

STRICTLY CONFIDENTIAL
CENTRAL STATISTICAL OFFICE,
P.O. BOX 31908,
LUSAKA.
TEL No. 251377/251380
251381
251385

REPUBLIC OF ZAMBIA

QUESTIONNAIRE SERIAL NO:

FORM

L	C	M	S	0	3
---	---	---	---	---	---

FAX No. 252575

LIVING CONDITIONS MONITORING SURVEY I (1996)

INDIVIDUAL QUESTIONNAIRE (FOR PERSONS AGED 12 YEARS AND ABOVE)

INDIVIDUAL QUESTIONNAIRE IDENTIFICATION		CODE NUMBER
1. PROVINCE NAME		<input type="text"/>
2. DISTRICT NAME		<input type="text"/>
3. CSA NUMBER		<input type="text"/>
4. SEA NUMBER		<input type="text"/>
5. RURAL..1 URBAN..2		<input type="text"/>
6. 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 type="text"/>
7. CENTRALITY		<input type="text"/>
8. PANEL NUMBER		<input type="text"/>
9. SURVEY BUILDING NUMBER (SBN)		<input type="text"/>
10. HOUSING UNIT NUMBER (HUN)		<input type="text"/>
11. HOUSEHOLD NUMBER (HHN)		<input type="text"/>
12. VILLAGE/LOCALITY NAME		
13. CHIEF'S AREA (RURAL AREAS ONLY) FOR URBAN = 888 (NOT APPLICABLE)		<input type="text"/>
14. CONSTITUENCY NAME		<input type="text"/>
15. ENUMERATED HOUSEHOLD NAME OF THE HEAD	RESIDENTIAL ADDRESS	SAMPLING SERIAL NO. OF HOUSEHOLD
16. NAME OF PERSON ENUMERATED		SERIAL No. FROM HOUSEHOLD ROSTER
17. NAME OF RESPONDENT		SERIAL No. FROM HOUSEHOLD ROSTER
18. NUMBER OF VISITS UNTIL COMPLETED INTERVIEW		<input type="text"/>
19. DATA COLLECTION: TIME STARTED INTERVIEW <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> TIME ENDED INTERVIEW <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> INTERVIEWER..... DATE..... SUPERVISOR..... CHECKING DATE.....		DURATION (MINUTES) <input type="text"/> <input type="text"/> <input type="text"/>

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

[illegible]

SECTION 2: HEALTH

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

1 YES

CODE

2 NO >> QUESTION 10

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)

10. Have you ever been diagnosed of any of the following diseases?

1 YES
2 NO

CODE

1 Diabetes (Sugar disease)

☐

1 Cancer

☐

1 Asthma

☐

1 Tuberculosis (T. B)

☐

1 Bronchitis

☐

1 Hypertension

☐

1 Leprosy

☐

11. Do you smoke?

1 YES

2 NO

CODE

☐

12. Do you drink alcoholic beverages?

1 YES

2 NO

CODE

☐

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> <div style="display: flex; justify-content: space-between;"> <div> <p>1 YES</p> <p>2 NO >> QUESTION 11</p> </div> <div style="text-align: right;"> <p>CODE</p> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> </div>
2.	<p>What grade are you currently attending?</p> <div style="display: flex; justify-content: flex-end; align-items: center;"> <p>GRADE ATTENDING</p> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div>
3.	<p>What grade were you attending last year? [IF NOT ATTENDING SCHOOL LAST YEAR ENTER 88]</p> <div style="display: flex; justify-content: flex-end; align-items: center;"> <p>GRADE ATTENDED LAST YEAR</p> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div>
4.	<p>Is the school you are attending a government, mission/religious, industrial or private school?</p> <div style="display: flex; justify-content: space-between;"> <div> <p>1 GOVERNMENT</p> <p>2 MISSION/RELIGIOUS</p> <p>3 INDUSTRIAL</p> <p>4 PRIVATE</p> <p>5 OTHER (SPECIFY)</p> </div> <div style="text-align: right;"> <p>CODE</p> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> </div>
	<p style="text-align: center;">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> <div style="display: flex; justify-content: space-between;"> <div> <p>1 YES</p> <p>2 NO >> SECTION 4</p> </div> <div style="text-align: right;"> <p>CODE</p> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> </div>
6.	<p>What type of skills training is this?</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <p>1 CARPENTRY/WOODWORK</p> <p>1 METAL WORK</p> <p>1 HOMECRAFT/HOME ECONOMICS</p> <p>1 TAILORING</p> <p>1 AGRICULTURAL SKILLS</p> <p>1 OTHER (SPECIFY)</p> </div> <div style="width: 35%; text-align: right;"> <p>1 YES</p> <p>2 NO</p> <p>CODE</p> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> </div> <div style="position: absolute; left: 50%; top: 50%; transform: translate(-50%, -50%); font-weight: bold;">>> SECTION 4</div>
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> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div> <p>(TO BE CODED IN THE FIELD)</p> </div> <div style="text-align: right;"> <p>CODE</p> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> </div>

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?	CODE <input style="width: 20px; height: 20px;" type="checkbox"/>
	1 YES 2 NO >> SECTION 4	
9.	What kind of skills training was this? (IF MORE THAN ONE, RECORD THE MOST RECENT) TYPE OF SKILLS TRAINING..... <div style="text-align: right;">[TO BE CODED IN THE FIELD]</div>	CODE <input style="width: 20px; height: 20px;" type="checkbox"/>
10.	How long did the training last? <div style="text-align: right;"> SECTION 4 >> <div style="display: inline-block; vertical-align: middle;"> YEARS <input style="width: 20px; height: 20px;" type="text"/> MONTHS <input style="width: 20px; height: 20px;" type="text"/> </div> </div>	
QUESTIONS FOR THOSE WHO ARE NOT CURRENTLY ATTENDING SCHOOL		
11.	Have you ever attended school? 1 YES 2 NO >> QUESTION 26	CODE <input style="width: 20px; height: 20px;" type="checkbox"/>
12.	What was the highest grade you attained? <div style="text-align: right;">HIGHEST GRADE ATTAINED</div>	<input style="width: 20px; height: 20px;" type="text"/>
13.	What was your main reason for leaving school at the time? <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">1 WORKING</div> <div style="width: 33%;">5 PREGNANCY</div> <div style="width: 33%;">9 EXPELLED</div> <div style="width: 33%;">2 TOO EXPENSIVE</div> <div style="width: 33%;">6 COMPLETED STUDIES</div> <div style="width: 33%;">10 LACK OF SUPPORT</div> <div style="width: 33%;">3 TOO FAR</div> <div style="width: 33%;">7 GOT MARRIED</div> <div style="width: 33%;">11 OTHER SPECIFY</div> <div style="width: 33%;">4 NOT SELECTED/ FAILED</div> <div style="width: 33%;">8 NO NEED TO CONTINUE SCHOOL</div> </div>	CODE <input style="width: 20px; height: 20px;" type="checkbox"/>
(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 2 NO >> QUESTION 31	CODE <input style="width: 20px; height: 20px;" type="checkbox"/>
15.	What type of skills training was this? (IF MORE THAN ONE, RECORD THE MOST RECENT) TYPE OF SKILLS TRAINING :..... <div style="text-align: right;">[TO BE CODED IN THE FIELD]</div>	CODE <input style="width: 20px; height: 20px;" type="checkbox"/>

SECTION 3: EDUCATION

16. How long did the training last?

QUESTION 31 >>

YEARS	<input type="text"/>	<input type="text"/>
MONTHS	<input type="text"/>	<input type="text"/>

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

17. Did you receive any skills training at school?

- 1 YES
2 NO >> QUESTION 19

CODE

18. What type of skills training did you receive?

- 1 CARPENTRY/WOODWORK
1 METAL WORK
1 HOMECRAFT/HOME ECONOMICS
1 TAILORING
1 AGRICULTURAL SKILLS
1 OTHER (SPECIFY)

- 1 YES
2 NO

CODE

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

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

- 1 YES
2 NO >> QUESTION 31

CODE

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

TYPE OF SKILLS TRAINING :

CODE

[TO BE CODED IN THE FIELD]

21. How long did this training last?

QUESTION 31 >>

YEARS	<input type="text"/>	<input type="text"/>
MONTHS	<input type="text"/>	<input type="text"/>

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

22. What was your main field of study?

MAIN/MAJOR FIELD OF STUDY:

CODE

[TO BE CODED IN THE FIELD]

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

- 1 YES
2 NO >> QUESTION 31

CODE

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

TYPE OF SKILLS TRAINING :

CODE

[TO BE CODED IN THE FIELD]

SECTION 3: EDUCATION

25.	How long did this training last?		QUESTION 31 >> <div style="display: inline-block; vertical-align: middle;"> YEARS <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> MONTHS <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div>
(QUESTIONS FOR THOSE WHO NEVER ATTENDED SCHOOL, CHECK QUESTION 11)			
26.	What was the main reason why you never attended school? <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 TOO EXPENSIVE 2 SCHOOL TOO FAR AWAY/ NO SCHOOL AVAILABLE 3 HAD TO HELP OUT AT HOME 4 COULD NOT GET A PLACE IN GRADE 1 </div> <div style="width: 45%;"> 5 EDUCATION NOT NECESSARY/NOT INTERESTED 6 TOO POOR 7 LACK OF SUPPORT 8 OTHER (SPECIFY) </div> </div>	CODE <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
27.	Have you ever had any formal literacy training? 1 YES 2 NO	CODE <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
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 style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
29.	What type of skills training was this? (IF MORE THAN ONE, RECORD THE MOST RECENT) TYPE OF SKILLS TRAINING : <div style="text-align: right;">[TO BE CODED IN THE FIELD]</div>	CODE <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
30.	How long did this training last? 	<div style="display: inline-block; vertical-align: middle;"> YEARS <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> MONTHS <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div>	
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 style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
32.	What kind of skills training is this? TYPE OF SKILLS TRAINING: <div style="text-align: right;">[TO BE CODED IN THE FIELD]</div>	CODE <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
33.	How long is this training supposed to last? 	YEARS <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> MONTHS <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> DAYS <input style="width: 30px; height: 20px; border: 1px solid black;" 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 style="text-align: right;">CODE <input type="checkbox"/></p> <p style="text-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 style="text-align: right;">CODE <input type="text"/></p> <p style="text-align: right;">[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 style="text-align: right;">CODE <input type="text"/></p> <p style="text-align: right;">[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 style="text-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	
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									
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 style="text-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 style="text-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 style="text-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 style="text-align: right;">CODE <input type="checkbox"/></p>									

SECTION 4: HOUSEHOLD MEMBERS

9.	Have you had another main job/business previous to your current main job/business during the last (5) five years?		CODE
	1 YES		<input type="checkbox"/>
	2 NO >> QUESTION 12		
10.	What was your employment status?		CODE
	1 SELF-EMPLOYED	4 PARASTATAL EMPLOYEE	<input type="checkbox"/>
	2 CENTRAL GOVERNMENT EMPLOYEE	5 PRIVATE SECTOR EMPLOYEE	
	3 LOCAL GOVERNMENT EMPLOYEE	6 EMPLOYER/PARTNER	
	7 UNPAID FAMILY WORKER	8 OTHER (SPECIFY).....	
		
11.	What was the main reason for leaving this job/business?		CODE
	1 LOW WAGE/SALARY	7 GOT ANOTHER JOB	<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?		CODE
	1 YES		<input type="checkbox"/>
	2 NO >> SECTION 5		
13.	How many?		
	NUMBER OF OTHER JOBS/INCOME GENERATING ACTIVITIES		<input type="checkbox"/>
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]		<input type="checkbox"/>
15.	What is your employment status in this main other job/business?		CODE
	1 SELF-EMPLOYED	4 PARASTATAL EMPLOYEE	<input type="checkbox"/>
	2 CENTRAL GOVERNMENT EMPLOYEE	5 PRIVATE SECTOR EMPLOYEE	
	3 LOCAL GOVERNMENT EMPLOYEE	6 EMPLOYER/PARTNER	
	7 UNPAID FAMILY WORKER	8 OTHER (SPECIFY).....	
		
	>> SECTION 5		
16.	During the last five (5) years did you have a job/business?		CODE
	1 YES		<input type="checkbox"/>
	2 NO >> QUESTION 19		
17.	What was your employment status in that job? (IF MORE THAN 1 REFER TO THE MOST RECENT)		CODE
	1 SELF-EMPLOYED	4 PARASTATAL EMPLOYEE	<input type="checkbox"/>
	2 CENTRAL GOVERNMENT EMPLOYEE	5 PRIVATE SECTOR EMPLOYEE	
	3 LOCAL GOVERNMENT EMPLOYEE	6 EMPLOYER/PARTNER	
	7 UNPAID FAMILY WORKER	8 OTHER (SPECIFY).....	
		

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

--	--

<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 2 NO >> QUESTION 10</p> <p style="text-align: right;">CODE <input type="checkbox"/></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 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> <p style="text-align: right;">CODE <input type="checkbox"/></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.	What is the purpose of the study?
2.	What are the research objectives?
3.	What is the research methodology?
4.	What are the results of the study?
5.	What are the conclusions of the study?

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		
Local maize		
Cassava		
Groundnuts		
Rice		
Millet		
Sorghum		
Beans		
Soyabeans		
Sweet Potatoes		
Irish Potatoes		
Other Food Crops		
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		
Tobacco		
Sunflower		
Other non-food crops		

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?

[illegible]

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

[illegible]

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

CODE _____

1 YES ☐

2 NO >> QUESTION 8

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

[illegible]

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)
----	---

[illegible]

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	CODE												
	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.													
1.	<p>Have you been a victim of any robbery in the last 12 months?</p> <p>1 YES</p> <p>2 NO >> QUESTION 12</p>	<p>CODE</p> <input type="checkbox"/>												
	<p>IF THE HOUSEHOLD HAS EXPERIENCED A HOUSE BREAK-IN DOES THIS REFER TO THE SAME INCIDENT?</p> <p>1 YES >> QUESTION 12</p> <p>2 NO >> QUESTION 2</p>	<p>CODE</p> <input type="checkbox"/>												
2.	<p>Was this robbery committed during day or night? (IF MORE THAN ONE, PICK THE MOST RECENT)</p> <p>1 DAY</p> <p>2 NIGHT</p>	<p>CODE</p> <input type="checkbox"/>												
3.	<p>Were you threatened during this robbery?</p> <p>1 YES</p> <p>2 NO</p>	<p>CODE</p> <input type="checkbox"/>												
4.	<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</p> <p>2 OTHER WEAPON</p> <p>3 NO WEAPON</p> <p>4 DON'T KNOW</p>	<p>CODE</p> <input type="checkbox"/>												
5.	<p>Were you injured during the robbery?</p> <p>1 YES</p> <p>2 NO</p>	<p>CODE</p> <input type="checkbox"/>												
6.	<p>What was the major item stolen from you?</p> <table border="0"> <tr> <td>1 MONEY</td> <td>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>	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		<p>CODE</p> <input type="checkbox"/>
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. Who committed this robbery?

1 YES
2 NO

CODE

1 MEMBER OF THE HOUSEHOLD YOU LIVE IN

☐

1 RELATIVE OUTSIDE THE HOUSEHOLD YOU LIVE IN

☐

1 AN ACQUAINTANCE/S

☐

1 A STRANGER/S

☐

1 OTHER (SPECIFY).....

☐

1 DON' T KNOW

☐

8. Where was the robbery committed?

1 AT HOME

4 SHOPPING CENTRE

CODE

2 IN THE NEIGHBOURHOOD

5 BUS STOP/TERMINUS

☐

3 CITY/TOWN CENTRE

6 OTHER (SPECIFY)

9. Was the robbery reported to any authority?

CODE

1 YES >> QUESTION 11

☐

2 NO

10. Are you intending to report the robbery to some authority?

CODE

1 YES

☐

2 NO

>> QUESTION 12

☐

11. To which type of authority was this robbery reported?

1 YES
2 NO

CODE

1 POLICE

☐

1 NEIGHBOURHOOD WATCH

☐

1 TRADITIONAL HEADMAN/CHIEF

☐

1 NG'ANGA (WITCHDOCTOR/TRADITIONAL HEALER)

☐

1 OTHER AUTHORITY (SPECIFY).....

☐

12. Have you been a victim of any physical assault during the last 12 months

CODE

1 YES

☐

2 NO >> QUESTION 20

	<p>DOES THIS ASSAULT REFER TO THE ROBBERY JUST RECORDED?</p> <p>1 YES >> QUESTION 20</p> <p>2 NO >> QUESTION 13</p> <p style="text-align: right;">CODE <input type="checkbox"/></p>
13.	<p>Was the assault committed during the day or night? (IF MORE THAN ONE, PICK THE MOST RECENT)</p> <p>1 DAY</p> <p>2 NIGHT</p> <p style="text-align: right;">CODE <input type="checkbox"/></p>
14.	<p>During the assault 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 4 DON'T KNOW</p> <p>2 OTHER WEAPON</p> <p>3 NO WEAPON</p> <p style="text-align: right;">CODE <input type="checkbox"/></p>
15.	<p>Who committed this assault?</p> <p style="text-align: right;">1 YES 2 NO</p> <p style="text-align: right;">CODE</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 AN ACQUAINTANCE/S <input type="checkbox"/></p> <p>1 A STRANGER/S <input type="checkbox"/></p> <p>1 OTHER (SPECIFY)..... <input type="checkbox"/></p> <p>1 DON' T KNOW <input type="checkbox"/></p>
16.	<p>Where was this assault 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 style="text-align: right;">CODE <input type="checkbox"/></p>
17.	<p>Was the assault reported to any authority?</p> <p>1 YES >> QUESTION 19</p> <p>2 NO</p> <p style="text-align: right;">CODE <input type="checkbox"/></p>
18.	<p>Are you intending to report the assault to some authority?</p> <p>1 YES <input type="checkbox"/> >> QUESTION 20</p> <p>2 NO <input type="checkbox"/></p> <p style="text-align: right;">CODE <input type="checkbox"/></p>

19.	<p>To which type of authority was this assault reported?</p> <p style="text-align: right;">1 YES 2 NO</p> <p style="text-align: right;">CODE</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>
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 style="text-align: right;">CODE</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>
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"/><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>
22.	<p>Who committed this fraud or swindle?</p> <p style="text-align: right;">1 YES 2 NO</p> <p style="text-align: right;">CODE</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>
23.	<p>Was this fraud/swindle reported to any authority?</p> <p style="text-align: right;">CODE</p> <p>1 YES >> QUESTION 25 <input type="checkbox"/></p> <p>2 NO</p>
24.	<p>Are you intending to report the fraud/swindle to some authority?</p> <p style="text-align: right;">CODE</p> <p>1 YES <input type="checkbox"/> >> QUESTION 26 <input type="checkbox"/></p> <p>2 NO <input type="checkbox"/></p>

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

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

CODE

☐

1 YES

2 NO >> END OF INTERVIEW

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	CODE
	A Preparation of land for planting	<input type="checkbox"/>
	B Planting	<input type="checkbox"/>
	C Weeding	<input type="checkbox"/>
	D Harvesting	<input type="checkbox"/>
	E Provision of agricultural inputs	<input type="checkbox"/>
1.2	Production of cash crops (food and non-food crops for sale)	CODE
	A Preparation of land for planting	<input type="checkbox"/>
	B Planting	<input type="checkbox"/>
	C Weeding	<input type="checkbox"/>
	D Harvesting	<input type="checkbox"/>
	E Provision of agricultural inputs	<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.	Who should have the final say in how many children to have? 1 MEN/HUSBAND ONLY 2 MAINLY MEN/HUSBAND 3 A JOINT DECISION 4 MAINLY WOMEN/WIFE 5 WOMEN/WIFE ONLY	CODE <input type="checkbox"/>
3.	Who are more suitable to hold political office between men and women? 1 MEN 2 WOMEN 3 MEN AND WOMEN EQUALLY SUITABLE	CODE <input type="checkbox"/>
4.	In case a household cannot afford to send all its children to school, Who should be given priority between boys and girls? 1 BOYS SHOULD BE GIVEN PRIORITY 2 GIRLS SHOULD BE GIVEN PRIORITY 3 BOYS AND GIRLS SHOULD BOTH BE GIVEN EQUAL PRIORITY	CODE <input type="checkbox"/>
5.	In your opinion is a man entitled to beat his wife in order to discipline her? 1 YES 2 NO	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	CODE
	CHECK THE HOUSEHOLD ROSTER. IS AGE 16 AND ABOVE?	
	1 YES	<input type="checkbox"/>
	2 NO >> END OF INTERVIEW (RECORD TIME ENDED INTERVIEW)	
1.	In general, how interested are you in politics?	
	1 VERY INTERESTED	
	2 INTERESTED	
	3 NOT VERY INTERESTED	
	4 NOT INTERESTED AT ALL	
	5 DON'T KNOW	
2.	Do you identify yourself with any political party?	
	1 YES	
	2 NO >> QUESTION 6	
3.	Do you have a membership card for any political party?	
	1 YES	
	2 NO >> QUESTION 6	
4.	Are you a paid-up member of your party?	
	1 YES	
	2 NO >> QUESTION 6	
5.	What position do you hold in your party?	
	1 ORDINARY MEMBER	
	2 OFFICIAL POSITION AT SECTION LEVEL	
	3 OFFICIAL POSITION AT BRANCH OR WARD LEVEL	
	4 OFFICIAL POSITION AT CONSTITUENCY LEVEL	
	5 OFFICIAL POSITION AT DISTRICT LEVEL	
	6 OFFICIAL POSITION AT PROVINCIAL LEVEL	
	7 OFFICIAL POSITION AT NATIONAL LEVEL	
	8 OTHER SPECIFY	
6.	Have you participated in any of the following forms of political activities during the past five (5) years?	
	1 Attended political rallies	1 YES 2 NO CODE <input type="checkbox"/>
	1 Attended party meetings	<input type="checkbox"/>
	1 Organised meetings	<input type="checkbox"/>
	1 Attended demonstrations	<input type="checkbox"/>
	1 Other (specify).....	<input type="checkbox"/>

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 APPROA-
CHED

CODE

CODE

1 Housing/accomodation

☐
☐

1 Pensions pay/
conditions of
service issues

☐
☐

1 Water supply

☐
☐

1 School/children's
education

☐
☐

1 Roads

☐
☐

1 Clinic/hospital-
health issues

☐
☐

1 Funeral

☐
☐

1 Land disputes

☐
☐

1 Family and other feuds

☐
☐

1 Other (Specify)

☐
☐

.....

.....

Whom did you last approach for this particular problem?

1 HEADMAN

2 CHIEF/CHIEFTAINNESS

3 LOCAL PARTY OFFICIAL/SECTION/WARD/BANCH

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

CODE

(a) 1991 General elections

☐

(b) 1992 Local government elections

☐

(c) Any Parliamentary by-elections since 1991

☐

(d) Any Local government by-elections since 1992

☐

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

☐

11. Do you intend to vote in the next local government election?

1 YES

2 NO

3 NOT ELIGIBLE

CODE

☐

RECORD TIME ENDED THE INTERVIEW:

☐☐

HOUR

☐☐

MINUTES

-- THE END --