.....4 CORRUPTION5 DID NOT NEED.....6 OTHER SPECIFY.....7
1.01	Food Market	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.02	Post Office/postal agency	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.03	Community School	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.04	Lower Basic School (1 – 4)	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.05	Middle Basic School (1 – 7)	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.06	Upper Basic School (1 – 9)	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.07	High School	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.08	Secondary School	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.09	Health Facility (Health post/center/clinic/hospital)	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.10	Hammer mill	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.11	Input market (for seeds, fertilizer, agricultural implements)	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.12	Police station/post	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.13	Bank	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.14	Public transport (road, or rail, or water transport)	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.15	Public Phone	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.16	Internet Café	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 10: SELF ASSESSED POVERTY AND HOUSEHOLD COPING STRATEGIES

INTRODUCTION: I am now going to ask about your household welfare

No.	QUESTION	CATEGORY AND CODE	CODE
1	Do you consider your household to be non poor, moderately poor or very poor?	NON POOR.....1 >> QUESTION 3 MODERATELY POOR.....2 VERY POOR.....3	<input type="checkbox"/>
2	What do you think has led your household to be in poverty? ASK FOR THREE MAIN REASONS STARTING WITH THE MOST IMPORTANT. IF ONLY TWO REASONS ARE GIVEN, ENTER 88 IN THE THIRD OPTION	CANNOT AFFORD/LACK OF AGRICULTURAL INPUTS SUCH AS FERTILIZERS, SEED, ETC OR PRICES OF AGRICULTURAL INPUTS TOO HIGH.....01 AGRICULTURAL INPUTS (SUCH AS FERTILIZERS, SEEDS, ETC) ARE NOT AVAILABLE FOR BUYING IN THIS AREA.....02 LACK OF AGRICULTURAL INPUTS (SUCH AS FERTILIZERS, SEEDS, ETC) DUE TO OTHER REASONS e.g. SWINDLED/NOT DELIVERED BY SUPPLIER, ETC.....03 LOW AGRICULTURAL PRODUCTION.....04 DROUGHT.....05 FLOODS.....06 LACK OF ADEQUATE LAND.....07 LOW PRICES FOR THEIR AGRICULTURAL PRODUCE.....08 LACK OF MARKET/BUYERS FOR THE HOUSEHOLD'S AGRICULTURAL PRODUCE.....09 LACK OF CATTLE/OXEN.....10 DEATH OF CATTLE DUE TO DISEASES.....11 LACK OF CAPITAL (MONEY) TO START/EXPAND AGRICULTURAL OUTPUT.....12 LACK OF CAPITAL (MONEY) TO DIVERSIFY INTO CASH CROPS.....13 LACK OF CREDIT FACILITIES TO START AGRICULTURAL PRODUCTION OR TO EXPAND OR TO BUY AGRICULTURAL INPUTS.....14 LACK OF CAPITAL (MONEY) TO START OWN BUSINESS OR TO EXPAND.....15 LACK OF CREDIT FACILITIES TO START BUSINESS OR TO EXPAND.....16 LACK OF EMPLOYMENT OPPORTUNITIES/CANNOT FIND A JOB.....17 SALARY/ WAGE TOO LOW.....18 PENSION PAYMENT TOO LOW.....19 RETRENCHMENT/REDUNDANCY.....20 PRICES OF COMMODITIES TOO HIGH.....21 HARD ECONOMIC TIMES/ECONOMIC DECLINE OF OUR COUNTRY.....22 BUSINESS NOT DOING WELL.....23 TOO MUCH COMPETITION.....24 DUE TO DISABILITY.....25 DEATH OF BREAD WINNER.....26 DEBTS.....27 OTHER (SPECIFY).....28	1ST <input type="checkbox"/> <input type="checkbox"/> 2ND <input type="checkbox"/> <input type="checkbox"/> 3RD <input type="checkbox"/> <input type="checkbox"/>
3	Compared to last year, do you consider your household to be better off, the same or worse off now?	Better off.....1 } >>Q 5 The same.....2 } Worse off.....3	<input type="checkbox"/>
4	Why do you think your household is worse off?	[USE THE CODES IN QUESTION 2] ASK FOR THE MAIN THREE REASONS, STARTING WITH THE MOST IMPORTANT	1ST <input type="checkbox"/> <input type="checkbox"/> 2ND <input type="checkbox"/> <input type="checkbox"/> 3RD <input type="checkbox"/> <input type="checkbox"/>
5	How much money do you think is needed by your household in a month to have an adequate/ minimum standard of living in kwacha?	AMOUNT IN KWACHA	<input type="text"/>

SECTION 10: SELF ASSESSED POVERTY AND HOUSEHOLD COPING STRATEGIES (Cont'd)

No.	QUESTION	CATEGORY AND CODE	CODE																																								
6.	How many meals excluding snacks do you normally have in a day?	ONE.....1 TWO..... 2 THREE.....3 MORE THAN THREE.....4	<input type="checkbox"/>																																								
7.	How many times in the past one month did your household eat fish, poultry or animal products?	ZERO.....1 ONCE.....2 TWICE.....3 THRICE.....4 FOUR TIMES.....5 FIVE TIMES.....6 MORE THAN FIVE TIMES.....7	<input type="checkbox"/>																																								
8.	How many times in the past one week did your household eat vegetables	ZERO.....1 ONCE.....2 TWICE.....3 THRICE.....4 FOUR TIMES.....5 FIVE TIMES.....6 MORE THAN FIVE TIMES.....7	<input type="checkbox"/>																																								
9	Finally, there are a number of ways people can cope <u>in times of hardship</u> . Did your household have to rely on any of the following during the last 12 months?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">YES.....1</td> </tr> <tr> <td></td> <td style="text-align: center;">NO.....2</td> </tr> <tr> <td>9.1. Piecework on farms belonging to other households.....</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>9.2. Other piecework.....</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>9.3. Working on 'food-for-work' or 'food-for-assets' program.....</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>9.4. Relief food, free food from government and other bodies.....</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>9.5 Eating wild food only.....</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>9.6. Substituting ordinary meals with mangoes, pumpkins, sweet potatoes, etc.....</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>9.7. Reducing number of meals or food-in-take.....</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>9.8. Reducing other household items e.g. soap, tissue, detergent.....</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>9.9. Informal borrowing (e.g. kaloba, borrowing from friends, etc).....</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>9.10. Formal borrowing in cash or kind (e.g. borrowing from bank, employers, financing company, etc).....</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>9.11. Church charity.....</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>9.12. NGO charity e.g. assistance from Care International, World Vision, Save the Children, Cindi, Oxfam, MMCI, PAM, PUSH, etc.....</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>9.13. Pulling children out of school.....</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>9.14. Sale of assets, such as cattle, fridge, car, etc.....</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>9.15. Petty vending.....</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>9.16. Asking from friends, neighbours, relatives.....</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>9.17. Begging from the streets.....</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>9.18. Other (Specify).....</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		YES.....1		NO.....2	9.1. Piecework on farms belonging to other households.....	<input type="checkbox"/>	9.2. Other piecework.....	<input type="checkbox"/>	9.3. Working on 'food-for-work' or 'food-for-assets' program.....	<input type="checkbox"/>	9.4. Relief food, free food from government and other bodies.....	<input type="checkbox"/>	9.5 Eating wild food only.....	<input type="checkbox"/>	9.6. Substituting ordinary meals with mangoes, pumpkins, sweet potatoes, etc.....	<input type="checkbox"/>	9.7. Reducing number of meals or food-in-take.....	<input type="checkbox"/>	9.8. Reducing other household items e.g. soap, tissue, detergent.....	<input type="checkbox"/>	9.9. Informal borrowing (e.g. kaloba, borrowing from friends, etc).....	<input type="checkbox"/>	9.10. Formal borrowing in cash or kind (e.g. borrowing from bank, employers, financing company, etc).....	<input type="checkbox"/>	9.11. Church charity.....	<input type="checkbox"/>	9.12. NGO charity e.g. assistance from Care International, World Vision, Save the Children, Cindi, Oxfam, MMCI, PAM, PUSH, etc.....	<input type="checkbox"/>	9.13. Pulling children out of school.....	<input type="checkbox"/>	9.14. Sale of assets, such as cattle, fridge, car, etc.....	<input type="checkbox"/>	9.15. Petty vending.....	<input type="checkbox"/>	9.16. Asking from friends, neighbours, relatives.....	<input type="checkbox"/>	9.17. Begging from the streets.....	<input type="checkbox"/>	9.18. Other (Specify).....	<input type="checkbox"/>	
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9.18. Other (Specify).....	<input type="checkbox"/>																																										

SECTION 11: AGRICULTURAL PRODUCTION

INTRODUCTION: I am now going to ask you questions about Agricultural Production

NO.	QUESTION	CATEGORY AND CODE	CODE
1.	Did any member of this household grow any food crops in the last agriculture season 2005/2006?	YES.....1 NO.....2 >> QUESTION 7	<input type="checkbox"/>

PRODUCTION

CROPS	2	3		4		5		6
	Did any member of this household or anybody grow on their behalf any... during the last agriculture season? YES ..1 NO...2 >> NEXT CROP	What was the Area under this crop? LIMA.....1 ACRE.....2 HECTARE.....3 AREA	UNIT	What quantity of ... did all the members of the household harvest? [CODES FOR THE UNIT] KG.....1 20 Ltr TIN.....2 25KGBag.....3 50KG Bag.....4 90KG.....5 QUANTITY	UNIT	What quantity of ... did the household sell? [CODES FOR THE UNIT] KG.....1 20 Ltr TIN.....2 25KGBag.....3 50KG Bag.....4 90KG.....5 QUANTITY	UNIT	How much was realized from the sell of...? [TOTAL VALUE IN KWACHA]
A. Local Maize	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Hybrid Maize	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Cassava (flour)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Millet (Threshed)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. Sorghum	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F. Rice (Paddy)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G. Mixed beans	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
H. Soya beans	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
I. Sweet Potatoes	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
J. Irish Potatoes	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
K. Groundnuts (shelled)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

KEY (RESPECTIVE UNITS)

- Local maize, Hybrid maize, and Sorghum.....50 kg bag
- Cassava (flour), Millet (Threshed), Rice (Paddy), Mixed beans and Soya beans.....90 kg bag
- Sweet Potatoes..... 25 kg bag
- Irish Potatoes.....10 kg pkt
- Groundnuts (shelled)80 kg bag

SECTION 11: AGRICULTURAL PRODUCTION (Cont'd)

I am now going to ask you questions about costs and expenses incurred over the last agriculture season for the production of crops

	13	14	15	16	17
CROP PRODUCTION	Did you use /pay for during the last agriculture season ? YES.....1 NO.....2>> Next Item	How much was spent in cash and in kind on..... during the last agriculture season? [CONVERT IN KIND TO CASH]	What was the source of? PRIVATE SECTOR.....1 COOPERATIVES.....2 MIN OF AGRICULTURE.....3 NGOs.....4 OTHER SPECIFY.....5	Was/were the..... obtainable during the year when needed? YES SOMETIMES.....1 YES ALL THE TIME.....2 >> NEXT ITEM NO.....3	Why was unobtainable? INPUT MARKET TOO FAR.....1 INPUTS GIVEN NOT ENOUGH.....2 LATE DELIVERY OF INPUTS.....3 OTHER SPECIFY.....4
A. Fertilizer (Inorganic)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Organic Fertilizer	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Insecticides	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Herbicides	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Crop storage facility	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Purchased seed, seedlings etc	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Irrigation equipment	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Bags, containers, string	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Petrol/ diesel/ oil	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Spare parts	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Hired labour	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Transport costs	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Hired animals	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Hired equipment	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Local hand tools	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Imported hand tools	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Repairs/ maintenance of agricultural equipment	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 11: AGRICULTURAL PRODUCTION (Cont'd)

	18	19	20	21	22
LIVESTOCK PRODUCTION	Did you use/pay for during the last agriculture season? YES.....1 NO.....2>> Next Item	How much was spent in cash and in kind on..... during the Last agriculture season?	What was the source of ...? PRIVATE SECTOR.....1 COOPERATIVES.....2 MIN OF AGRICULTURE...3 NGOs.....4 OTHER SPECIFY.....5 [CONVERT IN KIND TO CASH]	Was/were...unobtainable at any time during the year when needed? YES SOMETIMES...1 YES ALL THE TIME.....2 NO.....3	Why was unobtainable? TOO EXPENSIVE...1 INPUT MARKET TOO FAR.....2 INPUTS GIVEN NOT ENOUGH.....3 LATE DELIVERY OF INPUTS.....4 OTHER SPECIFY.....5
A. Animal Feed including salt	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Veterinary services including vaccination and medicine	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Any other hired Labour	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Maintenance of pens, stables	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Transports of animal feed	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Commission on sale of animals	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Compensation for damage caused by animals	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Other Livestock costs	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Hired Labour	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FISH PRODUCTION					
A. Petrol/Diesel/Oil	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Hired Labour	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Spare Parts	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Repairs and Maintenance	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Excavation of Equipments	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Other Inputs	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Local hand tool	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Imported hand tool	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Transport cost	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 12: HOUSEHOLD EXPENDITURE

INTRODUCTION: I would now like to find out how much money this household spends on different items, as well as how much food is consumed.

No. 1	How much was spent on the following during the first, second and third school terms this year (2006)	[GIVE AMOUNT IN KWACHA , IF NONE ENTER ZEROS]					
		TERM 1 (ONE)		TERM 2 (TWO)		TERM 3 (THREE)	
1.1	School fees including examination fees..	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.2	School uniforms including shoes, socks, ties, materials for making uniforms including tailoring charges...	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.3	Contributions to school / PTA.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.4	Private tuition.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.5	Books and stationery.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.6	Other school expenses.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	How much was spent onduring the?	[AMOUNT IN KWACHA] last one month			[AMOUNT IN KWACHA] last 12 months		
2.1	Medicines	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.2	Fees to Medical personnel (e.g. Doctor / Health Assistant / Midwife / Nurse / Dentist, etc).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.3	Fees to Traditional healer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.4	Payments to hospital / health centre / surgery	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.5	Pre-payment scheme	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CLOTHING AND FOOTWEAR							
3	How much was spent during the on the following, excluding school uniform?	[AMOUNT IN KWACHA] last one month			[AMOUNT IN KWACHA] last 12 months		
3.1	Chitenges	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.2	Clothing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.3	Fabric/material	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.4	Tailoring charges	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.5	Footwear (shoes, sandals, slippers, patapata, sofias, etc)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 12: HOUSEHOLD EXPENDITURE (CONT'D)

SECTION 12: HOUSEHOLD EXPENDITURE (CONT'D)			
4.	How much was spent on the following housing expenses during the?	[AMOUNT IN KWACHA] Last one month	[AMOUNT IN KWACHA] Last 12 months
4.1	... Rent.....?	<input type="text"/>	<input type="text"/>
4.2	... Water.....?	<input type="text"/>	<input type="text"/>
4.3	... Electricity.....?	<input type="text"/>	<input type="text"/>
4.4	... Candles.....?	<input type="text"/>	<input type="text"/>
4.5	... Paraffin.....?	<input type="text"/>	<input type="text"/>
4.6	... Diesel (for lighting and cooking only).....?	<input type="text"/>	<input type="text"/>
4.7	... Charcoal.....?	<input type="text"/>	<input type="text"/>
4.8	... Firewood.....?	<input type="text"/>	<input type="text"/>
4.9	... Home repairs (plumbing, painting, etc).....?	<input type="text"/>	<input type="text"/>
4.10	... Telephone bill/talktime.....?	<input type="text"/>	<input type="text"/>
4.11	... Cable/pay TV (DSTV, CASAT, MNET, SATELITE, ZNBC) etc.	<input type="text"/>	<input type="text"/>
5.	How much was spent on cash remittances during the?	Last one month <input type="text"/>	Last 12 months <input type="text"/>
6.	How much of this money was sent to persons in urban areas, rural areas, or outside Zambia? URBAN RURAL OUTSIDE ZAMBIA	Last one month <input type="text"/>	Last 12 months <input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
7.	What is the cash value of remittances paid in-kind during the?	Last one month <input type="text"/>	Last 12 months <input type="text"/>
8.	How much of remittances were paid in kind to urban areas, rural areas or outside Zambia? URBAN RURAL OUTSIDE ZAMBIA	Last one month <input type="text"/>	Last 12 months <input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
9.	During the, how much was spent on public transport : .. To and from work	Last one month <input type="text"/>	Last 12 months <input type="text"/>
9.1.	. To and from school including boarding school and abroad	<input type="text"/>	<input type="text"/>
9.2.	Other transport expenses (to church, to visit, etc)	<input type="text"/>	<input type="text"/>

10.	How much <u>own produced</u> charcoal did you consume during the?	<p style="text-align: center;">Last one month</p> UNIT _____ QUANTITY <input type="text"/> <input type="text"/> . <input type="text"/> PRICE/UNIT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p style="text-align: center;">Last 12 months</p> UNIT _____ QUANTITY <input type="text"/> <input type="text"/> . <input type="text"/> PRICE/UNIT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
11.	How much was spent on personal transport during the?	[AMOUNT IN KWACHA] Last one month	[AMOUNT IN KWACHA] Last 12 months
11.1 Petrol/diesel/oil.....	<input type="text"/>	<input type="text"/>
11.2 Vehicle maintenance and repairs.....	<input type="text"/>	<input type="text"/>
11.3 Motorbike repairs (tyres, tubes, oil, etc).....	<input type="text"/>	<input type="text"/>
11.4 Bicycle repairs (tyres, tubes, solution, etc).....	<input type="text"/>	<input type="text"/>
11.5 Boat / canoe repairs.....	<input type="text"/>	<input type="text"/>
12.	How much was spent on the following personal services during the?	[AMOUNT IN KWACHA] Last one month	[AMOUNT IN KWACHA] Last 12 months
12.1	- Toiletries (Wash soap, bath soap, toothpaste, tissues, shampoos, vaseline, sanitary towels, cotton wool, etc.)	<input type="text"/>	<input type="text"/>
12.2	- Cosmetics (lotions, complexion creams, make-up, glycerine, etc).....	<input type="text"/>	<input type="text"/>
12.3	- Hair dressing (Perming, shampooing, conditioning, braiding, hair cuts, etc).....	<input type="text"/>	<input type="text"/>
12.4	- Laundry service (Dry cleaning, etc).....	<input type="text"/>	<input type="text"/>
12.5	- Entertainment, excluding drinking alcohol only (Cinema, video hire, disco, watching soccer, etc).....	<input type="text"/>	<input type="text"/>
12.6	- Domestic servants.....	<input type="text"/>	<input type="text"/>
12.7	- Cobra / polish, brooms, mutton cloths, cleaning agents e.g. Ajax, floor cleaners, dishwashing soap, etc.....	<input type="text"/>	<input type="text"/>
12.7	- Batteries for radio, torches, watches, etc.....	<input type="text"/>	<input type="text"/>
12.8	- Stamps, parcel post, envelopes, writing pads, etc.....	<input type="text"/>	<input type="text"/>
Now I would like to find out about how much this household spent on food and how much was consumed			
13.	How much was spent on the following items during the ... ?	[AMOUNT IN KWACHA] last one month	[AMOUNT IN KWACHA] food expenditure in a month
13.1	Breakfast mealie meal.....	<input type="text"/>	<input type="text"/>
13.2	Roller mealie meal.....	<input type="text"/>	<input type="text"/>
13.3	Hammer milled meal.....	<input type="text"/>	<input type="text"/>
13.4	Maize grain.....	<input type="text"/>	<input type="text"/>
13.5	Grinding expenses.....	<input type="text"/>	<input type="text"/>

THE REST OF THE INFORMATION ON FOOD CONSUMPTION REFERS TO THE LAST 2 WEEKS. PLEASE MAKE SURE THIS IS CLEAR TO THE RESPONDENT

14.	How much was spent on, consumed from own produce or received on the following food items during the last 2 weeks?	CASH PURCHASES (AMOUNT IN KWACHA)	OWN – PRODUCE CONSUMED	RECEIVED (GIFTS, FOOD FOR WORK, RELIEF FOOD, ETC)
	- Maize grain		UNIT _____ QTY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/>	UNIT _____ QTY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/>
	Last 2 weeks - Cassava Last 1 month	K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K <input type="text"/>	UNIT _____ QTY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/>	UNIT _____ QTY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/>
	Last 2 weeks - Millet Last 1 month	K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K <input type="text"/>	UNIT _____ QTY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/>	UNIT _____ QTY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/>
	Last 2 weeks - Sorghum Last 1 month	K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K <input type="text"/>	UNIT _____ QTY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/>	UNIT _____ QTY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/>
	Last 2 weeks - Rice Last 1 month	K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K <input type="text"/>	UNIT _____ QTY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/>	UNIT _____ QTY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/>
	Last 2 weeks - Sweet potatoes Last 1 month	K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K <input type="text"/>	UNIT _____ QTY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/>	UNIT _____ QTY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/>
	Last 2 weeks - Irish potatoes Last 1 month	K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K <input type="text"/>	UNIT _____ QTY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/>	UNIT _____ QTY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/>

THE REST OF THE INFORMATION ON FOOD CONSUMPTION REFERS TO THE LAST 2 WEEKS. PLEASE MAKE SURE THIS IS CLEAR TO THE RESPONDENT. (Cont'd)

<p>Last 2 weeks</p> <p>- Groundnuts</p> <p>last 1 month</p>	<p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>UNIT _____</p> <p>QTY <input type="text"/><input type="text"/> . <input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>UNIT _____</p> <p>QTY <input type="text"/><input type="text"/> . <input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
<p>Last 2 weeks</p> <p>-Kapenta (dried / fresh)</p> <p>Last 1 month</p>	<p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>UNIT _____</p> <p>QTY <input type="text"/><input type="text"/> . <input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>UNIT _____</p> <p>QTY <input type="text"/><input type="text"/> . <input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
<p>Last 2 weeks</p> <p>- Fish (dried / fresh)</p> <p>Last 1 month</p>	<p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>UNIT _____</p> <p>QTY <input type="text"/><input type="text"/> . <input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>UNIT _____</p> <p>QTY <input type="text"/><input type="text"/> . <input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
<p>Last 2 weeks</p> <p>- Cow meat (dried / fresh)</p> <p>Last 1 month</p>	<p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>UNIT _____</p> <p>QTY <input type="text"/><input type="text"/> . <input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>UNIT _____</p> <p>QTY <input type="text"/><input type="text"/> . <input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
<p>Last 2 weeks</p> <p>- Goat meat (dried / fresh)</p> <p>Last 1 month</p>	<p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>UNIT _____</p> <p>QTY <input type="text"/><input type="text"/> . <input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>UNIT _____</p> <p>QTY <input type="text"/><input type="text"/> . <input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
<p>Last 2 weeks</p> <p>- Sheep meat (dried / fresh)</p> <p>Last 1 month</p>	<p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>UNIT _____</p> <p>QTY <input type="text"/><input type="text"/> . <input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>UNIT _____</p> <p>QTY <input type="text"/><input type="text"/> . <input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
<p>Last 2 weeks</p> <p>- Pig meat (dried / fresh)</p> <p>Last 1 month</p>	<p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>UNIT _____</p> <p>QTY <input type="text"/><input type="text"/> . <input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>UNIT _____</p> <p>QTY <input type="text"/><input type="text"/> . <input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>

THE REST OF THE INFORMATION ON FOOD CONSUMPTION REFERS TO THE LAST 2 WEEKS. PLEASE MAKE SURE THIS IS CLEAR TO THE RESPONDENT. (Cont'd)

<p>Last 2 weeks</p> <p>- Game meat (dried / fresh)</p> <p>Last 1 month</p>	<p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>UNIT _____</p> <p>QUANTITY <input type="text"/><input type="text"/> . <input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>UNIT _____</p> <p>QTY <input type="text"/><input type="text"/> . <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
<p>Last 2 weeks</p> <p>- Chicken</p> <p>Last 1 month</p>	<p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>		
<p>Last 2 weeks</p> <p>- Other poultry (Guinea fowl, turkey, ducks, geese, pigeons, rabbits)</p> <p>Last 1 month</p>	<p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>		
<p>Last 2 weeks</p> <p>- Beans (Dried / fresh)</p> <p>Last 1 month</p>	<p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>UNIT _____</p> <p>QUANTITY <input type="text"/><input type="text"/> . <input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>UNIT _____</p> <p>QTY <input type="text"/><input type="text"/> . <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
<p>Last 2 weeks</p> <p>- Tomatoes</p> <p>Last 1 month</p>	<p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>UNIT _____</p> <p>QUANTITY <input type="text"/><input type="text"/> . <input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>UNIT _____</p> <p>QTY <input type="text"/><input type="text"/> . <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
<p>Last 2 weeks</p> <p>- Onions</p> <p>Last 1 month</p>	<p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>UNIT _____</p> <p>QUANTITY <input type="text"/><input type="text"/> . <input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>UNIT _____</p> <p>QTY <input type="text"/><input type="text"/> . <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
<p>Last 2 weeks</p> <p>- Other vegetables [Rape, cabbage, pumpkin leaves, carrots, okra, impwa, cucumber, green beans, peas, etc.]</p> <p>Last 1 month</p>	<p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>		

THE REST OF THE INFORMATION ON FOOD CONSUMPTION REFERS TO THE LAST 2 WEEKS. PLEASE MAKE SURE THIS IS CLEAR TO THE RESPONDENT. (Cont'd)

<p>Last 2 weeks - Bread / bread rolls / buns / fritters</p> <p>Last 1 month</p>	<p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>UNIT _____</p> <p>QUANTITY <input type="text"/><input type="text"/> . <input type="text"/><input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>UNIT _____</p> <p>QTY <input type="text"/><input type="text"/> . <input type="text"/><input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
<p>Last 2 weeks - Fruits [Oranges, bananas, pineapples, lemons, avocados, apples, pears, etc.]</p> <p>Last 1 month</p>	<p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>		
<p>Last 2 weeks - Eggs</p> <p>Last 1 month</p>	<p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>UNIT _____</p> <p>QUANTITY <input type="text"/><input type="text"/> . <input type="text"/><input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>UNIT _____</p> <p>QTY <input type="text"/><input type="text"/> . <input type="text"/><input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
<p>Last 2 weeks - Milk (fresh)</p> <p>Last 1 month</p>	<p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>UNIT _____</p> <p>QUANTITY <input type="text"/><input type="text"/> . <input type="text"/><input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>UNIT _____</p> <p>QTY <input type="text"/><input type="text"/> . <input type="text"/><input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
<p>Last 2 weeks - Milk [Powdered – excluding baby milk]</p> <p>Last 1 month</p>	<p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>		<p>UNIT _____</p> <p>QTY <input type="text"/><input type="text"/> . <input type="text"/><input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
<p>Last 2 weeks - Butter / Margarine / Cheese / Jam, etc.</p> <p>Last 1 month</p>	<p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>UNIT _____</p> <p>QUANTITY <input type="text"/><input type="text"/> . <input type="text"/><input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>UNIT _____</p> <p>QTY <input type="text"/><input type="text"/> . <input type="text"/><input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
<p>Last 2 weeks - Sugar</p> <p>Last 1 month</p>	<p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>K <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>		<p>UNIT _____</p> <p>QTY <input type="text"/><input type="text"/> . <input type="text"/><input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>

THE REST OF THE INFORMATION ON FOOD CONSUMPTION REFERS TO THE LAST 2 WEEKS. (Cont'd)

	Last 2 weeks - Honey Last 1 month	K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K <input type="text"/>	UNIT _____ QUANTITY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/>	UNIT _____ QTY <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Last 2 weeks -Salt Last 1 month	K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K <input type="text"/>	UNIT _____ QUANTITY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/>	UNIT _____ QTY <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Last 2 weeks - Cooking oil Last 1 month	K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K <input type="text"/>	UNIT _____ QUANTITY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/>	UNIT _____ QTY <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Last 2 weeks - Non alcoholic beverages (Juices, Soft drinks, Munkoyo, etc.) Last 1 month	K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K <input type="text"/>	UNIT _____ QUANTITY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/>	UNIT _____ QTY <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Last 2 weeks - Tea / Coffee / Cocoa / Hot Chocolate / Milo, etc Last 1 month	K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K <input type="text"/>	UNIT _____ QUANTITY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/>	UNIT _____ QTY <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Last 2 weeks - Alcoholic beverages Last 1 month	K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K <input type="text"/>	UNIT _____ QUANTITY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/>	UNIT _____ QTY <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Last 2 weeks - Cigarettes / tobacco Last 1 month	K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K <input type="text"/>	UNIT _____ QUANTITY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/>	UNIT _____ QTY <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Last 2 weeks - Baby foods (Cerelac / baby milk / etc.) Last 1 month	K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K <input type="text"/>	_____ _____ _____	UNIT _____ QTY <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION 13: DEVELOPMENTAL ISSUES AND SOCIAL FUND IMPACT

NO.	QUESTION	IMPROVED	ECONOMIC FACILITY CODE	
1. Which social and economic facilities would you like provided or improved in this community including what directly affects your household? Please list them in order of importance	CHOICE 1.....	<input type="checkbox"/>	<input type="checkbox"/>	
	CHOICE 2.....	<input type="checkbox"/>	<input type="checkbox"/>	
	CHOICE 3.....	<input type="checkbox"/>	<input type="checkbox"/>	
	CHOICE 4.....	<input type="checkbox"/>	<input type="checkbox"/>	
	PROVIDED	ECONOMIC FACILITY CODE		
	CHOICE 1.....	<input type="checkbox"/>	<input type="checkbox"/>	
	CHOICE 2.....	<input type="checkbox"/>	<input type="checkbox"/>	
	CHOICE 3.....	<input type="checkbox"/>	<input type="checkbox"/>	
	CHOICE 4.....	<input type="checkbox"/>	<input type="checkbox"/>	

2. Have the following projects or changes occurred in your community in the Last 12 months? YES.....1 NO.....2>> NEXT PROJECT/CHANGE N/A.....3>> NEXT PROJECT/CHANGE Don't Know.....4		3. To what extent has this activity/project improved the way you live? EXTREMELY.....1 MODERATELY.....2 LITTLE.....3 NONE.....4>> Q7
2.1. Building of school?	<input type="checkbox"/>	<input type="checkbox"/>
2.2. Rehabilitation of school?	<input type="checkbox"/>	<input type="checkbox"/>
2.3. Building of health facility?	<input type="checkbox"/>	<input type="checkbox"/>
2.4. Rehabilitation of health facility?	<input type="checkbox"/>	<input type="checkbox"/>
2.5. Building of new road (Tarred or gravel)	<input type="checkbox"/>	<input type="checkbox"/>
2.6. Grading of Gravel road?	<input type="checkbox"/>	<input type="checkbox"/>
2.7. Tarring of road?	<input type="checkbox"/>	<input type="checkbox"/>
2.8. Digging of well?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 13: DEVELOPMENTAL ISSUES AND SOCIAL FUND IMPACT (Cont'd)

2.9. Sinking of borehole?	<input type="checkbox"/>	<input type="checkbox"/>
2.10. Piping of water?	<input type="checkbox"/>	<input type="checkbox"/>
2.11. Water supply rehabilitated or improved?	<input type="checkbox"/>	<input type="checkbox"/>
2.12. Provision of hammermills?	<input type="checkbox"/>	<input type="checkbox"/>
2.13. Transport service provided/improved?	<input type="checkbox"/>	<input type="checkbox"/>
2.14. Sanitation provided/improved?	<input type="checkbox"/>	<input type="checkbox"/>
2.15. Agricultural inputs provided on credit?	<input type="checkbox"/>	<input type="checkbox"/>
2.16. Buyers of agricultural produce available/increased?	<input type="checkbox"/>	<input type="checkbox"/>
2.17. Credit facility now being provided?	<input type="checkbox"/>	<input type="checkbox"/>
2.18. More employment opportunities available?	<input type="checkbox"/>	<input type="checkbox"/>
2.19. Police services now available/improved?	<input type="checkbox"/>	<input type="checkbox"/>
2.20. Agricultural extension service available or improved?	<input type="checkbox"/>	<input type="checkbox"/>
2.21. Veterinary services now provided or improved?	<input type="checkbox"/>	<input type="checkbox"/>
2.22. Agricultural inputs now more readily available?	<input type="checkbox"/>	<input type="checkbox"/>
2.23. Radio reception provided?	<input type="checkbox"/>	<input type="checkbox"/>
2.24. Radio facility improved?	<input type="checkbox"/>	<input type="checkbox"/>
2.25. Provision of mobile phone network?	<input type="checkbox"/>	<input type="checkbox"/>
2.26. Television reception provided?	<input type="checkbox"/>	<input type="checkbox"/>
2.27. Television reception improved?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 14: CHILD HEALTH AND NUTRITION (ANTHROPOMETRY)

[TO BE COMPLETED FOR CHILDREN AGED 0 MONTHS TO 59 MONTHS] [Cont'd]

	7	8	9
PID OF CHILD [FROM HOUSE - HOLD ROSTER]	Has ever been breastfed? YES...1 NO...2>Q9	At what age (in months) did you first give.... water or other fluids or food? MONTHS [IF LESS THAN ONE MONTH ENTER 00]	How many times is currently given solids foods in a day (nshima, rice, potatoes, porridge, cereal, custard, etc)? ONCE.....1 TWICE.....2 THRICE.....3 FOUR TIMES.....4 FIVE TIMES.....5 MORE THAN FIVE TIMES.....6 NOT YET STARTED ON SOLIDS.....7
□ □	□	□ □	□
□ □	□	□ □	□
□ □	□	□ □	□
□ □	□	□ □	□
□ □	□	□ □	□
□ □	□	□ □	□
□ □	□	□ □	□
□ □	□	□ □	□
□ □	□	□ □	□
□ □	□	□ □	□
□ □	□	□ □	□

PID OF CHILD [FROM HOUSEHOLD ROSTER]	SECTION 14: CHILD HEALTH AND NUTRITION (ANTHROPOMETRY) [TO BE COMPLETED FOR CHILDREN AGED 0 MONTHS TO 59 MONTHS] [Cont'd]
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<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/>	10. Do you have a card where.....'s vaccinations are written down? Yes..... 1 No.....2>> Q11	<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/>
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- (1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.
 (2) WRITE '44' IN DAY COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.
 (3) IF MORE THAN TWO VITAMIN 'A' DOSES, RECORD DATES FOR MOST RECENT AND SECOND MOST RECENT DOSES

FIRST CHILD

	DAY	MONTH	YEAR		DAY	MONTH	YEAR
BCG GIVEN AT BIRTH	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>		BCG	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
OVP 0	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>		P 1	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
OVP 1	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>		P 2	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
OVP 2	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>		P 3	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
OVP 3	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>		D1	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
OVP 4	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>		D2	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
DPT-HepB+Hib1	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>		DPT1	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
DPT-HepB+Hib2	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>		DPT 2	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
DPT-HepB+Hib	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>		DPT3	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
MEASLES	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>		MEASLES	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
VITAMIN A (MOST RECENT)	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>		VIT A	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
VITAMIN A (2ND MOST RECENT)	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>		VIT A	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

PID OF CHILD

SECTION 14: CHILD HEALTH AND NUTRITION (ANTHROPOMETRY)
[TO BE COMPLETED FOR CHILDREN AGED 0 MONTHS TO 59 MONTHS] [Cont'd]

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SECOND CHILD

	DAY	MONTH	YEAR		DAY	MONTH	YEAR		
BCG GIVEN AT BIRTH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	BCG	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OVP 0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	P 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OVP 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	P 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OVP 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	P3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OVP 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	D1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OVP 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	D2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT-HepB+Hib1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DPT1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT-HepB+Hib2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DPT 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT-HepB+Hib	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DPT3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MEASLES	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	MEASLES	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
VITAMIN A (MOST RECENT)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	VIT A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
VITAMIN A (2ND MOST RECENT)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	VIT A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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THIRD CHILD

	DAY	MONTH	YEAR		DAY	MONTH	YEAR		
BCG GIVEN AT BIRTH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	BCG	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OVP 0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	P1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OVP 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	P2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OVP 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	P3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OVP 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	D1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OVP 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	D2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT-HepB+Hib1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DPT 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT-HepB+Hib2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DPT 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT-HepB+Hib	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DPT3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MEASLES	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	MEASLES	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
VITAMIN A (MOST RECENT)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	VIT A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
VITAMIN A (2ND MOST RECENT)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	VIT A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PID OF CHILD

SECTION 14: CHILD HEALTH AND NUTRITION (ANTHROPOMETRY)
[TO BE COMPLETED FOR CHILDREN AGED 0 MONTHS TO 59 MONTHS] [Cont'd]

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FOURTH CHILD

	DAY	MONTH	YEAR		DAY	MONTH	YEAR
BCG GIVEN AT BIRTH	<input type="text"/>	<input type="text"/>	<input type="text"/>		BCG	<input type="text"/>	<input type="text"/>
OVP 0	<input type="text"/>	<input type="text"/>	<input type="text"/>		P1	<input type="text"/>	<input type="text"/>
OVP 1	<input type="text"/>	<input type="text"/>	<input type="text"/>		P2	<input type="text"/>	<input type="text"/>
OVP 2	<input type="text"/>	<input type="text"/>	<input type="text"/>		P 3	<input type="text"/>	<input type="text"/>
OVP 3	<input type="text"/>	<input type="text"/>	<input type="text"/>		D1	<input type="text"/>	<input type="text"/>
OVP 4	<input type="text"/>	<input type="text"/>	<input type="text"/>		D2	<input type="text"/>	<input type="text"/>
DPT-HepB+Hib1	<input type="text"/>	<input type="text"/>	<input type="text"/>		DPT1	<input type="text"/>	<input type="text"/>
DPT-HepB+Hib2	<input type="text"/>	<input type="text"/>	<input type="text"/>		DPT2	<input type="text"/>	<input type="text"/>
DPT-HepB+Hib	<input type="text"/>	<input type="text"/>	<input type="text"/>		DPT3	<input type="text"/>	<input type="text"/>
MEASLES	<input type="text"/>	<input type="text"/>	<input type="text"/>		MEASLES	<input type="text"/>	<input type="text"/>
VITAMIN A (MOST RECENT)	<input type="text"/>	<input type="text"/>	<input type="text"/>		VIT A	<input type="text"/>	<input type="text"/>
VITAMIN A (2ND MOST RECENT)	<input type="text"/>	<input type="text"/>	<input type="text"/>		VIT A	<input type="text"/>	<input type="text"/>

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FIFTH CHILD

	DAY	MONTH	YEAR		DAY	MONTH	YEAR
BCG GIVEN AT BIRTH	<input type="text"/>	<input type="text"/>	<input type="text"/>		BCG	<input type="text"/>	<input type="text"/>
OVP 0	<input type="text"/>	<input type="text"/>	<input type="text"/>		P1	<input type="text"/>	<input type="text"/>
OVP 1	<input type="text"/>	<input type="text"/>	<input type="text"/>		P2	<input type="text"/>	<input type="text"/>
OVP 2	<input type="text"/>	<input type="text"/>	<input type="text"/>		P3	<input type="text"/>	<input type="text"/>
OVP 3	<input type="text"/>	<input type="text"/>	<input type="text"/>		D1	<input type="text"/>	<input type="text"/>
OVP 4	<input type="text"/>	<input type="text"/>	<input type="text"/>		D2	<input type="text"/>	<input type="text"/>
DPT-HepB+Hib1	<input type="text"/>	<input type="text"/>	<input type="text"/>		DPT1	<input type="text"/>	<input type="text"/>
DPT-HepB+Hib2	<input type="text"/>	<input type="text"/>	<input type="text"/>		DPT2	<input type="text"/>	<input type="text"/>
DPT-HepB+Hib	<input type="text"/>	<input type="text"/>	<input type="text"/>		DPT3	<input type="text"/>	<input type="text"/>
MEASLES	<input type="text"/>	<input type="text"/>	<input type="text"/>		MEASLES	<input type="text"/>	<input type="text"/>
VITAMIN A (MOST RECENT)	<input type="text"/>	<input type="text"/>	<input type="text"/>		VIT A	<input type="text"/>	<input type="text"/>
VITAMIN A (2ND MOST RECENT)	<input type="text"/>	<input type="text"/>	<input type="text"/>		VIT A	<input type="text"/>	<input type="text"/>

SECTION 14: CHILD HEALTH AND NUTRITION (ANTHROPOMETRY)

[TO BE COMPLETED FOR CHILDREN AGED 0 MONTHS TO 59 MONTHS] [Cont'd]

11

PID OF CHILD [FROM HOUSE - HOLD ROSTER]	Has.....ever received the following vaccination? [ASK THIS QUESTION FOR VACCINE] YES.....1 NO.....2			
	BCG	DPT	POLIO	MEASLES [FROM 9 MONTHS AND ABOVE]
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 14: CHILD HEALTH AND NUTRITION (ANTHROPOMETRY)
[TO BE COMPLETED FOR CHILDREN AGED 0 MONTHS TO 59 MONTHS]

[Cont'd]

PID OF CHILD	12	13	14	15
[FROM HOUSE -HOLD ROSTER]	How many times has..... received the vaccinations? NUMBER OF TIMES RECEIVED VACCINATIONS [FOR THOSE WHO HAVE RECEIVED ALL VACCINES SKIP TO QUESTION 16]	State the reasons why....did not receive the vaccine. Health Centre to far....1 Too young.....2 Don't know about vaccination.....3 No vaccines at health centre.....4 Other Specify.....5	Has ever received Vitamin A dose: Yes.....1 No.....2	Did.....receive a Vitamin A dose within the last six months? Yes.....1 No.....2
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 14: CHILD HEALTH AND NUTRITION
[TO BE COMPLETED FOR CHILDREN AGED 0 MONTHS TO 59 MONTHS]

[Cont'd]

	16	17
PID OF CHILD [FROM HOUSEHOLD ROSTER]	IS THE BCG SCAR PRESENT ON THE CHILD'S ARM? YES.....1 NO.....2	WEIGHT OF THE CHILD [FOR CHILDREN AGED 3 – 59 MONTHS]
<input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . KG
<input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . KG
<input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . KG
<input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . KG
<input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . KG
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<input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . KG
<input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . KG
<input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . KG
<input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . KG

SECTION 14: CHILD HEALTH AND NUTRITION

[TO BE COMPLETED FOR CHILDREN AGED 0 MONTHS TO 59 MONTHS]

[Cont'd]

	18	19	20	21
PID OF CHILD [FROM HOUSEHOLD ROSTER]	LENGTH /HEIGHT OF THE CHILD [FOR CHILDREN AGED 3-59 MONTHS] [IF CHILD IS AGED 3-23 MONTHS, MEASURE WHILE LYING DOWN] [IF AGED 24-59 MONTHS, MEASURE WHILE STANDING WITHOUT SHOES]	[IF THE CHILD IS NOT MEASURED RECORD THE REASON WHY] [FOR CHILDREN AGED 3 – 59 MONTHS] CHILD CRIPPLED.....1 CHILD SICK.....2 CHILD ABSENT.....3 CHILD REFUSED.....4 MOTHER REFUSED...5 OTHER (SPECIFY).....6	DATE WHEN THE CHILD IS WEIGHED	PRESENCE OF OEDEMA [YOU NEED NOT TO ASK THIS QUESTION] YES.....1 NO.....2
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CENTIMETRES	<input type="checkbox"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CENTIMETRES	<input type="checkbox"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CENTIMETRES	<input type="checkbox"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CENTIMETRES	<input type="checkbox"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CENTIMETRES	<input type="checkbox"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CENTIMETRES	<input type="checkbox"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CENTIMETRES	<input type="checkbox"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CENTIMETRES	<input type="checkbox"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CENTIMETRES	<input type="checkbox"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CENTIMETRES	<input type="checkbox"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>

SECTION 15: DEATHS IN THE HOUSEHOLD

1. Have there been any deaths in the household (of usual members) in the last 12 months?

1 YES

2 NO >> **END OF INTERVIEW**

2. How many people died in the last 12 months?

NUMBER OF DEATHS

3. How old was/were the deceased and what was/were their sex?

[RECORD AGE IN COMPLETED YEARS]

[RECORD 00 IF LESS THAN 1 YEAR]

[RECORD 98 AND 8 IN BOXES WITHOUT RESPONSES

FOR AGE AND SEX]

SEX

MALE.....1

FEMALE....2

AGE

SEX

DECEASED 1

DECEASED 2

DECEASED 3

DECEASED 4

DECEASED 5

DECEASED 6

4. What was the main cause of death?

DECEASED 1

DECEASED 2

DECEASED 3

DECEASED 4

DECEASED 5

DECEASED 6

LIST OF CAUSES OF DEATH

FEVER/MALARIA.....01	SUICIDE.....20
COUGH/COLD/CHEST INFECTION.....02	ACCIDENT.....21
TUBERCULOSIS.....03	CANCER.....22
ASTHMA.....04	STROKE.....23
BRONCHITIS.....05	HYPERTENSION.....24
PNEUMONIA/CHEST PAIN.....06	DIABETES/SUGAR DISEASE.....25
DIARRHOEA WITHOUT BLOOD.....07	HEADACHE.....26
DIARRHOEA WITH BLOOD.....08	MEASLES.....27
DIARRHOEA AND VOMITTING.....09	JAUNDICE/YELLOWNESS.....28
VOMITTING.....10	MURDERED.....29
ABDOMINAL PAINS.....11	OTHER (SPECIFY).....30
CONSTIPATION/STOMACH UPSET.....12	DON'T KNOW.....31
LIVER INFECTION/SIDE PAIN.....13	
LACK OF BLOOD/ANEAMIA.....14	
BOILS.....15	
SKIN RASH/SKIN INFECTION.....16	
PILES/HAEMOROIDES.....17	
SHINGLES/HERPES ZOSTER.....18	
PARALYSIS OF ANY KIND.....19	

THE END OF INTERVIEW