



REPUBLIC OF ZAMBIA

QUESTIONNAIRE NO: OF

FORM:

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CENTRAL STATISTICAL OFFICE
 P.O. BOX 31908, LUSAKA, ZAMBIA
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LIVING CONDITIONS MONITORING SURVEY VI (LCMS VI) – 2010

HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD IDENTIFICATION PARTICULARS	CODE NUMBER						
1. PROVINCE NAME	<input style="width: 20px; height: 20px;" type="text"/>						
2. DISTRICT NAME	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>						
3. CONSTITUENCY NAME	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>						
4. WARD NAME	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>						
5. CSA NUMBER	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>						
6. SEA NUMBER	<input style="width: 20px; height: 20px;" type="text"/>						
7. RURAL.....1 URBAN..... 2	<input style="width: 20px; 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: 20px; height: 20px;" type="text"/>						
9. HOUSEHOLD NUMBER (HHN)	<input style="width: 20px; height: 20px;" type="text"/>						
10. VILLAGE OR LOCALITY NAME							
11. CHIEF'S/CHIEFTAINESS' AREA (RURAL AREAS ONLY) FOR URBAN AREAS RECORD 888	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>						
12. HOUSEHOLD SELECTION STATUS: 1. Originally selected household 2. Replacement household	<input style="width: 20px; 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: 20px; height: 20px;" type="text"/>						
14. ENUMERATED HOUSEHOLD Residential Sampling Serial Name of Head.....Address..... Number	<input style="width: 20px; height: 20px;" type="text"/>						
15. NAME OF MAIN RESPONDENT SERIAL NUMBER FROM HOUSEHOLD ROSTER	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>						
16. TOTAL NUMBER OF PERSONS WHO LIVE IN THIS HOUSEHOLD (INCLUDE USUAL MEMBERS ABSENT)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>						
17. ENUMERATOR'S NAME..... DATE OF INTERVIEW	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;">DD</td> <td style="text-align: center; padding: 2px;">MM</td> <td style="text-align: center; padding: 2px;">YY</td> </tr> <tr> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> </tr> </table>	DD	MM	YY	<input style="width: 20px; height: 20px;" type="text"/>	<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; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;">DD</td> <td style="text-align: center; padding: 2px;">MM</td> <td style="text-align: center; padding: 2px;">YY</td> </tr> <tr> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> </tr> </table>	DD	MM	YY	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
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SECTION 1: HOUSEHOLD ROSTER

INTRODUCTION: I would like to start the interview by asking you questions about yourself and other usual members of the household

1	2	3		
SERIAL NUMBER OF HOUSEHOLD MEMBERS (PID)	Please give me the names of all persons who usually live with this household. Start with the head of the household and include visitors who have lived with the household for six months or more . Include usual members, who are away visiting, in hospital, at boarding schools or college or university, etc.	How old is.....now? RECORD EXACT AGE IN COMPLETED MONTHS FOR THOSE 0-59 MONTHS OLD. USE UNDER FIVE CLINIC CARD IF AVAILABLE. FOR THOSE AGED 5 YEARS AND ABOVE RECORD AGE IN COMPLETED YEARS. (SPECIFY AGE CODE BELOW) 1 YEARS 2 MONTHS		
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SECTION 1: HOUSEHOLD ROSTER (Continued)

	4	5	6	7	8
PID	What is the relationship ofto the head of the household?	Is Male or Female?	Is.....an albino	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	YES.....1	BLIND.....1
	OWN CHILD.....03	FEMALE...2	NO.....2	NO.....2	PARTIALLY SIGHTED.....2
	STEP CHILD.....04			>> Q9	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)

	9	10	11	12	
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? 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 REFUGEE/ASYLUM SEEKER15 OTHER (SPECIFY).....16	
	SAME DWELLING.....1 >> SEC 2				
	DIFFERENT DWELLING, SAME LOCALITY/SAME DISTRICT.....2 >> SEC 2				
	DIFFERENT LOCALITY/ SAME DISTRICT.....3 >> Q11				
	DIFFERENT DISTRICT SAME PROVINCE.....4				
	DIFFERENT PROVINCE.....5				
	DIFFERENT COUNTRY.....6 >> Q12				
	NOT APPLICABLE.....7 >> SECT 2				
	[IF A CHILD IS BELOW 12 MONTHS RECORD 7]				
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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
	YES INJURED.....2 >> Q 3	COUGH/COLD/CHEST INFECTION.....02	USED SELF ADMINISTERED MEDICINE ONLY.....2
	YES BOTH.....3	TUBERCULOSIS (TB).....03	NONE OF THE ABOVE.....3 >> Q9
	NO.....4	ASTHMA.....04	
	} >> Q9	BRONCHITIS.....05	
		PNEUMONIA/CHEST PAIN.....06	
	DON'T KNOW.....5	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		
	CANCER OF ANY KIND.....30		
	MANINJITIS.....31		
	OTHER (SPECIFY).....32		
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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?	Do you have another job/business?	What type of job/business is this?	What sort of business/service is carried out by your employer/establishment/business in this job/business?
	LOW WAGE./SALARY.....01	YES.....1	[GIVE OCCUPATION BELOW IN BOTH WORDS AND CODE NUMBER] [IF MORE THAN ONE SECONDARY JOB/BUSINESS RECORD THE MAIN ONE]	[RECORD INDUSTRY OF SECONDARY JOB/BUSINESS IN BOTH WORDS AND CODE NUMBER]
	FIRED/DISMISSED.....02	NO.....2 >>		
	ENTERPRISE CLOSED.....03	NEXT SECTION		
	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			
	CONTRACT EXPIRED.....12			
	POOR WORKING CONDITIONS.....13			
OTHER (SPECIFY).....14				
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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/COUNCIL EMPLOYEE.....03 PARASTATAL/ QUASI GOVT 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 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
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SECTION 5: ECONOMIC ACTIVITY (CONT'D)

	18	19	20
PID	What was the main reason for leaving that job/business?	Are you currently engaged in any income generating activities or farming?	What is the main income generating activity or type of farming you are engaged in?
	LOW WAGE./SALARY.....01	YES.....1	[CHECK RELEVANT APPENDIX FOR CODES]
	FIRED.....02	NO.....2 >> NEXT SECTION	[RECORD ACTIVITY BOTH IN WORDS AND CODE]
	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		
	BECAME A STUDENT.....12		
	CONTRACT EXPIRED.....13		
	POOR WORKING CONDITIONS.....14		
OTHER (SPECIFY).....15			
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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"/>

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

1. Did any member of this household receive any income from the sale of the following own produced crops

Yes1

No.....2>> next crop

2. How much income did all members of your household (**combined**) receive in the last 12 months from the sale of

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

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

1. Did any member of this household receive any income from the sale of the following livestock Yes1 No.....2>> next Livestock		2. How manywere sold/consumed by all members of your household in the last twelve (12) months?	3. How much income did all members of your household (combined) receive from the sale ofin 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="checkbox"/>	<input type="text"/> <input type="text"/>
18.2	Sale of own cattle (slaughtered) <input type="checkbox"/>	<input type="text"/> <input type="text"/>
18.3	Own cattle consumed <input type="checkbox"/>	<input type="text"/> <input type="text"/>
19.1	Sale of own goats (live) <input type="checkbox"/>	<input type="text"/> <input type="text"/>
19.2	Sale of own goats (slaughtered) <input type="checkbox"/>	<input type="text"/> <input type="text"/>
19.3	Own goats consumed <input type="checkbox"/>	<input type="text"/> <input type="text"/>
20.1	Sale of own sheep (live) <input type="checkbox"/>	<input type="text"/> <input type="text"/>
20.2	Sale of own sheep (slaughtered) <input type="checkbox"/>	<input type="text"/> <input type="text"/>
20.3	Own sheep consumed <input type="checkbox"/>	<input type="text"/> <input type="text"/>
21.1	Sale of own pigs (live) <input type="checkbox"/>	<input type="text"/> <input type="text"/>
21.2	Sale of own pigs (slaughtered) <input type="checkbox"/>	<input type="text"/> <input type="text"/>
21.3	Own pigs consumed <input type="checkbox"/>	<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)

	1. Did any member of this household receive any income from the sale of the following poultry Yes1 No.....2>> next poultry	3. How manywere sold/consumed by all members of your household in the last twelve (12) months?	3. How much income did all members of your household (combined) receive from the sale ofin the last twelve (12) months
	POULTRY	NUMBER SOLD/CONSUMED	INCOME FROM SALES OR VALUE OF CONSUMPTION [KWACHA]
23.1	Sale of own chickens <input type="checkbox"/>	<input type="text"/> <input type="text"/>
23.2	Own chickens consumed <input type="checkbox"/>	<input type="text"/> <input type="text"/>
23.3	Sale of own guinea fowls <input type="checkbox"/>	<input type="text"/> <input type="text"/>
23.4	Own guinea fowls consumed <input type="checkbox"/>	<input type="text"/> <input type="text"/>
23.5	Sale of own ducks and geese <input type="checkbox"/>	<input type="text"/> <input type="text"/>
23.6	Own ducks and geese consumed <input type="checkbox"/>	<input type="text"/> <input type="text"/>
23.7	Sale of own turkeys <input type="checkbox"/>	<input type="text"/> <input type="text"/>
23.8	Own turkeys consumed <input type="checkbox"/>	<input type="text"/> <input type="text"/>
23.9	Sale of own rabbits <input type="checkbox"/>	<input type="text"/> <input type="text"/>
23.10	Own rabbits consumed <input type="checkbox"/>	<input type="text"/> <input type="text"/>
23.11	Sale of own pigeons <input type="checkbox"/>	<input type="text"/> <input type="text"/>
23.12	Own pigeons consumed <input type="checkbox"/>	<input type="text"/> <input type="text"/>
23.13	Sale of own quails <input type="checkbox"/>	<input type="text"/> <input type="text"/>
23.14	Own quails consumed <input type="checkbox"/>	<input type="text"/> <input type="text"/>
23.15	Sale of own eggs <input type="checkbox"/>	<input type="text"/> <input type="text"/>
23.16	Own eggs consumed <input type="checkbox"/>	<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, hiring out of draught animals, etc.) in the last 12 months?	 <input type="text"/>

Section 7: Household Assets

ONLY FILL IN IF SOME MEMBER OF THE HOUSEHOLD HAS A PRIVATE BUSINESS. IF NOT CROSS OUT THIS COLUMN

DO NOT COUNT PERMANENTLY BROKEN ITEMS

IF VALUE OR AGE IS UNKNOWN ASK FOR ESTIMATE
IF MULTIPLE ITEMS USE MOST RECENT

		Q1	Q2	Q3	Q4	Q5	Q6
READ OUT		Does this household own [ITEM]?	How many [ITEM]s does your household own?	How many years ago was [ITEM] obtained? (MOST RECENT ONE) IF LESS THAN ONE YEAR AGO ENTER "0"	What was the value of [ITEM] at the time of purchase? (MOST RECENT ONE)	How much would you get, if you sold [ITEM] today? (MOST RECENT ONE)	Do you use [ITEM] for private or business activities? Please rank usage:
		YES 1 NO 2 >>> NEXT ITEM					Mainly private 1 Private and business 2 Mainly business 3
		CODE	NUMBER	YEARS	VALUE IN KWACHA	VALUE IN KWACHA	CODE
GENERAL ITEMS	1	Bed					
	2	Mattress					
	3	Mosquito net					
	4	Table (dining)					
	5	Lounge suit/ sofa					
	6	Radio/ stereo					
	7	Television					
	8	Satellite dish/ decoder (free to air)					
	9	Satellite dish/ decoder (DSTV)					
	10	Other pay TV					
	11	DVD/VCR					
	12	Home theatre					
	13	Land telephone					
	14	Cellular phone					
	15	Computer					
	16	Watch					
	17	Clock					
KITCHEN/HOUSEHOLD	18	Residential building					
	19	Non-residential building					
	20	Brazier/ Mbaula					
	21	Gas stove					
	22	Electric stove					
	23	Refrigerator					
	24	Deep freezer					
	25	Washing machine					
	26	Dish washer					
	27	Air conditioner/ ventilator					
	28	Electric iron					
	29	Non-electric iron					
	30	Private water pump					
TOOLS & MACHINES I	31	Sewing machine					
	32	Hand hammer mill					
	33	Grinding/hammer mill (powered)					
	34	Sheller					
	35	Rump presses/oil expellers					

Section 7: Household Assets

		Q1	Q2	Q3	Q4	Q5	Q6
		Does this household own [ITEM]?	How many [ITEM]s does your household own?	How many years ago was [ITEM] obtained? (MOST RECENT ONE) IF LESS THAN ONE YEAR AGO ENTER "0"	What was the value of [ITEM] at the time of purchase? (MOST RECENT ONE)	How much would you get, if you sold [ITEM] today? (MOST RECENT ONE)	Do you use [ITEM] for private or business activities? Please rank usage:
READ OUT		YES 1 NO 2 -> NEXT ITEM	CODE NUMBER	YEARS	VALUE IN KWACHA	VALUE IN KWACHA	Mainly private 1 Private and business 2 Mainly business 3 CODE
TOOLS & MACHINES 2	36	Hand saw					
	37	Carpentry plane					
	38	Axe					
	39	Pick					
	40	Hoe					
	41	Hammer					
	42	Shovel/spade					
	43	Fishing net					
	44	Hunting gun					
	45	Plough					
	46	Crop sprayer					
	47	Knitting machine					
	48	Lawn mowers					
49	Generator						
TRANSPORT	50	Small/ hand-driven tractor					
	51	4 wheel tractor					
	52	Wheel barrow					
	53	Scotch cart					
	54	Bicycle					
	55	Motor cycle					
	56	Large truck					
	57	Small/ pick-up truck					
	58	Van/ minibus					
	59	Car					
	60	Canoe					
	61	Boat					
ANI- MALS	62	Oxen					
	63	Donkey					
OTHER	FILL IN OTHER ASSETS OF HIGH VALUE. IF MORE THAN TWO FILL IN ASSETS OF HIGHEST VALUE						
	64	Other (specify)					
	65	Other (specify)					
66	Other (specify)						

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
1A	What kind of dwelling does your household live in?	TRADITIONAL HUT1 HOSTEL..... 10 IMPROVED TRADITIONAL HOUSE2 NON-RESIDENTIAL BUILDING DETACHED HOUSE3 (EG SCHOOL CLASSROOM, ETC) 11 FLAT/APARTMENT/MULTI-UNIT4 UNCONVENTIONAL (EG KANTEMBA, SEMI-DETACHED HOUSE5 STORAGE CONTAINER, ETC)..... 12 SERVANTS QUARTERS6 OTHER (SPECIFY)..... 13 GUEST WING7 COTTAGE8 HOUSE ATTACHED TO/ON TOP OF SHOP ETC9	<input type="text"/> <input type="text"/>
1B	How many rooms are occupied by this household excluding bathrooms and toilets? (For rural areas count the number of rooms in each hut belonging to the household collectively)	NUMBER <input type="text"/> <input type="text"/>	
2	On what basis does your household occupy the dwelling you live in? Is it [...]? READ OUT	Owner-occupied 1 >> Q4E House owned and provided Rented from local Government (District council) 2 free by employer..... 7 >> Q4E Rented from Central Government..... 3 Other free housing8 >> Q4E Rented from Private Company 4 Other (Specify)9 >> Q4E Rented from Parastatal (e.g. ZSIC, NAPSA, NHA, ZIMCO, etc) 5 Rented from private persons (landlord)6	<input type="text"/> <input type="text"/>
3	How is the rent paid? Is it [...]? READ OUT	Deducted from salary but paid in full 1 Other (Specify) 5 >> Q4C Deducted from salary and subsidized by employer2 Not applicable6 Paid directly by the household3 Don't know7 Paid by employer4 >> Q4C	<input type="text"/> <input type="text"/>
4A	In what installments or period do you pay your rent? Is it [...]? READ OUT	Monthly..... 1 Other (Specify)5 Every two (2) months..... 2 Every three (3) months..... 3 Not applicable6 Every six (6) months4	<input type="text"/> <input type="text"/>
4B	How much rent do you pay <u>per month</u> ?	AMOUNT IN KWACHA <input type="text"/>	
4C	Does this rent include charges for electricity?	YES1 NO2	<input type="text"/> <input type="text"/>
4D	Does this rent include charges for water?	YES1 NO2	<input type="text"/> <input type="text"/>
4E	If you were to rent out this house, how much would it fetch <u>per month</u> (excl water and electricity)?	AMOUNT IN KWACHA <input type="text"/>	
QUESTION 5 ONLY FOR HOUSEHOLDS WHO OWN PROPERTY			
5A	How much do you pay for ground rates <u>per year</u> ?	AMOUNT IN KWACHA <input type="text"/>	
5B	How much do you pay for property rates <u>per six months</u> ?	AMOUNT IN KWACHA <input type="text"/>	
5C	Do you pay mortgage for your dwelling?	YES 1 DON'T KNOW.....3 >> Q6 NO2 >> Q6	<input type="text"/> <input type="text"/>
5D	How much do you pay for mortgage <u>per month</u> ?	AMOUNT IN KWACHA..... <input type="text"/>	

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

6	What kind of building materials is/are the [...] of this dwelling made of ? [IF A MULTI-STOREY/UNIT BUILDING RECORD BUILDING MATERIALS OF THE OUTER ROOF (ROOF TOP) AND OUTER WALL].	(A) ROOF		<table border="1"> <tr><td>ASBESTOS SHEETS1</td><td>OTHER (SPECIFY)7</td></tr> <tr><td>ASBESTOS TILES2</td><td></td></tr> <tr><td>OTHER/ NON-ASBESTOS TILES.....3</td><td>NOT APPLICABLE.....8</td></tr> <tr><td>IRON SHEETS4</td><td>DON'T KNOW9</td></tr> <tr><td>GRASS/STRAW/THATCH5</td><td></td></tr> <tr><td>CONCRETE.....6</td><td></td></tr> </table>	ASBESTOS SHEETS1	OTHER (SPECIFY)7	ASBESTOS TILES2		OTHER/ NON-ASBESTOS TILES.....3	NOT APPLICABLE.....8	IRON SHEETS4	DON'T KNOW9	GRASS/STRAW/THATCH5		CONCRETE.....6					
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(B) WALLS		<table border="1"> <tr><td>PAN BRICK.....1</td><td>STEEL10</td></tr> <tr><td>CONCRETE BRICK2</td><td>HARDBOARD11</td></tr> <tr><td>MUD BRICK3</td><td>A MIXTURE OF HARDBOARD, TIN SHEET, PLASTIC, ETC.....12</td></tr> <tr><td>BURNT BRICK4</td><td>OTHER (SPECIFY).....13</td></tr> <tr><td>POLE.....5</td><td></td></tr> <tr><td>POLE & DAGGA.....6</td><td></td></tr> <tr><td>MUD7</td><td>NOT APPLICABLE14</td></tr> <tr><td>GRASS/STRAW8</td><td>DON'T KNOW15</td></tr> <tr><td>IRON SHEETS.....9</td><td></td></tr> </table>	PAN BRICK.....1	STEEL10	CONCRETE BRICK2	HARDBOARD11	MUD BRICK3	A MIXTURE OF HARDBOARD, TIN SHEET, PLASTIC, ETC.....12	BURNT BRICK4	OTHER (SPECIFY).....13	POLE.....5		POLE & DAGGA.....6		MUD7	NOT APPLICABLE14	GRASS/STRAW8	DON'T KNOW15	IRON SHEETS.....9	
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(C) FLOOR		<table border="1"> <tr><td>CONCRETE ONLY1</td><td>OTHER (SPECIFY)5</td></tr> <tr><td>COVERED CONCRETE.....2</td><td></td></tr> <tr><td>MUD3</td><td>NOT APPLICABLE.....6</td></tr> <tr><td>WOOD ONLY.....4</td><td>DON'T KNOW7</td></tr> </table>	CONCRETE ONLY1	OTHER (SPECIFY)5	COVERED CONCRETE.....2		MUD3	NOT APPLICABLE.....6	WOOD ONLY.....4	DON'T KNOW7										
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7	What is the main source of water supply for this household?	<table border="1"> <tr><td>DIRECTLY FROM RIVER/ LAKE/ STREAM/DAM1</td><td>OTHER TAP (EG FROM NEARBY BUILDING)10</td></tr> <tr><td>RAINWATER2</td><td>WATER KIOSK.....11</td></tr> <tr><td>UNPROTECTED WELL.....3</td><td>BOUGHT FROM OTHER VENDOR12</td></tr> <tr><td>PROTECTED WELL4</td><td>OTHER (SPECIFY)13</td></tr> <tr><td>BOREHOLE.....5</td><td></td></tr> <tr><td>UNPROTECTED SPRING.....6</td><td></td></tr> <tr><td>PROTECTED SPRING7</td><td></td></tr> <tr><td>PUBLIC TAP8</td><td></td></tr> <tr><td>OWN TAP.....9</td><td></td></tr> </table>	DIRECTLY FROM RIVER/ LAKE/ STREAM/DAM1	OTHER TAP (EG FROM NEARBY BUILDING)10	RAINWATER2	WATER KIOSK.....11	UNPROTECTED WELL.....3	BOUGHT FROM OTHER VENDOR12	PROTECTED WELL4	OTHER (SPECIFY)13	BOREHOLE.....5		UNPROTECTED SPRING.....6		PROTECTED SPRING7		PUBLIC TAP8		OWN TAP.....9	
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8	How far is this source of water from this house? [IF LESS THAN ONE KILOMETRE ENTER "0"]	DISTANCE IN KILOMETRES <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																		
9	What is the main source of drinking water for this household?	<table border="1"> <tr><td>DIRECTLY FROM RIVER/ LAKE/ STREAM/DAM1</td><td>OTHER TAP (EG FROM NEARBY BUILDING)10</td></tr> <tr><td>RAINWATER2</td><td>WATER KIOSK.....11</td></tr> <tr><td>UNPROTECTED WELL.....3</td><td>BOUGHT FROM OTHER VENDOR12</td></tr> <tr><td>PROTECTED WELL4</td><td>BOTTLED WATER.....13 >> Q12</td></tr> <tr><td>BOREHOLE.....5</td><td>OTHER (SPECIFY)14</td></tr> <tr><td>UNPROTECTED SPRING.....6</td><td></td></tr> <tr><td>PROTECTED SPRING7</td><td></td></tr> <tr><td>PUBLIC TAP8</td><td></td></tr> <tr><td>OWN TAP.....9</td><td></td></tr> </table>	DIRECTLY FROM RIVER/ LAKE/ STREAM/DAM1	OTHER TAP (EG FROM NEARBY BUILDING)10	RAINWATER2	WATER KIOSK.....11	UNPROTECTED WELL.....3	BOUGHT FROM OTHER VENDOR12	PROTECTED WELL4	BOTTLED WATER.....13 >> Q12	BOREHOLE.....5	OTHER (SPECIFY)14	UNPROTECTED SPRING.....6		PROTECTED SPRING7		PUBLIC TAP8		OWN TAP.....9	
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10	Do you treat your drinking water?	YES1 NO2 >> Q12																		
11	How do you treat your drinking water?	BOIL1 ADD CHLORINE2 OTHER (SPECIFY)3																		
12	How much on average are you charged for water per month ? [ENTER "0" IF HOUSEHOLD IS PROVIDED WITH WATER FOR FREE]	AMOUNT IN KWACHA <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																		

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 AND ABOVE5 [NEXT SECTION]	What is the reason for not using the facility? TOO EXPENSIVE/ CANT AFFORD.....1 TOO FAR.....2 POOR ADMINISTRATION...3 POOR QUALITY/ POOR SERVICE.....4 CORRUPTION5 DONT NEED TO USE FACILITY.....6 NOT AWARE OF SUCH FACILITY.....7 OTHER SPECIFY.....8
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"/>

12.3	How much revenue did the household receive from selling fish from fishponds?	AMOUNT IN WORDS KWACHA										
		<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>										

SECTION 10: AGRICULTURAL PRODUCTION (Cont'd)

I am now going to ask you questions about costs and expenses incurred during the last agriculture season, that is, the period between October 2008 and September 2009 for the production of crops

	13	14	15	16	17										
CROP PRODUCTION	Did you use /incur during the last agriculture season? YES.....1 NO.....2 >> 16	How much was spent in cash and in kind on..... during the last agriculture season? [CONVERT IN KIND TO CASH EQUIVALENT]	What was the source of the? PRIVATE SECTOR.....1 COOPERATIVES.....2 MIN OF AGRICULTURE.....3 MIN OF COMMUNITY DEVT....4 NGOs.....5 OTHER SPECIFY.....6	Was/were the..... obtainable/available during the last agricultural season when needed? YES SOMETIMES.....1 YES ALL THE TIME.....2 >> NEXT ITEM NO.....3	Why was the Unobtainable? INPUT MARKET TOO FAR.....1 INPUTS WERE NOT ENOUGH.....2 LATE DELIVERY OF INPUTS.....3 TOO EXPENSIVE.....4 OTHER SPECIFY.....5										
A. Fertilizer (Inorganic)	<input type="checkbox"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Organic Fertilizer	<input type="checkbox"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Insecticides	<input type="checkbox"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Herbicides	<input type="checkbox"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Any crop storage facility	<input type="checkbox"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Purchased seed, seedlings etc	<input type="checkbox"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Irrigation equipment	<input type="checkbox"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Bags, containers, strings	<input type="checkbox"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Petrol/ diesel/ oil	<input type="checkbox"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Costs on repairs/ maintenance of agricultural equipment including purchase of spare parts	<input type="checkbox"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Hired labour	<input type="checkbox"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Any transport costs	<input type="checkbox"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Hired animals	<input type="checkbox"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Hired equipment	<input type="checkbox"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Local hand tools	<input type="checkbox"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Imported hand tools	<input type="checkbox"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Q. Any other crop production related costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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SECTION 10: AGRICULTURAL PRODUCTION (Cont'd)

I am now going to ask you questions about costs and expenses incurred during the last agriculture season, that is, the period between October 2008 and September 2009 for the production of livestock

	18	19	20	21	22
LIVESTOCK PRODUCTION	Did you use/pay for during the last agriculture season? YES.....1 NO.....2>> 21	How much was spent in cash and in kind on..... during the Last agriculture season? [CONVERT IN KIND TO CASH EQUIVALENT]	What was the main source of ...? PRIVATE SECTOR.....1 COOPERATIVES.....2 MIN OF AGRICULTURE...3 NGOs.....4 MIN OF COMMUNITY DEVT.....5 OTHER SPECIFY.....6	Was/were the..... obtainable/available during the last agricultural season when needed? YES SOMETIMES.....1 YES ALL THE TIME.....2>> NEXT ITEM NO.....3	Why was the Unobtainable? INPUT MARKET TOO FAR.....1 INPUTS WERE NOT ENOUGH.....2 LATE DELIVERY OF INPUTS.....3 TOO EXPENSIVE.....4 OTHER SPECIFY.....5
A. Animal Feed including salt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Veterinary services including vaccination and medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Any hired Labour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Maintenance of pens, stables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Commission on sale of animals	<input type="checkbox"/>	<input type="checkbox"/>			
G. Compensation for damage caused by animals	<input type="checkbox"/>	<input type="checkbox"/>			
H. Any other livestock production related costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FISH FARMING - I am now going to ask you questions about costs and expenses incurred during the last agriculture season, that is, the period between October 2008 and September 2009 for fish farming

A. Purchase of fingerlings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Hired labour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Repairs and Maintenance of fish ponds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Repairs and Maintenance of fish pond related equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Medicines for fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Transport costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H. Hand tools	<input type="checkbox"/>	<table border="1"> <tr> <td><input type="checkbox"/></td> </tr> </table>	<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"/>						
I. Other fish farming production related costs	<input type="checkbox"/>	<table border="1"> <tr> <td><input type="checkbox"/></td> </tr> </table>	<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"/>						

I am now going to find out how much this household spent on different items as well as how much was consumed in the last four/two weeks

Section 11A: Household Expenditure

GIFTS, FOOD FOR WORK, RELIEF FOOD

	PURCHASES			OWN PRODUCTION			GIFTS, FOOD FOR WORK, RELIEF FOOD		
	Q1	Q2	Q3	Q4	Q5	Q6	Q7		
LAST 4 WEEKS	Did this household purchase/consume/receive during the last 4 weeks?	During the last 4 weeks, how much did your household spend on [ITEM]? (IN TOTAL)	How many [UNITS] of [ITEM] did your household purchase for that amount?	During the last 4 weeks, how many [UNITS] of own produced [ITEM] did your household consume?	How much would this [ITEM] cost if you were to buy it?	During the last 4 weeks, how many [UNITS] of [ITEM] did your household receive without payment?	How much would this [ITEM] cost if you were to buy it?		
READ OUT	YES 1 NO 2 >> NEXT ITEM DONT KNOW 3								
FILL IN PER ROW	>> NEXT ITEM	VALUE IN KWACHA	QUANTITY UNIT CODE	QUANTITY UNIT CODE	VALUE IN KWACHA	QUANTITY UNIT CODE	VALUE IN KWACHA		

Cereals DURING LAST 4 WEEKS									
1	Maize grain unshelled								
2	Maize grain shelled								
3	Breakfast mealie meal								
4	Roller meal								
5	Hammer mealie meal								
6	Pounded maize meal								
7	Cost of milling								

UNIT CODES	UNITS
B90	90 KG BAG
B50	50 KG BAG
B25	25 KG BAG
B10	10 KG BAG
T20	20 LITRE TIN
T10	10 LITRE TIN
T5	5 LITRE TIN
P	PIECE/NUMBER
KG	KILOGRAMS
GR	GRAM
LT	LITRE
ML	MILLILITRE
BOT500	BOTTLE 500 ML
BOT750	BOTTLE 750 ML
BOT2.5	BOTTLE 2.5 LT
BP	BP
HP	HEAP
PL	PLATE
CU	CUP
GAL	GALLON
BK	BUCKET
BD	BUNDLE
MD	MEDA
OT	OTHER

FREQUENT FOODS

	PURCHASES			OWN PRODUCTION			GIFTS, FOOD FOR WORK, RELIEF FOOD		
	Q1	Q2	Q3	Q4	Q5	Q6	Q7		
LAST 2 WEEKS	Did this household purchase/consume/receiveduring the last 2 weeks?	During the last 2 weeks, how much did your household spend on [ITEM]? (IN TOTAL)	How many [UNITS] of [ITEM] did your household purchase for that amount?	During the last 2 weeks, how many [UNITS] of own produced [ITEM] did your household consume?	How much would this [ITEM] cost if you were to buy it?	During the last 2 weeks, how many [UNITS] of [ITEM] did your household receive without payment?	How much would this [ITEM] cost if you were to buy it?		
READ OUT	YES 1 NO 2 >> NEXT ITEM DONT KNOW 3								
FILL IN PER ROW	>> NEXT ITEM	VALUE IN KWACHA	QUANTITY UNIT CODE	QUANTITY UNIT CODE	VALUE IN KWACHA	QUANTITY UNIT CODE	VALUE IN KWACHA		
Roots and Tubers DURING LAST 2 WEEKS									
18	Sweet potatoes unpeeled								
19	Sweet potatoes peeled								
20	Potatoes unpeeled								
21	Potatoes peeled								
22	Cassava (tubers)								
23	Cassava (flour)								
24	Other roots/ tubers								

Section 11A: Household Expenditure

		PURCHASES			OWN PRODUCTION			GIFTS, FOOD FOR WORK, RELIEF FOOD		
		Q1	Q2	Q3	Q4	Q5	Q6	Q7		
LAST 2 WEEKS	Did this household purchase/consume/receive..... during the last 2 weeks?	During the last 2 weeks, how much did your household spend on [ITEM]? (IN TOTAL)	How many [UNITS] of [ITEM] did your household purchase for that amount?	During the last 2 weeks, how many [UNITS] of own produced [ITEM] did your household consume?	How much would this [ITEM] cost if you were to buy it?	During the last 2 weeks, how many [UNITS] of [ITEM] did your household receive without payment?	How much would this [ITEM] cost if you were to buy it?			
READ OUT	YES 1									
	NO 2									
	>> NEXT ITEM									
	IDON'T KNOW 3									
FILL IN PER ROW	>> NEXT ITEM									
		VALUE IN KWACHA	QUANTITY	UNIT CODE	QUANTITY	UNIT CODE	VALUE IN KWACHA	QUANTITY	UNIT CODE	VALUE IN KWACHA

FREQUENT FOODS

		DURING LAST 2 WEEKS								
Pulses and Legumes										
25	Fresh beans (excl Green beans) unshelled									
26	Fresh beans (excl Green beans) shelled									
27	Sunflower shelled									
28	Soya beans shelled									
29	Dried beans									
30	Groundnuts unshelled									
31	Groundnuts shelled									
32	Bambara shelled									
33	Cowpeas unshelled									
34	Peas									
35	Other pulses, legumes									
Vegetables										
36	Onions									
37	Tomatoes									
38	Cabbages									
39	Rape									
40	Okra									
41	Pumpkin leaves (chibwabwa)									
42	Cassava leaves									
43	Kalembula									
44	Bondwe									
45	Impwa									
46	Cucumber									
47	Green beans									
48	Carrots									
49	Pumpkin									
50	Green Maize									
51	Other Vegetables									

UNIT CODES	UNITS
B90	90 KG BAG
B50	50 KG BAG
B25	25 KG BAG
B10	10 KG BAG
T20	20 LITRE TIN
T10	10 LITRE TIN
T5	5 LITRE TIN
P	PIECE/ NUMBER
KG	KILOGRAMS
GR	GRAM
LT	LITRE
ML	MILLILITRE
BOT500	BOTTLE 500 ML
BOT750	BOTTLE 750 ML
BOT2.5	BOTTLE 2.5 LT
BP	BP
HP	HEAP
PL	PLATE
CU	CUP
GAL	GALLON
BK	BUCKET
BD	BUNDLE
MD	MEDA

Section 11A: Household Expenditure

LAST 2 WEEKS	PURCHASES			OWN PRODUCTION			GIFTS, FOOD FOR WORK, RELIEF FOOD		
	Q1	Q2	Q3	Q4	Q5	Q6	Q7		
Did this household purchase/consume/receive..... during the last 2 weeks?	During the last 2 weeks, how much did your household spend on [ITEM]? (IN TOTAL)	How many [UNITS] of [ITEM] did your household purchase for that amount?	During the last 2 weeks, how many [UNITS] of own produced [ITEM] did your household consume?	How much would this [ITEM] cost if you were to buy it?	During the last 2 weeks, how many [UNITS] of [ITEM] did your household receive without payment?	How much would this [ITEM] cost if you were to buy it?			
READ OUT	YES	1							
	NO	2							
	>> NEXT ITEM								
	DON'T KNOW	3							
FILL IN PER ROW	>> NEXT ITEM								
	VALUE IN KWACHA	QUANTITY	UNIT CODE	QUANTITY	UNIT CODE	VALUE IN KWACHA	QUANTITY	UNIT CODE	VALUE IN KWACHA

FREQVENT FOODS	DURING LAST 2 WEEKS										UNIT CODES	UNITS
	Fruits											
52 Oranges												
53 Apples											B90	90 KG BAG
54 Mangoes											B50	50 KG BAG
55 Bananas											B25	25 KG BAG
56 Pawpaws											B10	10 KG BAG
57 Water melons											T20	20 LITRE TIN
58 Lemons											T10	10 LITRE TIN
59 Pineapples											T5	5 LITRE TIN
60 Pears											P	PIECE/ NUMBER
61 Guavas											KG	KILOGRAMS
62 Avocados											GR	GRAM
63 Other Fruits											LT	LITRE
Fish											ML	MILLILITRE
64 Kapenta (fresh)											BOT500	BOTTLE 500 ML
65 Kapenta (frozen)											BOT750	BOTTLE 750 ML
66 Kapenta (dried/smoked)											BOT2.5	BOTTLE 2.5 LT
67 Bream (fresh)											BP	BP
68 Bream (frozen)											HP	HEAP
69 Bream (dried/ smoked)											PL	PLATE
70 Buka Buka (fresh)											CU	CUP
71 Buka Buka (frozen)											GAL	GALLON
72 Buka Buka (dried/ smoked)											BK	BUCKET
73 Other fish (fresh)											BD	BUNDLE
74 Other fish (frozen)											MD	MEDA
75 Other fish (dried/smoked)											OT	OTHER
76 Other fish & fish products												
Meat and Poultry I												
77 Chicken (fresh)												
78 Chicken (Frozen)												
79 Chicken (dried/smoked)												
80 Other poultry (fresh)												
81 Other Poultry (frozen)												
82 Other poultry (dried/smoked)												
83 Beef (fresh)												
84 Beef (frozen)												
85 Beef (dried/smoked)												

Section 11A: Household Expenditure

		PURCHASES			OWN PRODUCTION			GIFTS, FOOD FOR WORK, RELIEF FOOD		
		Q1	Q2	Q3	Q4	Q5	Q6	Q7		
LAST 2 WEEKS	Did this household purchase/consume/receive..... during the last 2 weeks?	During the last 2 weeks, how much did your household spend on [ITEM]? (IN TOTAL)	How many [UNITS] of [ITEM] did your household purchase for that amount?	During the last 2 weeks, how many [UNITS] of own produced [ITEM] did your household consume?	How much would this [ITEM] cost if you were to buy it?	During the last 2 weeks, how many [UNITS] of [ITEM] did your household receive without payment?	How much would this [ITEM] cost if you were to buy it?			
READ OUT	YES	1								
	NO	2								
	>> NEXT ITEM									
	DON'T KNOW	3								
FILL IN PER ROW	>> NEXT ITEM									
		VALUE IN KWACHA	QUANTITY	UNIT CODE	QUANTITY	UNIT CODE	VALUE IN KWACHA	QUANTITY	UNIT CODE	VALUE IN KWACHA

FREQUENT FOODS

Meat and Poultry II		DURING LAST 2 WEEKS								
86	Pork (fresh)									
87	Pork (frozen)									
88	Pork (dried/smoked)									
89	Goat meat (fresh)									
90	Goat meat (dried)									
91	Sheep meat (fresh)									
92	Sheep meat (frozen)									
93	Sheep meat (dried)									
94	Game meat (fresh)									
95	Game meat (frozen)									
96	Game meat (dried/smoked)									
97	Other meat									
Dairy Products and Eggs		DURING LAST 2 WEEKS								
98	Milk (fresh)									
99	Milk (powdered, excl baby milk)									
100	Eggs									
101	Cheese									
102	Other dairy products									
Fats		DURING LAST 2 WEEKS								
103	Butter									
104	Margarine									
105	Peanut butter									
106	Other fats (excl cooking oil)									
Sugar and Sweets		DURING LAST 2 WEEKS								
107	Sugar									
108	Honey									
109	Jam									
110	Cocoa and chocolate									
112	Cremora									
113	Other sweets									

UNIT CODES	UNITIS
B90	90 KG BAG
B50	50 KG BAG
B25	25 KG BAG
B10	10 KG BAG
T20	20 LITRE TIN
T10	10 LITRE TIN
T5	5 LITRE TIN
P	PIECE/ NUMBER
KG	KILOGRAMS
GR	GRAM
LT	LITRE
ML	MILLILITRE
BOT500	BOTTLE 500 ML
BOT750	BOTTLE 750 ML
BOT2.5	BOTTLE 2.5 LT
BP	BP
HP	HEAP
PL	PLATE
CU	CUP
GAL	GALLON
BK	BUCKET
BD	BUNDLE
MD	MEDA
OT	OTHER

Section 11A: Household Expenditure

		PURCHASES			OWN PRODUCTION			GIFTS, FOOD FOR WORK, RELIEF FOOD		
		Q1	Q2	Q3	Q4	Q5	Q6	Q7		
LAST 2 WEEKS	Did this household purchase/consume/receive..... during the last 2 weeks?	During the last 2 weeks, how much did your household spend on [ITEM]? (IN TOTAL)	How many [UNITS] of [ITEM] did your household purchase for that amount?	During the last 2 weeks, how many [UNITS] of own produced [ITEM] did your household consume?	How much would this [ITEM] cost if you were to buy it?	During the last 2 weeks, how many [UNITS] of [ITEM] did your household receive without payment?	How much would this [ITEM] cost if you were to buy it?			
READ OUT	YES 1									
	NO 2									
	>> NEXT ITEM									
	IDON'T KNOW 3									
FILL IN PER ROW	>> NEXT ITEM									
		VALUE IN KWACHA	QUANTITY	UNIT CODE	QUANTITY	UNIT CODE	VALUE IN KWACHA	QUANTITY	UNIT CODE	VALUE IN KWACHA

UNIT CODES	UNITS
B90	90 KG BAG
B50	50 KG BAG
B25	25 KG BAG
B10	10 KG BAG
T20	20 LITRE TIN
T10	10 LITRE TIN
T5	5 LITRE TIN
P	PIECE/ NUMBER
KG	KILOGRAMS
GR	GRAM
LT	LITRE
ML	MILLILITRE
BOT500	BOTTLE 500 ML
BOT750	BOTTLE 750 ML
BOT2.5	BOTTLE 2.5 LT
BP	BP
HP	HEAP
PL	PLATE
CU	CUP
GAL	GALLON
BK	BUCKET
BD	BUNDLE
MD	MEDA
OT	OTHER

FREQUENT FOOD, DRINKS AND OTHER

Non-alcoholic beverages		DURING LAST 2 WEEKS								
114	Tea leaves/tea bags									
115	Coffee (fresh, blend or instant)									
116	Drinking chocolate/Milo/cocoa									
117	Juice									
118	Soft drinks									
119	Mineral water									
120	Munkoyo									
121	Maheu									
122	Other non-alcoholic beverages									
Alcoholic beverages		DURING LAST 2 WEEKS								
123	Spirits									
124	Wines									
125	Ciders									
126	Clear beer									
127	Opaque beer									
128	Traditional brews									
129	Other alcoholic beverages									
Baby food		DURING LAST 2 WEEKS								
130	Baby foods (eg Cerelac, vitaso, baby milk,									
Food from Kiosks, Cafes, Restaurants		DURING LAST 2 WEEKS								
131	Food from kiosks, cafes, restaurants									
Other food & beverages		DURING LAST 2 WEEKS								
132	Other foods & beverages, (specify)									
Cigarettes and tobacco		DURING LAST 2 WEEKS								
133	Cigarettes									
134	Tobacco									

Section 11A: Household Expenditure

: CHANGE OF REFERENCE PERIOD

		PURCHASES			OWN PRODUCTION			GIFTS, FOOD FOR WORK, RELIEF FOOD		
		Q8	Q9	Q10	Q11	Q12	Q13	Q14		
LAST 4 WEEKS	Did this household purchase/consume/receive..... during the last 4 weeks?	During the last 4 weeks, how much did your household spend on [ITEM]? (IN TOTAL)	How many [UNITS] of [ITEM] did your household purchase for that amount?	During the last 4 weeks, how many [UNITS] of own produced [ITEM] did your household consume?	How much would this [ITEM] cost if you were to buy it?	During the last 4 weeks, how many [UNITS] of [ITEM] did your household receive without payment?	How much would this [ITEM] cost if you were to buy it?			
READ OUT	YES 1 NO 2 >> NEXT ITEM DON'T KNOW 3									
FILL IN PER ROW	>> NEXT ITEM									
		VALUE IN KWACHA	QUANTITY	UNIT CODE	QUANTITY	UNIT CODE	VALUE IN KWACHA	QUANTITY	UNIT CODE	VALUE IN KWACHA
Non Frequent Foods		DURING LAST FOUR WEEKS								
135	Salt									
136	Spices									
137	Cooking Oil									
Other non frequent expenditure		DURING LAST FOUR WEEKS								
138	Charcoal									
139	Firewood									
140	Rent of dwelling									
141	Water & sewerage charges									
142	Electricity									
143	Paraffin									
144	Diesel (for lighting and cooking only)									
145	Home repairs (plumbing, painting, stove repairs etc)									
146	Cable/pay TV (DSTV, My TV, SATELITE, ZNBC, etc)									

Section 11A: Household Expenditure

		PURCHASES		GIFTS		
		Q8	Q9	Q14		
		Was [ITEM] purchased or received during the last 4 weeks	During the last 4 weeks, how much did your household spend on [ITEM]? (IN TOTAL)	During the last 4 weeks, what was the value of [ITEM] your household received without payment (IN TOTAL)?		
READ OUT	YES	1				
	NO	2				
		>> NEXT ITEM				
		DON'T KNOW				
FILL IN PER ROW	>> NEXT ITEM	3				
			VALUE IN KWACHA	VALUE IN KWACHA		
HOUSING 2	147	Garbage collection (solid waste)				
	148	Gas				
	149	Kerosene/ fuel for cooking / lighting				
	150	Coal, excl charcoal				
	151	Batteries, lightbulbs, lighters, matches, candles				
	152	Other housing expenses				
HYGIENE	153	Bath/ hand-washing soap				
	154	Laundry detergent				
	155	Toothpaste and toothbrushes				
	156	Sanitary towels				
	157	Toilet paper and other tissues				
	158	Cosmetics (eg lotion, creams, glycerine, make-up, petroleum jellies etc)				
	159	Hair care (eg perming, braiding hair, conditioning, shampooing, hair cuts, etc)				
	160	Laundry service (eg dry cleaning, washing at the laundry, etc)				
	161	Baby Diapers				
	162	Cleaning agents, (excl soap and laundry detergents) eg ajax, dish washing liquids or pastes, toilet cleansers, handy andy, air freshners, cobra/polish, brooms, mutton clothes, shoe polish, other cleaning agents, etc				
	163	Insecticides				
	164	Other hygiene expenses				

		PURCHASES		GIFTS			
		Q8	Q9	Q14			
LAST MONTH	Was [ITEM] purchased/ received during the last month?	During the last 4 weeks, how much did your household spend on [ITEM]? (IN TOTAL)	During the last 4 weeks, what was the value of [ITEM] your household received without payment (IN TOTAL)?				
READ OUT	YES	1					
	NO	2					
		>> NEXT ITEM					
		DON'T KNOW					
FILL IN PER ROW	>> NEXT ITEM	3					
			VALUE IN KWACHA	VALUE IN KWACHA			
TRANSPORT	Public transportation						
	165	Public transport to and from work					
	166	Public transport to/ from school incl boarding school and abroad					
	167	Other public transport (eg to/from church, visits)					
	Private transportation						
	168	Petrol/ diesel/ oil					
	169	Vehicle maintenance and repairs					
	170	Motorbike repairs (tyres, tubes, oil, etc)					
	171	Bicycle repairs (tyres, tubes, solution, etc)					
	172	Boat / canoe repairs					
	173	Other private transport					
	COMMUNICATION	174	Mobile phones (connection fees, air time excluding cost of phone)				
		175	Landline phones (connection fees, pre paid & post paid)				
176		Internet (connection and subscription fees)					
177		Postal expenses					
178		Other communication expenses					

Section 11A: Household Expenditure

		PURCHASES	GIFTS
		Q9	Q14
LAST 4 WEEKS	Q8	Q9	Q14
	Did this household purchase or receive the below items during the last 4 weeks?	During the last 4 weeks, how much did your household spend on [ITEM]? (IN TOTAL)	During the last 4 weeks, what was the value of [ITEM] your household received without payment? (IN TOTAL)
READ OUT	YES		
	NO		
	>> NEXT ITEM		
	DON'T KNOW		
FILL IN PER ROW	>> NEXT ITEM		
		VALUE IN KWACHA	VALUE IN KWACHA
OTHER	179 Entertainment (eg cinema, disco/watching soccer/boxing, video hire, visits to entertainment centers eg adventure city excl alcohol)		
	180 Domestic servants		
	181 Stationery (eg copies, printing paper, envelopes, excl stationery for education)		
	182 Typing services, filling in official forms		
	183 Other expenses		

Section 11A: Household Expenditure

NOTE: CHANGE OF REFERENCE PERIOD

		PURCHASES	GIFTS
		Q15	Q16
LAST YEAR	Q15	Q16	Q17
	Did this household purchase/pay for or receive the following items during the last year 2009?	During the last year, (2009) how much did your household spend on [ITEM]? (IN TOTAL)	During the last year, what was the value of [ITEM] your household received without payment? (IN TOTAL)
READ OUT	YES		
	NO		
	>> NEXT ITEM		
	DON'T KNOW		
FILL IN PER ROW	>> NEXT ITEM		
		VALUE IN KWACHA	VALUE IN KWACHA
EDUCATION: ANSWER SEPERATELY FOR 1st, 2nd and 3rd SCHOOL TERMS OF 2009			
EDUCATION	184 School fees (including examination fees, & boarding fees)	1 st Term	1 st Term
		2 nd Term	2 nd Term
		3 rd Term	3 rd Term
	185 Contributions to school / PTA	1 st Term	1 st Term
		2 nd Term	2 nd Term
		3 rd Term	3 rd Term
	186 Private tuition	1 st Term	1 st Term
		2 nd Term	2 nd Term
		3 rd Term	3 rd Term
	187 Textbooks	1 st Term	1 st Term
		2 nd Term	2 nd Term
		3 rd Term	3 rd Term
188 School stationery (exercise books, pens, pencils, rulers rubbers, mathematical sets, text books, paper, etc)	1 st Term	1 st Term	
	2 nd Term	2 nd Term	
	3 rd Term	3 rd Term	
Purchase of other school requisites (e.g for boarders-snacks, mazoe, biscuits, tinned foods, etc)			
189 School uniforms (incl shoes, socks, ties, materials, tailoring charges)	1 st Term	1 st Term	
	2 nd Term	2 nd Term	
	3 rd Term	3 rd Term	
190 Other education expenses (graduation ceremonies, tuck shop money, pocket money for students, boarding and lodging for students, remittances to students, etc)	1 st Term	1 st Term	
	2 nd Term	2 nd Term	
	3 rd Term	3 rd Term	

Section 11A: Household Expenditure

		PURCHASES		GIFTS		
		Q15	Q16	Q17		
LAST YEAR	Did this household purchase/pay for or receive the following items during the last	During the last year, (2009) how much did your household spend on [ITEM]? (IN TOTAL)	During the last year, what was the value of [ITEM] your household received without payment? (IN TOTAL)			
READ OUT	YES ----- 1 NO ----- 2 >> NEXT ITEM DON'T KNOW ----- 3					
FILL IN PER ROW	>> NEXT ITEM	VALUE IN KWACHA	VALUE IN KWACHA			
HEALTH	191	Purchase of medicines				
	192	Fees for doctors				
	193	Fees for nurses, midwives				
	194	Fees for dentists				
	195	Fees for hospital stays				
	196	Fees for health assistant				
	197	Fees for traditional healers				
	198	Payments to hospital / health centre / surgery				
	199	Pre-payment scheme				
	200	Other health expenses				
WATER	201	Treatment tablets, chemicals, etc				
	202	Other water treatment				
CLOTHING	INCL CLOTHING, SHOES, REPAIRS - EXCL LAUNDRY, EXCL SCHOOL UNIFORMS					
	203	Chitenges				
	204	Children's clothing				
	205	Men's clothing				
	206	Women's clothing (excl Chitenges)				
	207	Fabric/material				
	208	Tailoring charges				
209	Footwear (eg shoes, sandals, patapata, sofas)					

Section 11A: Household Expenditure

		PURCHASES		GIFTS		
		Q15	Q16	Q17		
LAST YEAR	Did this household purchase/pay for or receive the following items during the last year 2009?	During the last year, (2009) how much did your household spend on [ITEM]? (IN TOTAL)	During the last year (2009), what was the value of [ITEM] your household received without payment? (IN TOTAL)			
READ OUT	YES ----- 1 NO ----- 2 >> NEXT ITEM DON'T KNOW ----- 3					
FILL IN PER ROW	>> NEXT ITEM	VALUE IN KWACHA	VALUE IN KWACHA			
FINANCIAL SERVICES	210	Loan repayments				
	211	Contributions (Church, Mosques, etc)				
	212	Insurance (car, life, health)				
	213	Funerals, gifts, dowries				
Section 11 B: Remittances		CASH REMITTANCES		IN-KIND REMITTANCES		
		Q18	Q19	Q20		
LAST YEAR	During the last year (2009), did your household send remittances in cash or in-kind?	During the last year (2009), how much did your household spend on cash remittances [...]?	During the last year (2009), what was the value of remittances paid in-kind [...]?			
READ OUT	YES ----- 1 NO ----- 2 >> NEXT SECTION DON'T KNOW ----- 3					
FILL IN PER ROW	>> NEXT SECTION	VALUE IN KWACHA	VALUE IN KWACHA			
		CODE:				
REMITTANCES	In total					
	215	To persons in rural areas of Zambia (excl any member of the household)				
	216	To persons in urban areas of Zambia (excl any member of the household)				
	217	To persons outside Zambia				

SECTION 12: DEVELOPMENTAL ISSUES

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

<p>2. Have the following projects or changes occurred in your community in the Last 12 months?</p> <p>YES.....1 NO.....2>> NEXT PROJECT/CHANGE N/A.....3>> NEXT PROJECT/CHANGE Don't Know.....4>> NEXT PROJECT/CHANGE</p>		<p>3. To what extent has this activity/project <u>improved</u> the way you live?</p> <p>EXTREMELY.....1 MODERATELY.....2 LITTLE.....3 NO EFFECT.....4 NOT APPLICABLE.....5</p>
2.1. Building of new school?	<input type="checkbox"/>	<input type="checkbox"/>
2.2. Extension of existing school?	<input type="checkbox"/>	<input type="checkbox"/>
2.3. Rehabilitation of existing school?	<input type="checkbox"/>	<input type="checkbox"/>
2.4. Building of new health facility (Hospital, Clinic, Health centre or post, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
2.5. Extension of existing health facility?	<input type="checkbox"/>	<input type="checkbox"/>
2.6. Rehabilitation of existing health facility?	<input type="checkbox"/>	<input type="checkbox"/>
2.7. Building of new tarred road?	<input type="checkbox"/>	<input type="checkbox"/>
2.8. Extension of existing tarred road?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 12: DEVELOPMENTAL ISSUES (Cont'd)

2.9. Rehabilitation or resurfacing of existing tarred road?	<input type="checkbox"/>	<input type="checkbox"/>
2.10. Building of new gravel road?	<input type="checkbox"/>	<input type="checkbox"/>
2.11. Rehabilitation or grading or resurfacing or extension of existing gravel road?	<input type="checkbox"/>	<input type="checkbox"/>
2.12. Building of a shopping mall or shopping centre or shops nearby?	<input type="checkbox"/>	<input type="checkbox"/>
2.13. Some other construction development nearby (e.g. a housing estate, economic zone, new town, new hotel or lodge, etc)?	<input type="checkbox"/>	<input type="checkbox"/>
2.14. Digging of well?	<input type="checkbox"/>	<input type="checkbox"/>
2.15. Sinking of borehole?	<input type="checkbox"/>	<input type="checkbox"/>
2.16. Piping of water?	<input type="checkbox"/>	<input type="checkbox"/>
2.17. Water supply rehabilitated or improved?	<input type="checkbox"/>	<input type="checkbox"/>
2.18. Provision of harmermill/s	<input type="checkbox"/>	<input type="checkbox"/>
2.19. Transport services provided or improved	<input type="checkbox"/>	<input type="checkbox"/>
2.20. Sanitation provided or improved?	<input type="checkbox"/>	<input type="checkbox"/>
2.21. Agricultural inputs provided on credit?	<input type="checkbox"/>	<input type="checkbox"/>
2.22. Agricultural inputs provided on a subsidized basis?	<input type="checkbox"/>	<input type="checkbox"/>
2.23. Buyers of agricultural produce available or improved?	<input type="checkbox"/>	<input type="checkbox"/>
2.24. Credit facility now being provided	<input type="checkbox"/>	<input type="checkbox"/>
2.25. More employment opportunities available	<input type="checkbox"/>	<input type="checkbox"/>
2.26. Police services now available or improved?	<input type="checkbox"/>	<input type="checkbox"/>
2.27. Agricultural extension service available or improved?	<input type="checkbox"/>	<input type="checkbox"/>
2.28. Veterinary services now provided or improved?	<input type="checkbox"/>	<input type="checkbox"/>
2.29. Agricultural inputs now more readily available?	<input type="checkbox"/>	<input type="checkbox"/>
2.30. Radio reception provided?	<input type="checkbox"/>	<input type="checkbox"/>
2.31. Radio Reception improved?	<input type="checkbox"/>	<input type="checkbox"/>
2.32. Provision of mobile phone network?	<input type="checkbox"/>	<input type="checkbox"/>
2.33. Television reception provided?	<input type="checkbox"/>	<input type="checkbox"/>
2.34. Television reception improved?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 13: CHILD HEALTH AND NUTRITION (ANTHROPOMETRY)

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

1	2	3	4	5	6	7				
PID of child	PID for child's biological mother [FROM HHOLD ROSTER] IF THE BIOLOGICAL MOTHER IS NOT A MEMBER OF THE HOUSEHOLD ENTER 88]	Name of child [FROM THE HOUSEHOLD OLD ROSTER]	Date of birth of child	Is..... being breastfed now? YES...1 NO.....2> >Q8	How long after birth did you put to the breast? IF LESS THAN 1 HOUR RECORD '00' IF LESS THAN 24 HOURS RECORD HOURS, OTHERWISE RECORD DAYS 1=Hours 2=days	In addition to breast milk is fed on any of the following?				
						7.1 Any other milk other than breast milk [e.g. S26, lactogen, promil or other baby formula, Fresh milk, Soya milk, Goat milk, etc] YES....1 NO.....2	7.2 Water YES...1 NO.....2	7.3 Other fluids YES...1 NO...2	7.4 Solids [e.g. custard, cerelac or other cereal, vitaso, porridge, nshima, etc] YES..1 >>Q10 NO....2 >>Q10	
<input type="text"/>	<input type="text"/>		DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>		DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>		DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>		DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>		DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>		DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>		DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>		DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>		DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>		DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 13: CHILD HEALTH AND NUTRITION (ANTHROPOMETRY)

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

	8	9	10	11
PID OF CHILD [FROM HOUSE - HOLD ROSTER]	Has ever been breastfed? YES...1 NO...2>Q11	For how many months did you breastfeed? [INDICATE THE NUMBER OF MONTHS e.g. 01, 03, 0 5, 10 etc]	At what age (in months) did you first give.... water or other fluids or food? MONTHS [IF LESSTHAN ONE MONTH ENTER 00]	How many times is currently given solids foods in a day (nshima, rice, potatoes, porridge, cerelac, other cereals, vitaso, 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 13: CHILD HEALTH AND NUTRITION (ANTHROPOMETRY) [TO BE COMPLETED FOR CHILDREN AGED 0 MONTHS TO 59 MONTHS ONLY] [Cont'd]
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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"/>	<p>12. Is’s under-five clinic card available?</p> <p style="text-align: center;">Yes..... 1 No.....2>> Q13</p> <p style="text-align: center;">[THIS QUESTION IS FOR ALL ELIGIBLE CHILDREN. IF THE NUMBER OF CHILDREN AGED BELOW 5 YEARS IS MORE THAN 5 USE ANOTHER QUESTIONNAIRE]</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input 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
(4) FOR CHILDREN WITH CLINIC CARDS RECORD THE INFORMATION AND SKIP TO QUESTION 18

12.1 FIRST CHILD

	New Card			Old Card		
	DAY	MONTH	YEAR	DAY	MONTH	YEAR
BCG GIVEN AT BIRTH	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	BCG	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
OVP 0	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	P 1	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
OVP 1	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	P 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
OVP 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"/>	P 3	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
OVP 3	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	D1	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
OVP 4	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	D2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
DPT-HepB+Hib1	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DPT1	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
DPT-HepB+Hib2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DPT 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
DPT-HepB+Hib3	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DPT3	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
MEASLES	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	MEASLES	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
VITAMIN A (MOST RECENT)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	VIT A	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
VITAMIN A (2ND MOST RECENT)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	VIT A	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**PID OF
CHILD**

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SECTION 13: CHILD HEALTH AND NUTRITION (ANTHROPOMETRY)
[TO BE COMPLETED FOR CHILDREN AGED 0 MONTHS TO 59 MONTHS ONLY] [Cont'd]

- (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
- (4) FOR CHILDREN WITH CLINIC CARDS RECORD THE INFORMATION AND SKIP TO QUESTION 18

12.2 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"/>	P 3	<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 3	<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	<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"/>
(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	<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"/>
2ND MOST RECENT)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					

PID OF CHILD

SECTION 13: CHILD HEALTH AND NUTRITION (ANTHROPOMETRY)
[TO BE COMPLETED FOR CHILDREN AGED 0 MONTHS TO 59 MONTHS ONLY] [Cont'd]

--	--

- (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
- (4) FOR CHILDREN WITH CLINIC CARDS RECORD THE INFORMATION AND SKIP TO QUESTION 18

12.4 FOURTH CHILD

New Card

Old Card

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

PID OF CHILD

SECTION 13: CHILD HEALTH AND NUTRITION (ANTHROPOMETRY)

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

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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
- (4) FOR CHILDREN WITH CLINIC CARDS RECORD THE INFORMATION AND SKIP TO QUESTION 18

12.5 FIFTH CHILD

	New Card			Old Card		
	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"/>	DPT 1	<input type="text"/>	<input type="text"/>
DPT-HepB+Hib2	<input type="text"/>	<input type="text"/>	<input type="text"/>	DPT 2	<input type="text"/>	<input type="text"/>
DPT-HepB+Hib 3	<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	<input type="text"/>	<input type="text"/>	<input type="text"/>	VIT A	<input type="text"/>	<input type="text"/>
(MOST RECENT)	<input type="text"/>	<input type="text"/>	<input type="text"/>	VIT A	<input type="text"/>	<input type="text"/>
VITAMIN A	<input type="text"/>	<input type="text"/>	<input type="text"/>			
(2ND MOST RECENT)	<input type="text"/>	<input type="text"/>	<input type="text"/>			

SECTION 13: CHILD HEALTH AND NUTRITION (ANTHROPOMETRY)

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

QUESTIONS 13 – 17 WILL BE ASKED FOR CHILDREN WITHOUT CLINIC CARDS								
13					14			
PID OF CHILD [FROM HOUSE - HOLD ROSTER]	Has.....ever received the following vaccinations? [ASK THIS QUESTION FOR EACH VACCINE] YES.....1 NO.....2				How many times has..... received the vaccinations? NUMBER OF TIMES RECEIVED VACCINATIONS [FOR THOSE WHO HAVE RECEIVED ALL VACCINES SKIP TO QUESTION 16]			
	BCG	DPT	POLIO	MEASLES [FROM 9 MONTHS AND ABOVE]	BCG	DPT	POLIO	MEASLES
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 13: CHILD HEALTH AND NUTRITION (ANTHROPOMETRY)
[TO BE COMPLETED FOR CHILDREN AGED 0 MONTHS TO 59 MONTHS ONLY]

[Cont'd]

PID OF CHILD	15	16	17										
[FROM HOUSE - HOLD ROSTER]	State the reasons why.....did not receive the vaccine. Health Centre too far....1 Too young.....2 Don't know about vaccination.....3 No vaccines at health centre.....4 Other reasons Specify.....5	Has ever received a Vitamin A dose: Yes.....1 No.....2	Did.....receive a Vitamin A dose within the last six months? Yes.....1 No.....2										
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%; text-align: center;">BCG</td> <td style="width: 15%; text-align: center;">DPT</td> <td style="width: 15%; text-align: center;">POL IO</td> <td style="width: 15%; text-align: center;">MEASLES</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	BCG	DPT	POL IO	MEASLES	<input type="checkbox"/>					
BCG	DPT	POL IO	MEASLES										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>									
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										

SECTION 13: CHILD HEALTH AND NUTRITION

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

[Cont'd]

	18	19
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 ONLY]
□ □	□	□ □ . □ KG
□ □	□	□ □ . □ KG
□ □	□	□ □ . □ KG
□ □	□	□ □ . □ KG
□ □	□	□ □ . □ KG
□ □	□	□ □ . □ KG
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□ □	□	□ □ . □ KG
□ □	□	□ □ . □ KG
□ □	□	□ □ . □ KG

SECTION 13: CHILD HEALTH AND NUTRITION

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

[Cont'd]

	20	21	22	23
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 WITHOUT SHOES] [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 ONLY] 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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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 14: 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 >> NEXT SECTION

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 888 AND 8 IN BOXES WITHOUT RESPONSES FOR AGE AND SEX RESPECTIVELY]

SEX
 MALE.....1
 FEMALE....2

	AGE	SEX
DECEASED 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"/>	<input style="width: 20px; height: 20px;" type="text"/>
DECEASED 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"/>	<input style="width: 20px; height: 20px;" type="text"/>
DECEASED 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"/>	<input style="width: 20px; height: 20px;" type="text"/>
DECEASED 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"/>	<input style="width: 20px; height: 20px;" type="text"/>
DECEASED 5	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
DECEASED 6	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

4. What was the main cause of death?

DECEASED 1	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
DECEASED 2	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
DECEASED 3	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
DECEASED 4	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
DECEASED 5	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
DECEASED 6	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

LIST OF CAUSES OF DEATH

FEVER/MALARIA.....01	SUICIDE.....21
CEREBRAL MALARIA.....02	MURDERED.....22
COUGH/COLD/CHEST INFECTION.....03	ACCIDENT.....23
TUBERCULOSIS.....04	
ASTHMA.....05	STROKE.....24
BRONCHITIS.....06	HYPERTENSION.....25
PNEUMONIA/CHEST PAIN.....07	DIABETES/SUGAR DISEASE.....26
DIARRHOEA WITHOUT BLOOD.....08	HEADACHE.....27
DIARRHOEA WITH BLOOD.....09	MEASLES.....28
DIARRHOEA AND VOMITTING.....10	JAUNDICE/YELLOWNESS.....29
VOMITTING.....11	CANCER OF ANY KIND.....30
ABDOMINAL PAINS.....12	MENINGITIS.....31
CONSTIPATION/STOMACH UPSET....13	OTHER (SPECIFY).....32
LIVER INFECTION/SIDE PAIN.....14	DON'T KNOW.....33
LACK OF BLOOD/ANEAMIA.....15	
BOILS.....16	
SKIN RASH/SKIN INFECTION.....17	
PILES/HAEMORROIDS.....18	
SHINGLES/HERPES ZOSTER.....19	
PARALYSIS OF ANY KIND.....20	

SECTION 15: SELF ASSESSED POVERTY, SHOCKS TO HOUSEHOLD WELFARE, 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 LESS THAN THREE REASONS ARE GIVEN, RECORD 88 IN THE EMPTY BOXES]	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 REASONS (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 12 months ago, 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 Not applicable.....4 >>Q6	<input type="checkbox"/>
4	Why do you think your household is worse off?	[USE THE CODES IN QUESTION 2] ASK FOR THE THREE MAIN REASONS, STARTING WITH THE MOST IMPORTANT. [IF LESS THAN THREE REASONS ARE GIVEN, RECORD 88 IN THE EMPTY BOXES]	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?	AMOUNT IN KWACHA	<input type="text"/>

SECTION 15: SELF ASSESSED POVERTY, SHOCKS TO HOUSEHOLD WELFARE, 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"/>

SECTION 15: SELF ASSESSED POVERTY, SHOCKS TO HOUSEHOLD WELFARE, AND HOUSEHOLD COPING

RESPONDENT: HOUSEHOLD HEAD OR MOST INFORMED HOUSEHOLD MEMBER

STRATEGIES (Cont'd)

EVENT ID		Q9	Q10	Q11	Q12	Q13				
		During the last twelve months was your household or any member of your household affected by any of the following events? YES.....1 NO.....2 READ OUT ALL [EVENTS] (if No skip to next event)	How many times did this [EVENT] occur in the last 12 months?	Over the last 12 months, was the total impact of [EVENT] to your household positive or negative? ----- POSITIVE 1 >> Q13 NEGATIVE 2 DON'T KNOW 3	During the last 12 months, how severely did [EVENT] affect your household? No impact 0 Low 1 Medium 2 High 3 Don't know 4	Last time [EVENT] occurred, what did you do to deal with the effects of the [EVENT]?			COPING STRATEGIES	
						RECORD UP TO 3 COPING STRATEGIES BY ORDER OF IMPORTANCE			▼	
						1st	2nd	3rd	10	11
101	WEATHER & AGRICULTURE	Drought							12	DID NOTHING
102		Flood							13	SPENT SAVINGS
103		Storm								
104		Crop disease/ crop pests							14	USED INSURANCE
105		Damage to crop while storage							15	SOLD ANIMALS
106		Livestock disease							16	GREW / SOLD ADDITIONAL / OTHER CROPS
107	BUSINESS & INCOME	Better Pay/ Work							17	SOLD ASSETS (TOOLS, FURNITURE, RADIO, TV, SOLD FARM LAND
108		Job Loss / No salary							18	WORKED MORE HOURS
109		Rise of profit from business							19	STARTED BUSINESS
110		Collapse of Business							20	SENT CHILDREN TO RELATIVES OR FRIENDS
111		Inability to pay back loan							21	WENT ELSEWHERE /MIGRATED TO WORK
112		Change in money received from family / friends							22	TRAVELLED/ MIGRATED TO SEEK HEALTH CARE
113	FOOD & PRICES	Change in sale prices of agriculture products (eg crops,							23	SENT CHILDREN TO WORK/SELL
114		Change in agricultural input prices (eg seeds)							24	RECEIVED/ ASKED FOR GIFTS/ ASSISTANCE FROM RELATIVES/
115		Change in food prices							25	BORROWED MONEY FROM BORROWED FROM MONEY
116	CRIME & CONFLICT	Victim of Crime/ Business Scam / Cheating							26	BORROWED FROM BANK/ OTHER FINANCIAL INSTITUTION/EMPLOYER
117		Law suit / Imprisonment							27	GOT HELP FROM RELIGIOUS ORGANIZATION
118		Communal / political crisis/Conflict (Religious,							28	SOUGHT SPIRITUAL HELP
119		Person joined household							29	SOUGHT/GOT HELP FROM SOUGHT/OBTAINED HELP
								30	GOVT CASH TRANSFER	
								32	REMITTANCES FROM	
								33	BOUGHT CHEAPER FOOD	
								34	BOUGHT LESS FOOD	
								35	REDUCED NON-FOOD (eg. Soap, tissue, detegent)	

SECTION 15: SELF ASSESSED POVERTY, SHOCKS TO HOUSEHOLD WELFARE, AND HOUSEHOLD

COPING STRATEGIES (Cont'd)

RESPONDENT: HOUSEHOLD HEAD OR MOST INFORMED HOUSEHOLD MEMBER

EVENT ID		Q9	Q10	Q11	Q12	Q13		
		During the last twelve months was your household or any member of your household affected by any of the following events? YES.....1 NO.....2 READ OUT ALL [EVENTS] (If No skip to next event)	How many times did this [EVENT] occur in the last 12 months?	Over the last 12 months, was the total impact of [EVENT] to your household positive or negative? ----- POSITIVE 1>>Q13 ----- NEGATIVE 2 ----- DON'T KNOW 3	During the last 12 months, how severely did [EVENT] impact No 0 Low 1 Medium 2 High 3 Don't know 4	Last time [EVENT] occurred, what did you do to deal with the effects of the [EVENT]? RECORD UP TO 3 COPING STRATEGIES BY ORDER OF IMPORTANCE 1st 2nd 3rd		
120		Family conflicts						
121		Marital differences/divorce						
122		Illness					36	PIECE WORK ON FARMS
123		Serious injury / Accident					37	OTHER PIECE WORK
124		Death of bread earner					38	WORKING ON ' FOOD-FOR-WORK OR
125	HEALTH	Death of other household member					39	EATING WILD FOODS ONLY
126		Destruction of housing (eg. from Fire/ storm etc.)					40	SUBSTITUTING ORDINARY MEALS WITH MANGOES, PUMPKINS, SWEET POTATOES
127		Lack of food/adequate food					41	REDUCING NUMBER OF MEALS OR
128		Lack of financial resources/adequate resources					42	PULLING CHILDREN OUT OF SCHOOL
129		Evicted from house					43	PETTY VENDING
	OTHER						44	BEGGING FROM THE STREETS
							45	SOUGHT REFUGE WITH NEIGHBOURS, FRIENDS OR RELATIVES
							46	OTHER (SPECIFY)

END OF INTERVIEW