

RECORD TIME STARTED THE INTERVIEW: HOUR

MINUTES

SECTION 1: DEMOGRAPHY

INTRODUCTION: To start this interview, I would first like to ask you about marriage.

NO.	QUESTIONS
1.	<p>What is your marital status?</p> <p>1 NEVER MARRIED >> QUESTION 4</p> <p>2 MARRIED CODE <input type="text"/></p> <p>3 SEPARATED</p> <p>4 DIVORCED <— >> QUESTION 3</p> <p>5 WIDOWED <— >> QUESTION 3</p>
2.	<p>Is your marriage monogamous or polygamous?</p> <p>1 MONOGAMOUS CODE <input type="text"/></p> <p>2 POLYGAMOUS</p>
3.	<p>What was your age at first marriage? (ENTER AGE IN COMPLETED YEARS)</p> <p style="text-align: right;">AGE AT FIRST MARRIAGE <input type="text"/> <input type="text"/></p>
4.	<p>What is your ethnic group?.....</p> <p style="text-align: right;">CODE <input type="text"/> <input type="text"/></p>
(CHECK AGE IN THE HOUSEHOLD ROSTER, IF AGED 19 AND ABOVE GO TO SECTION 2)	
5.	<p>Is your biological mother still alive?</p> <p>1 YES CODE <input type="text"/></p> <p>2 NO</p> <p>3 DON'T KNOW</p>
6.	<p>Is your biological father still alive?</p> <p>1 YES CODE <input type="text"/></p> <p>2 NO</p> <p>3 DON'T KNOW</p>

SECTION 2: HEALTH

INTRODUCTION: I will now ask you some questions on the health of

NO.	QUESTIONS																																																								
1.	Has been sick or injured during the last two (2) weeks ? <table style="width:100%; margin-top: 10px;"> <tr> <td style="width:15%;">1 YES</td> <td style="width:70%;"></td> <td style="width:15%; text-align:right;">CODE</td> </tr> <tr> <td>2 NO >> QUESTION 9</td> <td></td> <td style="text-align:right;"><input type="checkbox"/></td> </tr> </table>	1 YES		CODE	2 NO >> QUESTION 9		<input type="checkbox"/>																																																		
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2.	What was suffering from? (RECORD ALL SYMPTOMS IN THE LAST TWO (2) WEEKS) <table style="width:100%; margin-top: 10px;"> <tr> <td style="width:45%;"></td> <td style="width:10%; text-align:center;">1 YES 2 NO</td> <td style="width:45%;"></td> <td style="width:10%; text-align:right;">1 YES 2 NO</td> </tr> <tr> <td></td> <td style="text-align:center;">CODE</td> <td></td> <td style="text-align:right;">CODE</td> </tr> <tr> <td>1 ABDOMINAL PAINS</td> <td style="text-align:center;"><input type="checkbox"/></td> <td>1 MEASLES</td> <td style="text-align:right;"><input type="checkbox"/></td> </tr> <tr> <td>1 ANAEMIA/LACK OF BLOOD</td> <td style="text-align:center;"><input type="checkbox"/></td> <td>1 MUMPS</td> <td style="text-align:right;"><input type="checkbox"/></td> </tr> <tr> <td>1 BLOOD WITH URINE</td> <td style="text-align:center;"><input type="checkbox"/></td> <td>1 PAIN WITH PERIOD</td> <td style="text-align:right;"><input type="checkbox"/></td> </tr> <tr> <td>1 CHEST PAIN/CHEST INFECTION RESPIRATORY DISEASE</td> <td style="text-align:center;"><input type="checkbox"/></td> <td>1 PNEUMONIA</td> <td style="text-align:right;"><input type="checkbox"/></td> </tr> <tr> <td>1 COUGH/COLD</td> <td style="text-align:center;"><input type="checkbox"/></td> <td>1 POLIO</td> <td style="text-align:right;"><input type="checkbox"/></td> </tr> <tr> <td>1 DIARRHOEA WITH BLOOD</td> <td style="text-align:center;"><input type="checkbox"/></td> <td>1 POISONING</td> <td style="text-align:right;"><input type="checkbox"/></td> </tr> <tr> <td>1 DIARRHOEA WITHOUT BLOOD</td> <td style="text-align:center;"><input type="checkbox"/></td> <td>1 SKIN INFECTION</td> <td style="text-align:right;"><input type="checkbox"/></td> </tr> <tr> <td>1 EAR INFECTION</td> <td style="text-align:center;"><input type="checkbox"/></td> <td>1 TOOTHACHE</td> <td style="text-align:right;"><input type="checkbox"/></td> </tr> <tr> <td>1 EYE INFECTION</td> <td style="text-align:center;"><input type="checkbox"/></td> <td>1 URINARY TRACT INFECTION</td> <td style="text-align:right;"><input type="checkbox"/></td> </tr> <tr> <td>1 FEVER/MALARIA</td> <td style="text-align:center;"><input type="checkbox"/></td> <td>1 VOMITTING</td> <td style="text-align:right;"><input type="checkbox"/></td> </tr> <tr> <td>1 INJURY OF ANY TYPE-FRACTURE, MUSCULAR, SKELETOL, DISLOCATIONS</td> <td style="text-align:center;"><input type="checkbox"/></td> <td>1 WHOOPING COUGH</td> <td style="text-align:right;"><input type="checkbox"/></td> </tr> <tr> <td>1 JAUNDICE/YELLOWNESS</td> <td style="text-align:center;"><input type="checkbox"/></td> <td>1 OTHER (SPECIFY)</td> <td style="text-align:right;"><input type="checkbox"/></td> </tr> </table>		1 YES 2 NO		1 YES 2 NO		CODE		CODE	1 ABDOMINAL PAINS	<input type="checkbox"/>	1 MEASLES	<input type="checkbox"/>	1 ANAEMIA/LACK OF BLOOD	<input type="checkbox"/>	1 MUMPS	<input type="checkbox"/>	1 BLOOD WITH URINE	<input type="checkbox"/>	1 PAIN WITH PERIOD	<input type="checkbox"/>	1 CHEST PAIN/CHEST INFECTION RESPIRATORY DISEASE	<input type="checkbox"/>	1 PNEUMONIA	<input type="checkbox"/>	1 COUGH/COLD	<input type="checkbox"/>	1 POLIO	<input type="checkbox"/>	1 DIARRHOEA WITH BLOOD	<input type="checkbox"/>	1 POISONING	<input type="checkbox"/>	1 DIARRHOEA WITHOUT BLOOD	<input type="checkbox"/>	1 SKIN INFECTION	<input type="checkbox"/>	1 EAR INFECTION	<input type="checkbox"/>	1 TOOTHACHE	<input type="checkbox"/>	1 EYE INFECTION	<input type="checkbox"/>	1 URINARY TRACT INFECTION	<input type="checkbox"/>	1 FEVER/MALARIA	<input type="checkbox"/>	1 VOMITTING	<input type="checkbox"/>	1 INJURY OF ANY TYPE-FRACTURE, MUSCULAR, SKELETOL, DISLOCATIONS	<input type="checkbox"/>	1 WHOOPING COUGH	<input type="checkbox"/>	1 JAUNDICE/YELLOWNESS	<input type="checkbox"/>	1 OTHER (SPECIFY)	<input type="checkbox"/>
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3.	Did have any health consultation for this illness or did he/she use self administered medicine only? [IF MORE THAN ONE SPELL OF ILLNESS, RECORD THE MOST RECENT] <table style="width:100%; margin-top: 10px;"> <tr> <td style="width:15%;">1 CONSULTED >> QUESTION 5</td> <td style="width:70%;"></td> <td style="width:15%; text-align:right;">CODE</td> </tr> <tr> <td>2. USED ONLY SELF ADMINISTERED MEDICINE</td> <td></td> <td style="text-align:right;"><input type="checkbox"/></td> </tr> <tr> <td>3 NONE >> QUESTION 9</td> <td></td> <td></td> </tr> </table>	1 CONSULTED >> QUESTION 5		CODE	2. USED ONLY SELF ADMINISTERED MEDICINE		<input type="checkbox"/>	3 NONE >> QUESTION 9																																																	
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4.	How much in total was spent on 's medication? >> QUESTION 9 <table style="width:100%; margin-top: 10px;"> <tr> <td style="width:70%;"></td> <td style="width:30%; text-align:right;">AMOUNT IN KWACHA</td> </tr> <tr> <td></td> <td style="text-align:right;"> <table border="1" style="display:inline-table; border-collapse: collapse;"> <tr> <td style="width:20px; height:20px;"></td> </tr> </table> </td> </tr> </table>		AMOUNT IN KWACHA		<table border="1" style="display:inline-table; border-collapse: collapse;"> <tr> <td style="width:20px; height:20px;"></td> </tr> </table>																																																				
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SECTION 2: HEALTH

5. Did you have any health consultation in the last 2 weeks?

- 1 YES
- 2 NO >> QUESTION 10

CODE

6. Which kind of institution did you last visit?

- 1 GOVERNMENT HOSPITAL
- 2 GOVERNMENT CLINIC
- 3 GOVERNMENT HEALTH CENTRE
- 4 MISSION INSTITUTION
- 5 INDUSTRIAL/COMPANY HEALTH INSTITUTION
- 6 PRIVATE INSTITUTION
- 7 TRADITIONAL INSTITUTION
- 8 MEDICAL PERSONNEL
- 9 HEALTH INSTITUTION OUTSIDE ZAMBIA
- 10 OTHER (SPECIFY).....

CODE

7. Whom did you consult during your last visit? (RECORD THE MOST QUALIFIED PERSON)

- 1 PHYSICIAN/MEDICAL DOCTOR
- 2 CLINICAL OFFICER
- 3 NURSE/MIDWIFE
- 4 TRADITIONAL HEALER
- 5 SPIRITUAL HEALER
- 6 OTHER (SPECIFY).....

CODE

8. Did you pay for the last consultation?

- 1 YES WITH PRE-PAYMENT SCHEME LOW COST
- 2 YES WITH PRE-PAYMENT SCHEME HIGH COST
- 3 YES PAID FOR BY EMPLOYER
- 4 YES PAID FOR BY OTHER (SPECIFY)
- 5 YES PAID PART AND THE OTHER PART PAID BY OTHER E.G. EMPLOYER
- 6 YES PAID DIRECTLY
- 7 NO DIDN'T PAY >> QUESTION 10

>> QUESTION 10

CODE

9. How much did you pay in total for the last consultation?

ENTER 00 FOR NONE

CASH

IN KIND (CONVERTED TO CASH)

SECTION 10	
10.	<p>Have you ever been diagnosed of any of the following diseases?</p> <p style="text-align: right;">1 YES 2 NO</p> <p style="text-align: right;">CODE</p> <p style="padding-left: 40px;">1 Diabetes (Sugar disease) <input type="checkbox"/></p> <p style="padding-left: 40px;">1 Cancer <input type="checkbox"/></p> <p style="padding-left: 40px;">1 Asthma <input type="checkbox"/></p> <p style="padding-left: 40px;">1 Tuberculosis (T. B) <input type="checkbox"/></p> <p style="padding-left: 40px;">1 Bronchitis <input type="checkbox"/></p> <p style="padding-left: 40px;">1 Hypertension <input type="checkbox"/></p> <p style="padding-left: 40px;">1 Leprosy <input type="checkbox"/></p>
11.	<p>Do you smoke?</p> <p style="padding-left: 40px;">1 YES</p> <p style="padding-left: 40px;">2 NO</p> <p style="text-align: right;">CODE</p> <p style="text-align: right;"><input type="checkbox"/></p>
12.	<p>Do you drink alcoholic beverages?</p> <p style="padding-left: 40px;">1 YES</p> <p style="padding-left: 40px;">2 NO</p> <p style="text-align: right;">CODE</p> <p style="text-align: right;"><input type="checkbox"/></p>

SECTION 3: EDUCATION

INTRODUCTION: Now, I would like to ask you questions about your educational status

NO.	QUESTIONS
1.	<p>Are you currently attending school? (FORMAL EDUCATION ONLY - PRIMARY, SECONDARY, COLLEGE & UNIVERSITY)</p> <p align="right">CODE</p> <p>1 YES <input type="checkbox"/></p> <p>2 NO >> QUESTION 11</p>
2.	<p>What grade are you currently attending?</p> <p align="right">GRADE ATTENDING <input type="text"/> <input type="text"/></p>
3.	<p>What grade were you attending last year? [IF NOT ATTENDING SCHOOL LAST YEAR ENTER 88]</p> <p align="right">GRADE ATTENDED LAST YEAR <input type="text"/> <input type="text"/></p>
4.	<p>Is the school you are attending a government, mission/religious, industrial or private school?</p> <p>1 GOVERNMENT</p> <p>2 MISSION/RELIGIOUS</p> <p>3 INDUSTRIAL</p> <p>4 PRIVATE</p> <p>5 OTHER (SPECIFY)</p> <p align="right">CODE <input type="checkbox"/></p>
<p>CHECK QUESTION 2</p> <p>IS PERSON ATTENDING GRADES 1 THROUGH 7? >> SECTION 4</p> <p>IS PERSON ATTENDING GRADES 8 THROUGH 12? >> QUESTION 5</p> <p>IS PERSON ATTENDING GRADES 13 AND ABOVE? >> QUESTION 7</p>	
5.	<p>Have you ever undertaken any skills training in your school? (ONLY FOR THOSE IN GRADES 8-12)</p> <p align="right">CODE</p> <p>1 YES <input type="checkbox"/></p> <p>2 NO >> SECTION 4</p>
6.	<p>What type of skills training is this?</p> <p align="right">1 YES 2 NO</p> <p align="right">CODE</p> <p>1 CARPENTRY/WOODWORK <input type="checkbox"/></p> <p>1 METAL WORK <input type="checkbox"/></p> <p>1 HOMECRAFT/HOME ECONOMICS <input type="checkbox"/></p> <p>1 TAILORING <input type="checkbox"/></p> <p>1 AGRICULTURAL SKILLS <input type="checkbox"/></p> <p>1 OTHER (SPECIFY) <input type="checkbox"/></p> <p align="right">>> SECTION 4</p>
7.	<p>What is your main field of study? (ONLY FOR THOSE ATTENDING GRADES 13 AND ABOVE)</p> <p>MAIN/MAJOR FIELD OF STUDY:.....</p> <p align="right">CODE</p> <p align="right">[TO BE CODED IN THE FIELD] <input type="text"/> <input type="text"/></p>

SECTION 3: EDUCATION

8. Apart from what you are studying now, in the past have you had any skills training of at least 3 months duration?

1 YES CODE

2 NO >> SECTION 4

9. What kind of skills training was this? (IF MORE THAN ONE, RECORD THE MOST RECENT)

TYPE OF SKILLS TRAINING.....

[TO BE CODED IN THE FIELD] CODE

10. How long did the training last?

SECTION 4 >> } YEARS
} MONTHS

QUESTIONS FOR THOSE WHO ARE NOT CURRENTLY ATTENDING SCHOOL

11. Have you ever attended school?

1 YES CODE

2 NO >> QUESTION 26

12. What was the highest grade you attained?

HIGHEST GRADE ATTAINED

13. What was your main reason for leaving school at the time?

1 WORKING	5 PREGNANCY	9 EXPELLED	CODE <input type="checkbox"/> <input type="checkbox"/>
2 TOO EXPENSIVE	6 COMPLETED STUDIES	10 LACK OF SUPPORT	
3 TOO FAR	7 GOT MARRIED	11 OTHER SPECIFY	
4 NOT SELECTED/ FAILED	8 NO NEED TO CONTINUE SCHOOL		

(CHECK QUESTION 12)

IS HIGHEST GRADE ATTAINED GRADE 1-7 >> QUESTION 14
 IS HIGHEST GRADE ATTAINED GRADE 8-12 >> QUESTION 17
 IS HIGHEST GRADE ATTAINED GRADE 13 AND ABOVE >> QUESTION 22

14. In the past have you ever had any skills training of at least 3 months duration?

1 YES CODE

2 NO >> QUESTION 31

15. What type of skills training was this? (IF MORE THAN ONE, RECORD THE MOST RECENT)

TYPE OF SKILLS TRAINING :.....

[TO BE CODED IN THE FIELD] CODE

SECTION 3: EDUCATION

16. How long did the training last?

QUESTION 31 >> { YEARS
MONTHS

FOR THOSE WHO ATTAINED GRADE 8-12. CHECK QUESTION 12

17. Did you receive any skills training at school?

1 YES CODE
2 NO >> QUESTION 19

18. What type of skills training did you receive?

1 CARPENTRY/WOODWORK 1 YES
1 METAL WORK 2 NO
1 HOMECRAFT/HOME ECONOMICS CODE
1 TAILORING
1 AGRICULTURAL SKILLS
1 OTHER (SPECIFY)

19. In the past have you had any skills training outside school of at least 3 months duration?

1 YES CODE
2 NO >> QUESTION 31

20. What type of skills training was this? (IF MORE THAN ONE, RECORD THE MOST RECENT)
TYPE OF SKILLS TRAINING :.....

[TO BE CODED IN THE FIELD] CODE

21. How long did this training last?

QUESTION 31 >> { YEARS
MONTHS

FOR THOSE WHO ATTAINED GRADE 13 AND ABOVE. CHECK QUESTION 12

22. What was your main field of study?
MAIN/MAJOR FIELD OF STUDY:.....

[TO BE CODED IN THE FIELD] CODE

23. Apart from this, have you in the past had any skills training of at least 3 months duration?

1 YES CODE
2 NO >> QUESTION 31

24. What type of skills was this? (IF MORE THAN ONE, RECORD THE MOST RECENT)
TYPE OF SKILLS TRAINING :.....

[TO BE CODED IN THE FIELD] CODE

SECTION 3: EDUCATION

25.	How long did this training last?	QUESTION 31 >> <table border="0" style="float: right;"> <tr> <td>YEARS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>MONTHS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	YEARS	<input type="text"/>	<input type="text"/>	MONTHS	<input type="text"/>	<input type="text"/>
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MONTHS	<input type="text"/>	<input type="text"/>						
(QUESTIONS FOR THOSE WHO NEVER ATTENDED SCHOOL, CHECK QUESTION 11)								
26.	What was the main reason why you never attended school? 1 TOO EXPENSIVE 5 EDUCATION NOT NECESSARY/NOT INTERESTED 2 SCHOOL TOO FAR AWAY/ NO SCHOOL AVAILABLE 6 TOO POOR 3 HAD TO HELP OUT AT HOME 7 LACK OF SUPPORT 4 COULD NOT GET A PLACE IN GRADE 1 8 OTHER (SPECIFY)	CODE <input type="checkbox"/>						
27.	Have you ever had any formal literacy training? 1 YES 2 NO	CODE <input type="checkbox"/>						
28.	Have you in the past ever had any skills training of at least 3 months duration? 1 YES 2 NO >> QUESTION 31	CODE <input type="checkbox"/>						
29.	What type of skills training was this? (IF MORE THAN ONE, RECORD THE MOST RECENT) TYPE OF SKILLS TRAINING : [TO BE CODED IN THE FIELD]	CODE <input type="text"/>						
30.	How long did this training last?	<table border="0" style="float: right;"> <tr> <td>YEARS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>MONTHS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	YEARS	<input type="text"/>	<input type="text"/>	MONTHS	<input type="text"/>	<input type="text"/>
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MONTHS	<input type="text"/>	<input type="text"/>						
FOR BOTH THOSE WHO EVER ATTENDED SCHOOL AND NEVER ATTENDED SCHOOL								
31.	Are you presently undertaking any skills training? 1 YES 2 NO >> SECTION 4	CODE <input type="checkbox"/>						
32.	What kind of skills training is this? TYPE OF SKILLS TRAINING: [TO BE CODED IN THE FIELD]	CODE <input type="text"/>						
33.	How long is this training supposed to last?	YEARS <input type="text"/> <input type="text"/> MONTHS <input type="text"/> <input type="text"/> DAYS <input type="text"/> <input type="text"/>						

SECTION 4: INCOME GENERATING ACTIVITIES

INTRODUCTION: I would like to ask you questions about the activities that you do to earn some income

NO.	QUESTIONS									
1.	<p>What is your main current economic activity status ? Are you ... (MAKE SURE TO REGISTER AGRICULTURAL ACTIVITIES)</p> <p>1 In wage employment</p> <p>2 Running a business/self employed</p> <p>3 Farming, fishing and forestry</p> <p>4 Not working but looking for work/means to do business</p> <p>5 Not working and not looking for work/means to do business but available or wishing to do so</p> <p>6 Full-time student</p> <p>7 Full-time homemaker</p> <p>8 Retired/too old to work</p> <p>9 Other (specify).....</p> <p align="right">CODE <input type="checkbox"/></p> <p align="right">->> QUESTION 16</p>									
2.	<p>What type of job/business are you doing (RECORD FOR MAIN JOB/BUSINESS)</p> <p>SPECIFY.....</p> <p align="right">CODE <input type="text"/></p> <p align="center">[TO BE CODED IN THE FIELD]</p>									
3.	<p>(a) What sort of business/service is carried out by your employer/establishment/business?</p> <p>SPECIFY.....</p> <p>(b) What is the name of the company/employer?</p> <p>NAME OF COMPANY/EMPLOYER</p> <p align="right">CODE <input type="text"/></p> <p align="center">[TO BE CODED IN THE FIELD]</p>									
4.	<p>What is your employment status?</p> <table border="0"> <tr> <td>1 SELF-EMPLOYED</td> <td>4 PARASTATAL EMPLOYEE</td> <td>7 UNPAID FAMILY WORKER</td> </tr> <tr> <td>2 CENTRAL GOVERNMENT EMPLOYEE</td> <td>5 PRIVATE SECTOR EMPLOYEE</td> <td>8 OTHER (SPECIFY).....</td> </tr> <tr> <td>3 LOCAL GOVERNMENT EMPLOYEE</td> <td>6 EMPLOYER/PARTNER</td> <td>.....</td> </tr> </table> <p align="right">CODE <input type="checkbox"/></p>	1 SELF-EMPLOYED	4 PARASTATAL EMPLOYEE	7 UNPAID FAMILY WORKER	2 CENTRAL GOVERNMENT EMPLOYEE	5 PRIVATE SECTOR EMPLOYEE	8 OTHER (SPECIFY).....	3 LOCAL GOVERNMENT EMPLOYEE	6 EMPLOYER/PARTNER
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2 CENTRAL GOVERNMENT EMPLOYEE	5 PRIVATE SECTOR EMPLOYEE	8 OTHER (SPECIFY).....								
3 LOCAL GOVERNMENT EMPLOYEE	6 EMPLOYER/PARTNER								
5.	<p>In this job/business are you working.....?</p> <p>1 Full-time all year</p> <p>2 Part-time all year</p> <p>3 Full-time part of the year</p> <p>4 Part time part of the year</p> <p align="right">CODE <input type="checkbox"/></p>									
6.	<p>In your current main job/business are you entitled to pension, gratuity or social security?</p> <p>1 YES</p> <p>2 NO</p> <p align="right">CODE <input type="checkbox"/></p>									
7.	<p>Are you entitled to paid leave in your current main job/business?</p> <p>1 YES</p> <p>2 NO</p> <p align="right">CODE <input type="checkbox"/></p>									
8.	<p>Are there more than 5 (five) people working in this company/business including the owner? (INCLUDE ALL WORKERS IN ALL BRANCHES OF THE SAME COMPANY/BUSINESS)</p> <p>1 YES</p> <p>2 NO</p> <p align="right">CODE <input type="checkbox"/></p>									

SECTION 4: EMPLOYMENT HISTORY

9. Have you had another main job/business previous to your current main job/business during the last (5) five years?

1 YES CODE

2 NO >> QUESTION 12

10. What was your employment status?

1 SELF-EMPLOYED	4 PARASTATAL EMPLOYEE	7 UNPAID FAMILY WORKER	CODE <input type="checkbox"/>
2 CENTRAL GOVERNMENT EMPLOYEE	5 PRIVATE SECTOR EMPLOYEE	8 OTHER (SPECIFY).....	
3 LOCAL GOVERNMENT EMPLOYEE	6 EMPLOYER/PARTNER	

11. What was the main reason for leaving this job/business?

1 LOW WAGE/SALARY	7 GOT ANOTHER JOB	CODE <input type="checkbox"/>
2 FIRED	8 BANKRUPTCY	
3 ENTERPRISE CLOSED	9 LACK OF PROFIT	
4 ENTERPRISE PRIVATISED	10 WAS A TEMPORARY JOB	
5 ENTERPRISE LIQUIDATED	11 RETIRED	
6 RETRENCHED/DECLARED REDUNDANT	12 OTHER (SPECIFY)	

12. Do you have any other job/business?

1 YES CODE

2 NO >> SECTION 5

13. How many?

NUMBER OF OTHER JOBS/INCOME GENERATING ACTIVITIES

14. (a) What sort of business/service is carried out by your employer/establishment/business in your main other job/business?

SPECIFY.....

(b) What is the name of company/employer?

NAME OF COMPANY/EMPLOYER.....

CODE
[TO BE CODED IN THE FIELD]

15. What is your employment status in this main other job/business?

1 SELF-EMPLOYED	4 PARASTATAL EMPLOYEE	7 UNPAID FAMILY WORKER	CODE <input type="checkbox"/>
2 CENTRAL GOVERNMENT EMPLOYEE	5 PRIVATE SECTOR EMPLOYEE	8 OTHER (SPECIFY).....	
3 LOCAL GOVERNMENT EMPLOYEE	6 EMPLOYER/PARTNER	

>> SECTION 5

16. During the last five (5) years did you have a job/business?

1 YES CODE

2 NO >> QUESTION 19

17. What was your employment status in that job? (IF MORE THAN 1 REFER TO THE MOST RECENT)

1 SELF-EMPLOYED	4 PARASTATAL EMPLOYEE	7 UNPAID FAMILY WORKER	CODE <input type="checkbox"/>
2 CENTRAL GOVERNMENT EMPLOYEE	5 PRIVATE SECTOR EMPLOYEE	8 OTHER (SPECIFY).....	
3 LOCAL GOVERNMENT EMPLOYEE	6 EMPLOYER/PARTNER	

SECTION 4: INCOME GENERATING ACTIVITIES

18. What was the main reason for leaving that job/business?

- | | |
|---------------------------------|--------------------------|
| 1 LOW WAGE/SALARY | 7 GOT ANOTHER JOB |
| 2 FIRED | 8 BANKRUPTCY |
| 3 ENTERPRISE CLOSED | 9 LACK OF PROFIT |
| 4 ENTERPRISE PRIVATISED | 10 WAS A TEMPORARY JOB |
| 5 ENTERPRISE LIQUIDATED | 11 RETIRED |
| 6 RETRENCHED/DECLARED REDUNDANT | 12 OTHER (SPECIFY) |

CODE

--	--

19. Are you currently engaged in any income generating activities or farming?

- 1 YES
- 2 NO >> SECTION 5

CODE

--

20. What kind of income generating activities or farming are you engaged in?
(SPECIFY UP TO THREE ACTIVITIES)

- ACTIVITY 1
[TO BE CODED IN THE FIELD]
- ACTIVITY 2
[TO BE CODED IN THE FIELD]
- ACTIVITY 3
[TO BE CODED IN THE FIELD]

CODE

--	--

CODE

--	--

CODE

--	--

PRODUCTION

<p>3. Did you or anybody grow on your behalf any during the 1995/96 agricultural season?</p> <p>1 YES 2 NO >> NEXT CROP</p>	<p>4. Did you grow it alone, together with spouse or with some other person within or outside the household?</p> <p>1 ALONE 2 TOGETHER WITH SPOUSE ONLY 3 TOGETHER WITH SPOUSE & OTHER PERSONS WITHIN THE HOUSEHOLD 4 TOGETHER WITH OTHER PERSONS WITHIN THE HOUSEHOLD (EXCLUDING SPOUSE) 5 TOGETHER WITH OTHER PERSONS OUTSIDE THE HOUSEHOLD</p>	<p>5. How many kg bags of did you harvest?</p> <p>(ANYTHING ABOVE 0 BUT LESS THAN 1 SHOULD BE RECORDED AS 1)</p>	<p>6. How many kg bags of did you sell?</p> <p>(ANYTHING ABOVE 0 BUT LESS THAN 1 SHOULD BE RECORDED AS 1)</p>	<p>7. What was the average price per bag?</p>
<p>Beans <input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p>90KG BAGS <input type="text"/></p>	<p>90KG BAGS <input type="text"/></p>	<p>KWACHA <input type="text"/></p>
<p>Soyabeans <input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p>90KG BAGS <input type="text"/></p>	<p>90KG BAGS <input type="text"/></p>	<p>KWACHA <input type="text"/></p>
<p>Sweet potatoes <input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p>25KG BAGS <input type="text"/></p>	<p>25KG BAGS <input type="text"/></p>	<p>KWACHA <input type="text"/></p>
<p>Irish potatoes <input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p>10KG BAGS <input type="text"/></p>	<p>10KG BAGS <input type="text"/></p>	<p>KWACHA <input type="text"/></p>
<p>Groundnuts <input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p>90KG BAGS <input type="text"/></p>	<p>90KG BAGS <input type="text"/></p>	<p>KWACHA <input type="text"/></p>
<p>8. Are you growing any vegetables now?</p> <p>1 YES CODE <input type="checkbox"/> 2 NO >> QUESTION 10</p>				
<p>9. Are you growing these vegetables alone, together with spouse or together with some other person within or outside the household?</p> <p>1 ALONE CODE <input type="checkbox"/> 2 TOGETHER WITH SPOUSE ONLY 3 TOGETHER WITH SPOUSE AND OTHER PERSONS IN THE HOUSEHOLD 4 TOGETHER WITH OTHER PERSONS IN THE HOUSEHOLD (EXCLUDING SPOUSE) 5 TOGETHER WITH OTHER PERSON/S OUTSIDE THE HOUSEHOLD</p>				

INTRODUCTION: I will now ask about ownership of livestock

10. Do you own any.....?
1 YES
2 NO >> NEXT TYPE OF LIVESTOCK
CODE

11. How many do you own?

Cattle

NUMBER OF CATTLE

Goats

NUMBER OF GOATS

Sheep

NUMBER OF SHEEP

Pigs

NUMBER OF PIGS

I will continue with questions about ownership of poultry

12. Do you own any?
1 YES
2 NO >> NEXT TYPE OF POULTRY
CODE

13. How many do you own?

Chicken

NUMBER OF CHICKEN

Ducks

NUMBER OF DUCKS

Guinea fowls

NUMBER OF GUINEA FOWLS

Any other poultry (e.g. geese, turkeys, rabbits, pigeons)

NUMBER OF OTHER POULTRY

SECTION 6: INCOME

INTRODUCTION: I am now going to ask you questions on how much income you have generated from various activities. I will start by asking questions on own produced crops

QUESTIONS

1. How much did you receive from the sale of own produced in the last 12 months?

FOOD CROPS	AMOUNT IN WORDS (KWACHA)	AMOUNT IN FIGURES (KWACHA) (IF NONE ENTER 00)
Hybrid maize	<input type="text"/>
Local maize	<input type="text"/>
Cassava	<input type="text"/>
Groundnuts	<input type="text"/>
Rice	<input type="text"/>
Millet	<input type="text"/>
Sorghum	<input type="text"/>
Beans	<input type="text"/>
Soyabeans	<input type="text"/>
Sweet Potatoes	<input type="text"/>
Irish Potatoes	<input type="text"/>
Other Food Crops	<input type="text"/>

I will continue with income from sale of non-food crops

2. How much did you receive from the sale of own produced in the last 12 months?

NON-FOOD CROPS	AMOUNT IN WORDS (KWACHA)	AMOUNT IN FIGURES (KWACHA) (IF NONE, ENTER 00)
Cotton	<input type="text"/>
Tobacco	<input type="text"/>
Sunflower	<input type="text"/>
Other non-food crops	<input type="text"/>

SECTION 6: INCOME

I will also ask you about income from sale of own livestock and livestock products

3. How much did you receive from the sale of own in the last 12 months?

LIVESTOCK & LIVESTOCK PRODUCTS	AMOUNT IN WORDS (KWACHA)	AMOUNT IN FIGURES (KWACHA) (IF NONE, ENTER 00)
Cattle	<input type="text"/>
Goats	<input type="text"/>
Sheep	<input type="text"/>
Pigs	<input type="text"/>
Livestock products such as milk, yoghurt, fat, cheese and hides	<input type="text"/>

4. How much did you receive from the sale of own in the last 12 months?

POULTRY	AMOUNT IN WORDS (KWACHA)	AMOUNT IN FIGURES (KWACHA) (IF NONE, ENTER 00)
Chickens	<input type="text"/>
Ducks	<input type="text"/>
Guinea fowls	<input type="text"/>
Other poultry	<input type="text"/>
Eggs	<input type="text"/>

5. You might have provided me with this information before, but let me ask you again. Do you operate any non-farming businesses now? CODE

1 YES

2 NO >> **QUESTION 8**

6. How many such non-farming businesses do you operate? NUMBER

7. How much net income did you receive from each of your non-farming businesses last month?
(START WITH THE ONE THAT GENERATES MORE INCOME)

BUSINESS	AMOUNT IN WORDS (KWACHA)	AMOUNT IN FIGURES (KWACHA) (IF NONE, ENTER 00)
Business - 1 SPECIFY CODE <input type="text"/>	<input type="text"/>
Business - 2 SPECIFY CODE <input type="text"/>	<input type="text"/>
Business - 3 SPECIFY CODE <input type="text"/>	<input type="text"/>
Any other businesses	<input type="text"/>

SECTION 6: INCOME

Apart from income from agriculture and non-farming businesses, I would also like to know about any other sources of income you have

8. How much is your regular gross monthly salary including regular allowances such as housing and transport allowances?

AMOUNT IN CASH

AMOUNT IN KIND CONVERTED TO CASH

AMOUNT IN WORDS _____

AMOUNT IN WORDS _____

KWACHA

--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

9. How much non-regular allowances did you receive last month, that is, overtime payments, subsistence allowances, bonuses, etc

AMOUNT IN WORDS _____

TOTAL AMOUNT (IF NONE, ENTER 00)

--	--	--	--	--	--	--	--	--	--

10. How much rent do you receive per month?

AMOUNT IN WORDS _____

AMOUNT (IF NONE, ENTER 00)

--	--	--	--	--	--	--	--	--	--

11. How much remittances did you receive last month? (RECORD ONLY FOR THE PERSON WHO ACTUALLY RECEIVED IT)

AMOUNT IN CASH

AMOUNT IN KIND CONVERTED TO CASH

AMOUNT IN WORDS _____

AMOUNT IN WORDS _____

KWACHA

--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

12. How much transfer payments such as pension, grants, premium and interest on savings, did you receive in total last month?

AMOUNT IN WORDS _____

TOTAL AMOUNT (IF NONE, ENTER 00)

--	--	--	--	--	--	--	--	--	--

13. How much income did you receive from any other sources than those already mentioned, in total last month?

AMOUNT IN WORDS _____

TOTAL AMOUNT (IF NONE, ENTER 00)

--	--	--	--	--	--	--	--	--	--

END OF INTERVIEW IF THE RESPONDENT IS DIFFERENT FROM THE PERSON ENUMERATED

SECTION 7: VICTIMIZATION

INTRODUCTION: I am now going to ask you whether you have been a victim of crime

NO.	QUESTIONS												
<p>INFORMATION IN SECTIONS 7, 8, AND 9 SHOULD ONLY BE GOT FROM THE PERSON BEING ENUMERATED. IF SOMEONE ELSE IS RESPONDING ON BEHALF OF THAT PERSON - END OF INTERVIEW.</p>													
<p>1.</p>	<p>Have you been a victim of any robbery in the last 12 months?</p> <p>1 YES CODE <input type="checkbox"/></p> <p>2 NO >> QUESTION 12</p> <hr/> <p>IF THE HOUSEHOLD HAS EXPERIENCED A HOUSE BREAK-IN DOES THIS REFER TO THE SAME INCIDENT?</p> <p>1 YES >> QUESTION 12 CODE <input type="checkbox"/></p> <p>2 NO >> QUESTION 2</p>												
<p>2.</p>	<p>Was this robbery committed during day or night? (IF MORE THAN ONE, PICK THE MOST RECENT)</p> <p>1 DAY CODE <input type="checkbox"/></p> <p>2 NIGHT</p>												
<p>3.</p>	<p>Were you threatened during this robbery?</p> <p>1 YES CODE <input type="checkbox"/></p> <p>2 NO</p>												
<p>4.</p>	<p>During the robbery did the assailant/s use a gun, another weapon or no weapon? (RECORD THE MOST LETHAL WEAPON IF SEVERAL WEAPONS WERE USED)</p> <p>1 GUN CODE <input type="checkbox"/></p> <p>2 OTHER WEAPON</p> <p>3 NO WEAPON</p> <p>4 DON'T KNOW</p>												
<p>5.</p>	<p>Were you injured during the robbery?</p> <p>1 YES CODE <input type="checkbox"/></p> <p>2 NO</p>												
<p>6.</p>	<p>What was the major item stolen from you?</p> <table style="width:100%; border:none;"> <tr> <td style="width:50%;">1 MONEY</td> <td style="width:50%;">7 JEWELLERY</td> </tr> <tr> <td>2 MOTOR VEHICLE</td> <td>8 CATTLE</td> </tr> <tr> <td>3 SHOPPING FROM MOTOR VEHICLE</td> <td>9 POULTRY</td> </tr> <tr> <td>4 MOTOR CYCLE</td> <td>10 CROPS</td> </tr> <tr> <td>5 BICYCLE</td> <td>11 OTHER (SPECIFY)</td> </tr> <tr> <td>6 HANDBAG/BRIEFCASE/WALLET/BAG</td> <td></td> </tr> </table> <p align="right">CODE <input type="checkbox"/> <input type="checkbox"/></p>	1 MONEY	7 JEWELLERY	2 MOTOR VEHICLE	8 CATTLE	3 SHOPPING FROM MOTOR VEHICLE	9 POULTRY	4 MOTOR CYCLE	10 CROPS	5 BICYCLE	11 OTHER (SPECIFY)	6 HANDBAG/BRIEFCASE/WALLET/BAG	
1 MONEY	7 JEWELLERY												
2 MOTOR VEHICLE	8 CATTLE												
3 SHOPPING FROM MOTOR VEHICLE	9 POULTRY												
4 MOTOR CYCLE	10 CROPS												
5 BICYCLE	11 OTHER (SPECIFY)												
6 HANDBAG/BRIEFCASE/WALLET/BAG													

SECTION 7: VICTIMIZATION

7.	<p>Who committed this robbery?</p> <p>1 MEMBER OF THE HOUSEHOLD YOU LIVE IN</p> <p>1 RELATIVE OUTSIDE THE HOUSEHOLD YOU LIVE IN</p> <p>1 AN ACQUAINTANCE/S</p> <p>1 A STRANGER/S</p> <p>1 OTHER (SPECIFY).....</p> <p>1 DON' T KNOW</p>	<p>1 YES 2 NO</p> <p>CODE</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
8.	<p>Where was the robbery committed?</p> <p>1 AT HOME 4 SHOPPING CENTRE</p> <p>2 IN THE NEIGHBOURHOOD 5 BUS STOP/TERMINUS</p> <p>3 CITY/TOWN CENTRE 6 OTHER (SPECIFY)</p>	<p>CODE</p> <p><input type="checkbox"/></p>
9.	<p>Was the robbery reported to any authority?</p> <p>1 YES >> QUESTION 11</p> <p>2 NO</p>	<p>CODE</p> <p><input type="checkbox"/></p>
10.	<p>Are you intending to report the robbery to some authority?</p> <p>1 YES <input type="checkbox"/> >> QUESTION 12</p> <p>2 NO <input type="checkbox"/></p>	<p>CODE</p> <p><input type="checkbox"/></p>
11.	<p>To which type of authority was this robbery reported?</p> <p>1 POLICE</p> <p>1 NEIGHBOURHOOD WATCH</p> <p>1 TRADITIONAL HEADMAN/CHIEF</p> <p>1 NG'ANGA (WITCHDOCTOR/TRADITIONAL HEALER)</p> <p>1 OTHER AUTHORITY (SPECIFY).....</p>	<p>1 YES 2 NO</p> <p>CODE</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
12.	<p>Have you been a victim of any physical assault during the last 12 months</p> <p>1 YES</p> <p>2 NO >> QUESTION 20</p>	<p>CODE</p> <p><input type="checkbox"/></p>

19.	<p>To which type of authority was this assault reported?</p> <p>1 POLICE <input type="checkbox"/></p> <p>1 NEIGHBOURHOOD WATCH <input type="checkbox"/></p> <p>1 TRADITIONAL HEADMAN/CHIEF <input type="checkbox"/></p> <p>1 NG'ANGA (WITCHDOCTOR/TRADITIONAL HEALER) <input type="checkbox"/></p> <p>1 OTHER AUTHORITY (SPECIFY)..... <input type="checkbox"/></p>	<p>1 YES 2 NO</p> <p>CODE</p>
20.	<p>Have you been a victim of any fraud or swindle during the last 12 months? (IF MORE THAN ONE PICK THE MOST RECENT).</p> <p>1 YES <input type="checkbox"/></p> <p>2 NO >> QUESTION 26 IF FEMALE. [IF MALE 16 YEARS AND ABOVE], GO TO SECTION 8. IF MALE LESS THAN 16 YEARS OLD, END OF INTERVIEW</p>	<p>CODE</p>
21.	<p>How much money was involved in this fraud or swindle? (CONVERT TO CASH IF NOT MONEY)</p> <p>AMOUNT IN WORDS _____</p> <p style="text-align: right;">KWACHA <input type="text"/><input type="text"/></p>	
22.	<p>Who committed this fraud or swindle?</p> <p>1 MEMBER OF THE HOUSEHOLD YOU LIVE IN <input type="checkbox"/></p> <p>1 RELATIVE OUTSIDE THE HOUSEHOLD YOU LIVE IN <input type="checkbox"/></p> <p>1 FRIEND <input type="checkbox"/></p> <p>1 AN ACQUAINTANCE/S <input type="checkbox"/></p> <p>1 BUSINESS ASSOCIATE <input type="checkbox"/></p> <p>1 EMPLOYEE <input type="checkbox"/></p> <p>1 A STRANGER/S <input type="checkbox"/></p> <p>1 OTHER (SPECIFY)..... <input type="checkbox"/></p>	<p>1 YES 2 NO</p> <p>CODE</p>
23.	<p>Was this fraud/swindle reported to any authority?</p> <p>1 YES >> QUESTION 25</p> <p>2 NO</p>	<p>CODE</p>
24.	<p>Are you intending to report the fraud/swindle to some authority?</p> <p>1 YES <input type="checkbox"/> >> QUESTION 26</p> <p>2 NO <input type="checkbox"/></p>	<p>CODE</p>

25.	<p>To which type of authority was this fraud/swindle reported?</p> <p>1 POLICE <input type="checkbox"/></p> <p>1 NEIGHBOURHOOD WATCH <input type="checkbox"/></p> <p>1 TRADITIONAL HEADMAN/CHIEF <input type="checkbox"/></p> <p>1 NG'ANGA (WITCHDOCTOR/TRADITIONAL HEALER) <input type="checkbox"/></p> <p>1 OTHER AUTHORITY (SPECIFY)..... <input type="checkbox"/></p>	<p>1 YES 2 NO</p> <p>CODE</p>
26.	<p>During the last 12 months, have you been a victim of rape? [FOR FEMALES ONLY] [IF MALE 16 YEARS AND ABOVE, GO TO SECTION 8, IF MALES LESS THAN 16 YEARS OLD, END OF INTERVIEW]</p> <p>1 YES <input type="checkbox"/></p> <p>2 NO >> SECTION 8 IF 16 YEARS AND ABOVE, IF LESS THAN 16 YEARS OLD, END OF INTERVIEW</p>	<p>CODE</p>
27.	<p>Was the rape reported to any authority?</p> <p>1 YES <input type="checkbox"/></p> <p>2 NO</p>	<p>CODE</p>
28.	<p>Did you receive any medical treatment following this rape?</p> <p>1 YES <input type="checkbox"/></p> <p>2 NO</p>	<p>CODE</p>
29.	<p>Did you receive any counselling as a result of this rape?</p> <p>1 YES <input type="checkbox"/></p> <p>2 NO</p>	<p>CODE</p>

END OF INTERVIEW FOR THOSE AGED BELOW 16 YEARS

RECORD ENDING TIME HOURS MINUTES

FOR THOSE AGED 16 YEARS AND ABOVE CONTINUE WITH SECTION 8

SECTION 8: GENDER ISSUES

CHECK HOUSEHOLD ROSTER. IS AGE 16 AND ABOVE

- 1 YES
2 NO >> END OF INTERVIEW

CODE

THIS INFORMATION SHOULD ONLY BE GOT FROM THE PERSON BEING ENUMERATED. IF SOMEONE ELSE IS RESPONDING ON BEHALF OF THAT PERSON - END OF INTERVIEW.

I am now going to ask you your opinions on division of labour between men and women

NO.	QUESTIONS	CODE
1.	1 Men only 2 Mainly men 3 Men and women jointly 4 Mainly women 5 Women only	
According to your experience who most often carries out the following tasks?		
1.1	Production of food for own consumption, that is A Preparation of land for planting B Planting C Weeding D Harvesting E Provision of agricultural inputs	CODE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1.2	Production of cash crops (food and non-food crops for sale) A Preparation of land for planting B Planting C Weeding D Harvesting E Provision of agricultural inputs	CODE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1.3	Tending to livestock	CODE <input type="checkbox"/>
1.4	Fetching water	CODE <input type="checkbox"/>
1.5	Fetching firewood	CODE <input type="checkbox"/>
1.6	Preparing food	CODE <input type="checkbox"/>
1.7	Minding children	CODE <input type="checkbox"/>
1.8	Paying for food for the family	CODE <input type="checkbox"/>

SECTION 8: GENDER ISSUES

1.9	Paying for educational expenses	CODE <input type="checkbox"/>
1.10	Paying for medical expenses	CODE <input type="checkbox"/>
1.11	Employment	CODE <input type="checkbox"/>
2.	<p>Who should have the final say in how many children to have?</p> <p>1 MEN/HUSBAND ONLY</p> <p>2 MAINLY MEN/HUSBAND</p> <p>3 A JOINT DECISION</p> <p>4 MAINLY WOMEN/WIFE</p> <p>5 WOMEN/WIFE ONLY</p>	CODE <input type="checkbox"/>
3.	<p>Who are more suitable to hold political office between men and women?</p> <p>1 MEN</p> <p>2 WOMEN</p> <p>3 MEN AND WOMEN EQUALLY SUITABLE</p>	CODE <input type="checkbox"/>
4.	<p>In case a household cannot afford to send all its children to school, Who should be given priority between boys and girls?</p> <p>1 BOYS SHOULD BE GIVEN PRIORITY</p> <p>2 GIRLS SHOULD BE GIVEN PRIORITY</p> <p>3 BOYS AND GIRLS SHOULD BOTH BE GIVEN EQUAL PRIORITY</p>	CODE <input type="checkbox"/>
5.	<p>In your opinion is a man entitled to beat his wife in order to discipline her?</p> <p>1 YES</p> <p>2 NO</p>	CODE <input type="checkbox"/>

SECTION 9: POLITICAL PARTICIPATION (FOR THOSE AGED 16 AND ABOVE)

INTRODUCTION: I would now like to ask you some questions on political participation

NO.	QUESTIONS
	<p>CHECK THE HOUSEHOLD ROSTER. IS AGE 16 AND ABOVE?</p> <p>1 YES CODE <input type="checkbox"/></p> <p>2 NO >> END OF INTERVIEW (RECORD TIME ENDED INTERVIEW)</p>
1.	<p>In general, how interested are you in politics?</p> <p>1 VERY INTERESTED</p> <p>2 INTERESTED CODE <input type="checkbox"/></p> <p>3 NOT VERY INTERESTED</p> <p>4 NOT INTERESTED AT ALL</p> <p>5 DON'T KNOW</p>
2.	<p>Do you identify yourself with any political party?</p> <p>1 YES CODE <input type="checkbox"/></p> <p>2 NO >> QUESTION 6</p>
3.	<p>Do you have a membership card for any political party?</p> <p>1 YES CODE <input type="checkbox"/></p> <p>2 NO >> QUESTION 6</p>
4.	<p>Are you a paid-up member of your party?</p> <p>1 YES CODE <input type="checkbox"/></p> <p>2 NO >> QUESTION 6</p>
5.	<p>What position do you hold in your party?</p> <p>1 ORDINARY MEMBER</p> <p>2 OFFICIAL POSITION AT SECTION LEVEL</p> <p>3 OFFICIAL POSITION AT BRANCH OR WARD LEVEL CODE <input type="checkbox"/></p> <p>4 OFFICIAL POSITION AT CONSTITUENCY LEVEL</p> <p>5 OFFICIAL POSITION AT DISTRICT LEVEL</p> <p>6 OFFICIAL POSITION AT PROVINCIAL LEVEL</p> <p>7 OFFICIAL POSITION AT NATIONAL LEVEL</p> <p>8 OTHER SPECIFY</p>
6.	<p>Have you participated in any of the following forms of political activities during the past five (5) years?</p> <p>1 YES</p> <p>2 NO CODE</p> <p>1 Attended political rallies <input type="checkbox"/></p> <p>1 Attended party meetings <input type="checkbox"/></p> <p>1 Organised meetings <input type="checkbox"/></p> <p>1 Attended demonstrations <input type="checkbox"/></p> <p>1 Other (specify)..... <input type="checkbox"/></p>

SECTION 9: POLITICAL PARTICIPATION (FOR THOSE AGED 16 AND ABOVE)

7. In the past five years have you ever approached any political public official including Chiefs and Headmen or office about a problem concerning yourself, your family, or the community in which you live?

- 1 YES
2 NO >> QUESTION 9

CODE

8. What types of problems were they and whom did you last approach for each problem? (READ OUT EACH PROBLEM ONE BY ONE)

TYPE OF PROBLEM

	1 YES 2 NO >> NEXT PROBLEM	WHOM WAS LAST APPROACHED	1 YES 2 NO >> NEXT PROBLEM	WHOM WAS LAST APPROACH- ED
	CODE		CODE	
1 Housing/accomodation	<input type="checkbox"/>	<input type="checkbox"/>	1 Pensions pay/ conditions of service issues	<input type="checkbox"/>
1 Water supply	<input type="checkbox"/>	<input type="checkbox"/>	1 School/children's education	<input type="checkbox"/>
1 Roads	<input type="checkbox"/>	<input type="checkbox"/>	1 Clinic/hospital- health issues	<input type="checkbox"/>
1 Funeral	<input type="checkbox"/>	<input type="checkbox"/>	1 Land disputes	<input type="checkbox"/>
1 Family and other feuds	<input type="checkbox"/>	<input type="checkbox"/>	1 Other (Specify)	<input type="checkbox"/>
			
			

Whom did you last approach for this particular problem?

- 1 HEADMAN
- 2 CHIEF/CHIEFTAINNESS
- 3 LOCAL PARTY OFFICIAL/SECTION/WARD/BRANCH
- 4 LOCAL COUNCILLOR
- 5 M.P. FOR THE REA
- 6 GOVERNMENT MINISTER
- 7 VICE PRESIDENT'S OFFICE
- 8 REPUBLICAN PRESIDENT AND HIS OFFICE
- 9 GOVERNMENT MINISTRY
- 10 CIVIC ORGANISATIONS
- 11 OTHER (SPECIFY NEXT TO THE BOX)

9. Did you vote in the following elections?

	YES 1	NO 2	N/A 3
(a) 1991 General elections		<input type="checkbox"/>	
(b) 1992 Local government elections		<input type="checkbox"/>	
(c) Any Parliamentary by-elections since 1991		<input type="checkbox"/>	
(d) Any Local government by-elections since 1992		<input type="checkbox"/>	

CODE

SECTION 9: POLITICAL PARTICIPATION (FOR THOSE AGED 16 AND ABOVE)

10.	Do you intend to vote in the next general election? 1 YES 2 NO 3 NOT ELIGIBLE	CODE <input type="checkbox"/>
11.	Do you intend to vote in the next local government election? 1 YES 2 NO 3 NOT ELIGIBLE	CODE <input type="checkbox"/>

RECORD TIME ENDED THE INTERVIEW:

HOUR

MINUTES

-- THE END --