



QUESTIONNAIRE NO: OF

FORM:

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HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD IDENTIFICATION PARTICULARS							CODE NUMBER
1. PROVINCE NAME							
2. DISTRICT NAME							
3. CONSTITUENCY NAME							
4. WARD NAME							
5. CSA NUMBER							
6. SEA NUMBER							
7. RURAL.....1 URBAN..... 2							
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							
9. HOUSEHOLD NUMBER (HHN)							
10. VILLAGE OR LOCALITY NAME							
11. CHIEF'S/CHIEFTAINNESS' AREA (RURAL AREAS ONLY) FOR URBAN AREAS RECORD 888							
12. HOUSEHOLD SELECTION STATUS: 1. Originally selected household 2. Replacement household							
13. IF REPLACEMENT HOUSEHOLD, REASON FOR REPLACING: 1. Refusal 2. Non-contact 3. Dwelling cannot be found 4. Other (Specify).....							
14. ENUMERATED HOUSEHOLD Residential Sampling Serial Name of Head.....Address..... Number							
15. NAME OF MAIN RESPONDENT SERIAL NUMBER FROM HOUSEHOLD ROSTER							
16. TOTAL NUMBER OF PERSONS WHO LIVE IN THIS HOUSEHOLD (INCLUDE USUAL MEMBERS ABSENT)							
17. ENUMERATOR'S NAME..... DATE OF INTERVIEW					DD	MM	YY
18. SUPERVISOR'S NAME..... DATE OF CHECKING					DD	MM	YY

[illegible]

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 2: MARITAL STATUS AND ORPHANHOOD

INTRODUCTION: I am now going to ask questions about the marital status and orphan hood of household members

	1	2	3
PID	FOR THOSE AGED 12 YEARS AND ABOVE ONLY	FOR THOSE AGED 0-20 YEARS	
	What is the marital status of? NEVER MARRIED.....1 MARRIED.....2 SEPARATED.....3 DIVORCED.....4 WIDOWED.....5 CO-HABITING.....6	Is the biological mother of still alive? YES.....1 NO.....2 DON'T KNOW.....3	Is the biological father of still alive? YES.....1 NO.....2 DON'T KNOW.....3
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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? YES SICK.....1 YES INJURED.....2 >> Q 3 YES BOTH.....3 NO.....4 DON'T KNOW.....5 <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> } >> Q9 </div>	What was ... mainly suffering from? FEVER/MALARIA.....01 COUGH/COLD/CHEST INFECTION.....02 TUBERCULOSIS (TB).....03 ASTHMA.....04 BRONCHITIS.....05 PNEUMONIA/CHEST PAIN.....06 DIARRHOEA WITHOUT BLOOD.....07 DIARRHOEA WITH BLOOD.....08 DIARRHOEA AND VOMITTING.....09 VOMITING.....10 ABDOMINAL PAINS.....11 CONSTIPATION/STOMACH UPSET.....12 LIVER INFECTION/SIDE PAIN.....13 LACK OF BLOOD/ANEMIA.....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 MENINGITIS.....31 OTHER (SPECIFY).....32	Did consult any health or other institution/personnel for this illness/injury or did he/she only use self-administered medicine? CONSULTED.....1 USED SELF ADMINISTERED MEDICINE ONLY.....2 NONE OF THE ABOVE.....3 >> Q9

SECTION 3: HEALTH (CONT'D)

PID	4	5	6	7
	How much in total was spent on.....'s medication/consultation in the last two weeks? [GIVE AMOUNT IN KWACHA]	Where didget the medicine from? GOVERNMENT INSTITUTION.....01 MISSION INSTITUTION.....02 INDUSTRIAL INSTITUTION.....03 PRIVATE INSTITUTION.....04 PHARMACY/CHEMIST.....05 RELATIVES.....06 NEIGHBOURS.....07 FRIENDS.....08 TRADITIONAL HEALERS.....09 OTHER (SPECIFY).....10 [FOR THOSE WHO USED SELF ADMINISTERED MEDICINE ONLY SKIP TO QUESTION 9]	Which health or other institution/personnel did visit first for this illness/injury? GOVT HOSPITAL.....01 GOVERNMENT HEALTH CENTRE/CLINIC...02 GOVERNMENT HEALTH POST.....03 MISSION INSTITUTION.....04 INDUSTRIAL INSTITUTION.....05 PRIVATE INSTITUTION.....06 INSTITUTION OUTSIDE ZAMBIA.....07 MEDICAL PERSONNEL.....08 TRADITIONAL HEALER.....09 FAITH/SPIRITUAL/CHURCH HEALER.....10 OTHER (SPECIFY)11	Who attended to.....during this visit? MEDICAL DOCTOR.....1 CLINICAL OFFICER.....2 NURSE/MIDWIFE.....3 COMMUNITY HEALTH WORKER.....4 TRADITIONAL HEALER.....5 FAITH HEALER.....6 SPIRITUAL HEALER.....7 CHURCH HEALER.....8 OTHER (SPECIFY).....9
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SECTION 3: HEALTH (CONT'D)

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SECTION 4: EDUCATION – FOR ALL PERSONS

INTRODUCTION: I am now going to ask you about the educational status of members of this household

	1	2	3	4	5
PID	Is..... currently attending school? [INCLUDING THOSE IN COLLEGES AND UNIVERSITIES] YES, NURSERY/PRE-SCHOOL.....1 >> Q4 YES, OTHER GRADES FULL TIME.....2 YES, OTHER GRADES PART TIME.....3 YES COMM. SCHOOL FULL TIME.....4 YES CORRESPONDENCE.....5 YES ADULT LITERACY CLASS...6 >> Q5 YES TERTIARY SCHOOL.....7 OTHER SPECIFY.....8 NO.....9 >> Q5	What grade/ level of education is.....currently attending? [SEE CODES BELOW]	What grade was attending last year? [SEE CODES BELOW] [IF NOT ATTENDING SCHOOL LAST YEAR E.G. JUST STARTED SCHOOL, RECORD 88]	Is the school..... currently attending, a Central Government, Local Government (council), Mission/Religious, Industrial or private school? CENTRAL GOVT.....1 LOCAL GOVT (council).....2 MISSION/RELIGIOUS....3 INDUSTRIAL.....4 PRIVATE.....5 OTHER (SPECIFY).....6 >> [NEXT SECTION]	Has..... ever attended school? YES....1 NO.....2 >> Q 10
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GRADE CODES:-

Grade 1 to 12.....CODES...01 TO 12

Grade 12 GCE (O-level).....CODE...12

Grade 12 GCE (A-level).....CODE...13

College students.....CODE...14

Undergraduate University students.....CODE...15

Post-graduate Certificate/Diploma students.....CODE...16

Masters Degree students.....CODE.....17

Doctoral level and above students.....CODE...18

SECTION 4: EDUCATION (CONT'D)						
	6	7	8	9	10	
PID Was..... attending school last year? [INCLUDING THOSE IN COLLEGES, UNIVERSITIES] YES, NURSERY/PRE-SCHOOL.....1 >> <div style="text-align: right;">NEXT SECT</div> YES, OTHER GRADES FULL TIME.....2 YES, OTHER GRADES PART TIME.....3 YES COMM. SCHOOL FULL TIME.....4 YES CORRESPONDENCE.....5 YES ADULT LITERACY CLASS.....6 >> Q8 YES TERTIARY SCHOOL.....7 OTHER SPECIFY.....8 NO.....9 >> Q8	What grade was.... attending last year? [USE CODES ON PAGE 9]	What was the highest grade..... attained? [USE CODES BELOW]	What was the main reason for.... leaving school at the time? STARTED WORKING/BUSINESS.....01 EXPENSIVE.....02 TOO FAR.....03 NOT SELECTED/FAILED.....04 PREGNANCY.....05 MADE GIRL PREGNANT.....06 COMPLETED STUDIES/SCHOOL.....07 GOT MARRIED.....08 NO NEED TO CONTINUE SCHOOL.....09 SCHOOL NOT IMPORTANT.....10 UNSAFE TO TRAVEL TO SCHOOL...11 EXPELLED.....12 LACK OF FINANCIAL SUPPORT.....13 NEEDED TO HELP OUT AT HOME.....14 ILLNESS/INJURY/DISABLED.....15 OTHER (SPECIFY).....16 <div style="text-align: center;">>> [NEXT SECTION]</div>	Why has..... never attended school? UNDER-AGE.....01 WAS NEVER ENROLLED.....02 COULDN'T GET A PLACE.....03 EXPENSIVE.....04 NO FINANCIAL SUPPORT.....05 SCHOOL TOO FAR.....06 ILLNESS/INJURY.....07 SCHOOL NOT IMPORTANT...08 UNSAFE TO TRAVEL TO SCHOOL.....09 OTHER (SPECIFY).....10		
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SECTION 5: ECONOMIC ACTIVITY – FOR ALL PERSONS AGED 5 YEARS AND ABOVE

INTRODUCTION: I am now going to ask about the economic activity status of some members of the household

[illegible]

SECTION 5: ECONOMIC ACTIVITY (CONT'D)

	4	5	6	7	8
PID	What is your employment status? 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 PIECE WORKER.....11 } >>Q8 OTHER SPECIFY).....12 }	In your main job/business, are you entitled to pension, gratuity or social security? YES.....1 NO.....2	Are you entitled to paid leave in your main 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 [INCLUDING ALL WORKERS IN ALL BRANCHES OF THE SAME COMPANY/BUSINESS]	During the last 12 months, have you changed employment/businesses? YES.....1 NO.....2 >> Q10
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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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SECTION 6: INCOME FOR ALL PERSONS AGED 5 YEARS AND ABOVE INCLUDING AGRICULTURAL INCOME

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)

	<p>1. Did any member of this household receive any income from the sale of the following poultry</p> <p>Yes1</p> <p>No.....2>> next poultry</p>	<p>3. How manywere sold/consumed by all members of your household in the last twelve (12) months?</p>	<p>3. How much income did all members of your household (combined) receive from the sale ofin the last twelve (12) months</p>
	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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
23.2	Own chickens consumed <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
23.3	Sale of own guinea fowls <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
23.4	Own guinea fowls consumed <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
23.5	Sale of own ducks and geese <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
23.6	Own ducks and geese consumed <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
23.7	Sale of own turkeys <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
23.8	Own turkeys consumed <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
23.9	Sale of own rabbits <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
23.10	Own rabbits consumed <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
23.11	Sale of own pigeons <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
23.12	Own pigeons consumed <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
23.13	Sale of own quails <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
23.14	Own quails consumed <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
23.15	Sale of own eggs <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
23.16	Own eggs consumed <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

I am now going to ask each member of the household separately about income earned individually

[illegible]

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

PID	28. How much non regular allowances did you receive last month, that is, overtime payments, subsistence allowances, bonuses, etc. from your main job?	29. How much is your regular gross monthly salary/wage including regular allowances such as housing and transport allowances, regular overtime, retention allowance, from your second job?	30. How much non regular allowances did you receive last month that is overtime payments, subsistence allowances, bonuses, etc from your second job?
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SECTION 6: INCOME FOR ALL PERSONS AGED 5 YEARS AND ABOVE (Cont'd)

PID	31. How much income in-kind do you receive per month e.g. bags of mealie meal, charcoal, etc from your job/s? [CONVERT TO KWACHA EQUIVALENT]	32. How much rent do you receive per month from houses, other buildings, non-agricultural equipment and non-agricultural land you own?	33. How much remittances did you receive last month? [RECORD ONLY FOR THE PERSONS WHO ACTUALLY RECEIVED IT]
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Section 7: Household Assets

		DO NOT COUNT PERMANENTLY BROKEN ITEMS		IF VALUE OR AGE IS UNKNOWN ASK FOR ESTIMATE IF MULTIPLE ITEMS USE MOST RECENT			ONLY FILL IN IF SOME MEMBER OF THE HOUSEHOLD HAS A PRIVATE BUSINESS. IF NOT CROSS OUT THIS COLUMN
READ OUT		Q1 Does this household own [ITEM]? YES 1 NO 2 -> NEXT ITEM	Q2 How many [ITEM]s does your household own?	Q3 How many years ago was [ITEM] obtained? (MOST RECENT ONE) IF LESS THAN ONE YEAR AGO ENTER "0"	Q4 What was the value of [ITEM] at the time of purchase? (MOST RECENT ONE)	Q5 How much would you get, if you sold [ITEM] today? (MOST RECENT ONE)	Q6 Do you use [ITEM] for private or business activities? Please rank usage: 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 1	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					Mainly private 1 Private and business 2 Mainly business 3
		CODE	NUMBER	YEARS	VALUE IN KWACHA	VALUE IN KWACHA	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					
ANIMALS	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	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
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	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
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 housing 8 >> 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	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
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 employer 2 Not applicable 6 Paid directly by the household 3 Don't know 7 Paid by employer 4 >> Q4C	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
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 applicable 6 Every six (6) months 4	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
4B	How much rent do you pay <u>per month</u> ?	AMOUNT IN KWACHA	
4C	Does this rent include charges for electricity?	YES1 NO2	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
4D	Does this rent include charges for water?	YES1 NO2	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
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	
QUESTION 5 ONLY FOR HOUSEHOLDS WHO OWN PROPERTY			
5A	How much do you pay for ground rates <u>per year</u> ?	AMOUNT IN KWACHA	
5B	How much do you pay for property rates <u>per six months</u> ?	AMOUNT IN KWACHA	
5C	Do you pay mortgage for your dwelling?	YES 1 DON'T KNOW 3 >> Q6 NO 2 >> Q6	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
5D	How much do you pay for mortgage <u>per month</u> ?	AMOUNT IN KWACHA.....	

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].	<table border="1"> <thead> <tr> <th colspan="2">(A) ROOF</th> </tr> </thead> <tbody> <tr> <td>ASBESTOS SHEETS</td> <td>1 OTHER (SPECIFY) 7</td> </tr> <tr> <td>ASBESTOS TILES</td> <td>2</td> </tr> <tr> <td>OTHER/ NON-ASBESTOS TILES.....</td> <td>3 NOT APPLICABLE..... 8</td> </tr> <tr> <td>IRON SHEETS</td> <td>4 DON'T KNOW 9</td> </tr> <tr> <td>GRASS/STRAW/THATCH</td> <td>5</td> </tr> <tr> <td>CONCRETE.....</td> <td>6</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="2">(B) WALLS</th> </tr> </thead> <tbody> <tr> <td>PAN BRICK.....</td> <td>1 STEEL 10</td> </tr> <tr> <td>CONCRETE BRICK</td> <td>2 HARDBOARD 11</td> </tr> <tr> <td>MUD BRICK</td> <td>3 A MIXTURE OF HARDBOARD, TIN</td> </tr> <tr> <td>BURNT BRICK</td> <td>4 SHEET, PLASTIC, ETC..... 12</td> </tr> <tr> <td>POLE.....</td> <td>5 OTHER (SPECIFY)..... 13</td> </tr> <tr> <td>POLE & DAGGA.....</td> <td>6</td> </tr> <tr> <td>MUD</td> <td>7 NOT APPLICABLE 14</td> </tr> <tr> <td>GRASS/STRAW</td> <td>8 DON'T KNOW 15</td> </tr> <tr> <td>IRON SHEETS.....</td> <td>9</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="2">(C) FLOOR</th> </tr> </thead> <tbody> <tr> <td>CONCRETE ONLY</td> <td>1 OTHER (SPECIFY) 5</td> </tr> <tr> <td>COVERED CONCRETE.....</td> <td>2</td> </tr> <tr> <td>MUD</td> <td>3 NOT APPLICABLE..... 6</td> </tr> <tr> <td>WOOD ONLY.....</td> <td>4 DON'T KNOW 7</td> </tr> </tbody> </table>	(A) ROOF		ASBESTOS SHEETS	1 OTHER (SPECIFY) 7	ASBESTOS TILES	2	OTHER/ NON-ASBESTOS TILES.....	3 NOT APPLICABLE..... 8	IRON SHEETS	4 DON'T KNOW 9	GRASS/STRAW/THATCH	5	CONCRETE.....	6	(B) WALLS		PAN BRICK.....	1 STEEL 10	CONCRETE BRICK	2 HARDBOARD 11	MUD BRICK	3 A MIXTURE OF HARDBOARD, TIN	BURNT BRICK	4 SHEET, PLASTIC, ETC..... 12	POLE.....	5 OTHER (SPECIFY)..... 13	POLE & DAGGA.....	6	MUD	7 NOT APPLICABLE 14	GRASS/STRAW	8 DON'T KNOW 15	IRON SHEETS.....	9	(C) FLOOR		CONCRETE ONLY	1 OTHER (SPECIFY) 5	COVERED CONCRETE.....	2	MUD	3 NOT APPLICABLE..... 6	WOOD ONLY.....	4 DON'T KNOW 7	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div>
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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 <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>																																													
9	What is the main source of drinking water for this household?	<table border="1"> <tbody> <tr> <td>DIRECTLY FROM RIVER/ LAKE/ STREAM/DAM</td> <td>1 OTHER TAP (EG FROM NEARBY BUILDING) 10</td> </tr> <tr> <td>RAINWATER</td> <td>2 WATER KIOSK..... 11</td> </tr> <tr> <td>UNPROTECTED WELL.....</td> <td>3 BOUGHT FROM OTHER VENDOR 12</td> </tr> <tr> <td>PROTECTED WELL</td> <td>4 BOTTLED WATER..... 13 >> Q12</td> </tr> <tr> <td>BOREHOLE.....</td> <td>5 OTHER (SPECIFY) 14</td> </tr> <tr> <td>UNPROTECTED SPRING.....</td> <td>6</td> </tr> <tr> <td>PROTECTED SPRING</td> <td>7</td> </tr> <tr> <td>PUBLIC TAP</td> <td>8</td> </tr> <tr> <td>OWN TAP.....</td> <td>9</td> </tr> </tbody> </table>	DIRECTLY FROM RIVER/ LAKE/ STREAM/DAM	1 OTHER TAP (EG FROM NEARBY BUILDING) 10	RAINWATER	2 WATER KIOSK..... 11	UNPROTECTED WELL.....	3 BOUGHT FROM OTHER VENDOR 12	PROTECTED WELL	4 BOTTLED WATER..... 13 >> Q12	BOREHOLE.....	5 OTHER (SPECIFY) 14	UNPROTECTED SPRING.....	6	PROTECTED SPRING	7	PUBLIC TAP	8	OWN TAP.....	9	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div>																										
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10	Do you treat your drinking water?	YES 1 NO 2 >> Q12	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div>																																												
11	How do you treat your drinking water?	BOIL 1 OTHER (SPECIFY) 3 ADD CHLORINE 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div>																																												
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 <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>																																													

SECTION 8: HOUSEHOLD AMENITIES AND HOUSING CONDITIONS (Cont'd)				
13	What is the main type of energy used for lighting in your household?	KEROSINE/PARAFFIN 1 ELECTRICITY 2 SOLAR PANEL 3 CANDLE 4 DIESEL 5 OPEN FIRE 6 TORCH 7	NONE 8 OTHER (SPECIFY) 9	<input type="text"/>
14	What is the main type of energy that your household uses for cooking?	COLLECTED FIREWOOD 1 PURCHASED FIREWOOD 2 CHARCOAL OWN PRODUCED 3 CHARCOAL PURCHASED 4 COAL 5 KEROSINE/PARAFFIN 6	GAS 7 ELECTRICITY 8 SOLAR 9 CROP/LIVESTOCK RESIDUES 10 OTHER (SPECIFY) 11	<input type="text"/>
15	What is the main type of cooking device used by your household?	STOVE/COOKER 1 BRAZIER (MBAULA) 2 CLAY STOVE (MBAULA) 3 BRICK/STONE STAND ON OPEN FIRE 4 METAL STAND ON OPEN FIRE 5 VEHICLE TYRE RIM 6 HOT PLATE WITHOUT STAND 7	HOT PLATE ON WELDED STAND 8 OTHER (SPECIFY) 9	<input type="text"/>
16A	Is your house connected to electricity?	YES 1 NO 2 >> Q17A		<input type="text"/>
16B	How much on average are you charged for electricity per month? [ENTER "0" IF HOUSEHOLD IS PROVIDED WITH ELECTRICITY FOR FREE]	AMOUNT IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
17A	What is the main type of toilet facility for this household? [READ OUT]	OWN FLUSH TOILET INSIDE THE HOUSEHOLD 1 OWN FLUSH TOILET OUTSIDE THE HOUSEHOLD 2 OWN PIT LATRINE WITH SLAB 3 COMMUNAL PIT LATRINE WITH SLAB 4 NEIGHBOUR'S/ ANOTHER HOUSEHOLD'S PIT LATRINE WITH SLAB 5 OWN PIT LATRINE WITHOUT SLAB 6	COMMUNAL PIT LATRINE WITHOUT SLAB 7 NEIGHBOUR'S/ ANOTHER HOUSEHOLD'S PIT LATRINE WITHOUT SLAB 8 BUCKET/ OTHER CONTAINER 9 AQUA PRIVY 10 NONE 11 OTHER (SPECIFY) 12	<input type="text"/>
17B	If flush/ pour flush: Where is the sewerage piped into?	Piped sewer system 1 Septic tank 2 Pit latrine 3	Other (specify) 4 Don't know 5	<input type="text"/>
18	What is the main method of garbage disposal that this household uses?	REFUSE COLLECTED 1 PIT 2 DUMPING 3 BURNING 4	OTHER (SPECIFY) 5	<input type="text"/>

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"/>

SECTION 10: AGRICULTURAL PRODUCTION

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

NO.	QUESTION	CATEGORY AND CODE	CODE
1.	Did any member of this household grow or anybody grow on their behalf any food crops in the last agricultural season, that is, between the period October 2008 and Sept 2009?	YES.....1 NO.....2 >> QUESTION 7	<input type="checkbox"/>

PRODUCTION	
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[illegible]

SECTION 10: AGRICULTURAL PRODUCTION (Cont'd)

I am now going to ask you questions about production of agricultural non-food crops, ownership of livestock and poultry, and fish farming activities by the household

7		8		9	
Did any member of this household grow or anybody grow on their behalf the following non-food crops in the last agricultural season, that is, between the period October 2008 and Sept 2009?		What was the Area under this crop?		What quantity of did all the members of the household harvest?	
CROPS	YES.....1 NO.....2>>NEXT CROP	LIMA.....1 ACRE.....2 HECTARE.....3		[CODES FOR THE UNIT] KG.....1 20 Ltr TIN.....2 25KG Bag.....3 50KG Bag.....4 90 KG Bag.....5	
		QUANTITY	UNIT	QUANTITY	UNIT
Cotton	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/>
Tobacco	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/>
Sunflower	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/>
Paprika	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/>
Flowers	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/>
LIVESTOCK/POULTRY OWNERSHIP		CATEGORY AND CODE			
10.	Does any member of this household own any.....?	YES.....1 NO.....2>> NEXT TYPE OF LIVESTOCK			
A	Cattle.....	<input type="checkbox"/>	NUMBER OF CATTLE OWNED <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
B	Goats.....	<input type="checkbox"/>	NUMBER OF GOATS OWNED <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
C	Pigs.....	<input type="checkbox"/>	NUMBER OF PIGS OWNED <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
D	Sheep.....	<input type="checkbox"/>	NUMBER OF SHEEP OWNED <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
11.	Does any member of this household own any.....?	YES.....1 NO.....2>> NEXT TYPE OF POULTRY			
A	Chickens.....	<input type="checkbox"/>	NUMBER OF CHICKENS OWNED <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
B	Ducks & Geese.....	<input type="checkbox"/>	NUMBER OF DUCKS & GEESE OWNED <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
C	Guinea fowls.....	<input type="checkbox"/>	NUMBER OF GUINEA FOWLS OWNED <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
D	Any other poultry (e.g. turkey, rabbits, pigeons, quails).....	<input type="checkbox"/>	NUMBER OF OTHER POULTRY OWNED <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
12.1	Is any member of this household engaged in fish farming?	YES.....1 NO.....2>> Q 13		<input type="checkbox"/>	
12.2	Quantity of fish harvested in the last 12 months			Kilograms	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

12.3	How much revenue did the household receive from selling fish from fishponds?	AMOUNT IN WORDS KWACHA <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
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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 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"/>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Organic Fertilizer	<input type="checkbox"/>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Insecticides	<input type="checkbox"/>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Herbicides	<input type="checkbox"/>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Any crop storage facility	<input type="checkbox"/>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Purchased seed, seedlings etc	<input type="checkbox"/>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Irrigation equipment	<input type="checkbox"/>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Bags, containers, strings	<input type="checkbox"/>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Petrol/ diesel/ oil	<input type="checkbox"/>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<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"/>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Hired labour	<input type="checkbox"/>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Any transport costs	<input type="checkbox"/>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Hired animals	<input type="checkbox"/>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Hired equipment	<input type="checkbox"/>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Local hand tools	<input type="checkbox"/>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Imported hand tools	<input type="checkbox"/>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>		<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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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SECTION 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"/> <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"/>
B. Veterinary services including vaccination and medicine	<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"/>
C. Any hired Labour	<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"/>
D. Maintenance of pens, stables	<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"/>
E. Transport	<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"/>
F. Commission on sale of animals	<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"/>			
G. Compensation for damage caused by animals	<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"/>			
H. Any other livestock production related costs	<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"/>

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"/> <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"/>
B. Feed	<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"/>
C. Hired labour	<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"/>
D. Repairs and Maintenance of fish ponds	<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"/>
E. Repairs and Maintenance of fish pond related equipment	<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"/>
F. Medicines for fish	<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"/>
G. Transport costs	<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"/>

H. Hand tools	<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"/>
I. Other fish farming production related costs	<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 11A: Household Expenditure

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

GIFTS, FOOD FOR WORK, RELIEF FOOD

		PURCHASES		OWN PRODUCTION						
LAST 4 WEEKS	Q1	Q2	Q3	Q4	Q5	Q6	Q7			
	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?			
	YES									
	NO									
	>> NEXT ITEM									
DON'T KNOW										
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

		Q1	Q2	Q3	Q4	Q5	Q6	Q7		
LAST 2 WEEKS	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?			
	YES									
	NO									
	>> NEXT ITEM									
DON'T KNOW										
FILL IN PER ROW	>> NEXT ITEM									
	>> NEXT ITEM	VALUE IN KWACHA	QUANTITY	UNIT CODE	QUANTITY	UNIT CODE	VALUE IN KWACHA	QUANTITY	UNIT CODE	VALUE IN KWACHA
8	Millet									
9	Sorghum unshelled									
10	Sorghum shelled									
11	Rice shelled									
12	Rice unshelled									
13	Wheat/Flour									
14	Bread/Bread rolls									
15	Buns/ scones									
16	Fritters									
17	Other cereal/ bread items									
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						UNIT CODES	UNITS
25	Pulses and Legumes								
	Fresh beans (excl Green beans) unshelled							B90	190 KG BAG
26	Fresh beans (excl Green beans) shelled							B50	50 KG BAG
								B25	25 KG BAG
27	Sunflower shelled							B10	10 KG BAG
28	Soya beans shelled							T20	20 LITRE TIN
29	Dried beans							T10	10 LITRE TIN
30	Groundnuts unshelled							T5	5 LITRE TIN
31	Groundnuts shelled							P	PIECE/ NUMBER
32	Bambara shelled							KG	KILOGRAMS
33	Cowpeas unshelled							GR	GRAM
34	Peas							LT	LITRE
35	Other pulses, legumes							ML	MILLILITRE
	Vegetables							BOT 500	BOTTLE 500 ML
36	Onions							BOT 750	BOTTLE 750 ML
37	Tomatoes							BOT 2.5	BOTTLE 2.5 LT
38	Cabbages							BP	BP
39	Rape							HP	HEAP
40	Okra							PL	PLATE
41	Pumpkin leaves (chibwabwa)							CU	CUP
42	Cassava leaves							GAL	GALLON
43	Kalembula							BK	BUCKET
44	Bondwe							BD	BUNDLE
45	Impwa							MD	MEDA
46	Cucumber								
47	Green beans								
48	Carrots								
49	Pumpkin								
50	Green Maize								
51	Other Vegetables								

Section 11A: Household Expenditure

		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?		
LAST 2 WEEKS										
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	Fruits	DURING LAST 2 WEEKS								
	52 Oranges									
	53 Apples									
	54 Mangoes									
	55 Bananas									
	56 Pawpaws									
	57 Water melons									
	58 Lemons									
	59 Pineapples									
	60 Pears									
	61 Guavas									
	62 Avocados									
	63 Other Fruits									
	Fish	DURING LAST 2 WEEKS								
	64 Kapenta (fresh)									
	65 Kapenta (frozen)									
	66 Kapenta (dried/smoked)									
	67 Bream (fresh)									
	68 Bream (frozen)									
	69 Bream (dried/ smoked)									
	70 Buka Buka (fresh)									
	71 Buka Buka (frozen)									
	72 Buka Buka (dried/ smoked)									
	73 Other fish (fresh)									
	74 Other fish (frozen)									
	75 Other fish (dried/smoked)									
	76 Other fish & fish products									
	Meat and Poultry I	DURING LAST 2 WEEKS								
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)										

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

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									
	NO									
	>> NEXT ITEM									
	DON'T KNOW									
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

		PURCHASES			OWN PRODUCTION			GIFTS, FOOD FOR WORK, RELIEF FOOD			UNIT CODES	UNITS
Meat and Poultry II		DURING LAST 2 WEEKS										
86	Pork (fresh)										B90	90 KG BAG
87	Pork (frozen)										B50	50 KG BAG
88	Pork (dried/smoked)										B25	25 KG BAG
89	Goat meat (fresh)										B10	10 KG BAG
90	Goat meat (dried)										T20	20 LITRE TIN
91	Sheep meat (fresh)										T10	10 LITRE TIN
92	Sheep meat (frozen)										T5	5 LITRE TIN
93	Sheep meat (dried)										P	PIECE/ NUMBER
94	Game meat (fresh)										KG	KILOGRAMS
95	Game meat (frozen)										GR	GRAM
96	Game meat (dried/smoked)										LT	LITRE
97	Other meat										ML	MILLILITRE
Dairy Products and Eggs		DURING LAST 2 WEEKS										
98	Milk (fresh)										BOT500	BOTTLE 500 ML
99	Milk (powdered, excl baby milk)										BOT750	BOTTLE 750 ML
100	Eggs										BOT2.5	BOTTLE 2.5 LT
101	Cheese										BP	BP
102	Other dairy products										HP	HEAP
Fats		DURING LAST 2 WEEKS										
103	Butter										PL	PLATE
104	Margarine										CU	CUP
105	Peanut butter										GAL	GALLON
106	Other fats (excl cooking oil)										BK	BUCKET
Sugar and Sweets		DURING LAST 2 WEEKS										
107	Sugar										BD	BUNDLE
108	Honey										MD	MEDA
109	Jam										OT	OTHER
110	Cocoa and chocolate											
112	Cremora											
113	Other sweets											

Section 11A: Household Expenditure

[illegible]

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

Section 11A: Household Expenditure								GIFTS, FOOD FOR WORK, RELIEF FOOD								
: CHANGE OF REFERENCE PERIOD				PURCHASES			OWN PRODUCTION									
		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?		
		YES														
		NO														
	READ OUT		>> NEXT ITEM													
			DON'T KNOW													
	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 repaires etc)															
146	Cable/pay TV (DSTV, My TV, SATELITE, ZNBC, etc)															

Section 11A: Household Expenditure

			PURCHASES	GIFTS
			Q9	Q14
			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)?
HOUSING 2	Q8	Was [ITEM] purchased or received during the last 4 weeks		
	READ OUT	YES	1	
		NO	2	
		>> NEXT ITEM		
		DON'T KNOW	3	
	FILL IN PER ROW	>> NEXT ITEM		
			VALUE IN KWACHA	VALUE IN KWACHA
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
			Q9	Q14
			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)?
TRANSPORT	Q8	Was [ITEM] purchased/ received during the last month?		
	LAST MONTH			
	READ OUT	YES	1	
		NO	2	
		>> NEXT ITEM		
		DON'T KNOW	3	
COMMUNICATION	FILL IN PER ROW	>> NEXT ITEM		
			VALUE IN KWACHA	VALUE IN KWACHA
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
		Q8	Q9
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 1		
	NO 2		
	>> NEXT ITEM		
	DON'T KNOW 3		
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 1		
	NO 2		
	>> NEXT ITEM		
	DON'T KNOW 3		
FILL IN PER ROW	>> NEXT ITEM		
		VALUE IN KWACHA	VALUE IN KWACHA
EDUCATION: ANSWER SEPERATELY FOR 1 st , 2 nd and 3 rd 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, sofias)				

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	
REMITTANCES	CODE				
	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"/>

2. Have the following projects or changes occurred in your community in the Last 12 months? YES.....1 NO.....2>> NEXT PROJECT/CHANGE N/A.....3>> NEXT PROJECT/CHANGE Don't Know.....4>> NEXT PROJECT/CHANGE		3. To what extent has this activity/project <u>improved</u> the way you live? EXTREMELY.....1 MODERATELY.....2 LITTLE.....3 NO EFFECT.....4 NOT APPLICABLE.....5
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 extention 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	Name of child	Date of birth of child	Is..... being breastfed now?	How long after birth did you put to the breast?	In addition to breast milk is fed on any of the following?			
[FROM HOUSE - HOLD ROSTER]	[FROM HHOLD ROSTER] IF THE BIOLOGICAL MOTHER IS NOT A MEMBER OF THE HOUSEHOLD ENTER 88]	[FROM THE HOUSEHOLD ROSTER]		YES...1 NO.....2> >Q8	IF LESS THAN 1 HOUR RECORD '00' IF LESS THAN 24 HOURS RECORD HOURS, OTHERWISE RECORD DAYS 1=Hours 2=days	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="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>		DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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]

	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 LESS THAN 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
<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>
<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>
<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>
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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]	
<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	<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>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>

(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	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	BCG <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>
OVP 0	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	P 1 <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>
OVP 1	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	P 2 <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>
OVP 2	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	P 3 <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>
OVP 3	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	D1 <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>
OVP 4	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	D2 <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>
DPT-HepB+Hib1	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	DPT1 <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>
DPT-HepB+Hib2	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	DPT 2 <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>
DPT-HepB+Hib3	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	DPT3 <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>
MEASLES	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	MEASLES <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>
VITAMIN A (MOST RECENT)	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	VIT A <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>
VITAMIN A (2ND MOST RECENT)	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	VIT A <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>

PID OF CHILD	SECTION 13: CHILD HEALTH AND NUTRITION (ANTHROPOMETRY) [TO BE COMPLETED FOR CHILDREN AGED 0 MONTHS TO 59 MONTHS ONLY] [Cont'd]											
<div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<p>(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.</p> <p>(2) WRITE '44' IN DAY COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.</p> <p>(3) IF MORE THAN TWO VITAMIN 'A' DOSES, RECORD DATES FOR MOST RECENT AND SECOND MOST RECENT DOSES</p> <p>(4) FOR CHILDREN WITH CLINIC CARDS RECORD THE INFORMATION AND SKIP TO QUESTION 18</p>											
12.2 SECOND CHILD												
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p style="text-align: center;">DAY MONTH YEAR</p> </div> <div style="width: 48%;"> <p style="text-align: center;">DAY MONTH YEAR</p> </div> </div>												
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>BCG GIVEN AT BIRTH</p> </div> <div style="width: 48%;"> <p>BCG</p> </div> </div>												
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>OVP 0</p> </div> <div style="width: 48%;"> <p>P 1</p> </div> </div>												
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>OVP 1</p> </div> <div style="width: 48%;"> <p>P 2</p> </div> </div>												
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>OVP 2</p> </div> <div style="width: 48%;"> <p>P3</p> </div> </div>												
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>OVP 3</p> </div> <div style="width: 48%;"> <p>D1</p> </div> </div>												
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>OVP 4</p> </div> <div style="width: 48%;"> <p>D2</p> </div> </div>												
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>DPT-HepB+Hib1</p> </div> <div style="width: 48%;"> <p>DPT1</p> </div> </div>												
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>DPT-HepB+Hib2</p> </div> <div style="width: 48%;"> <p>DPT 2</p> </div> </div>												
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>DPT-HepB+Hib 3</p> </div> <div style="width: 48%;"> <p>DPT3</p> </div> </div>												
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>MEASLES</p> </div> <div style="width: 48%;"> <p>MEASLES</p> </div> </div>												
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>VITAMIN A</p> </div> <div style="width: 48%;"> <p>VIT A</p> </div> </div>												
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>(MOST RECENT)</p> </div> <div style="width: 48%;"> <p>VIT A</p> </div> </div>												
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>VITAMIN A</p> </div> <div style="width: 48%;"> <p>VIT A</p> </div> </div>												
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>2ND MOST RECENT)</p> </div> <div style="width: 48%;"> <p>VIT A</p> </div> </div>												

PID OF CHILD	SECTION 13: CHILD HEALTH AND NUTRITION (ANTHROPOMETRY) [TO BE COMPLETED FOR CHILDREN AGED 0 MONTHS TO 59 MONTHS ONLY] [Cont'd]																																																																																																																
<div data-bbox="121 243 201 285" style="border: 1px solid black; width: 49px; height: 20px; margin-bottom: 5px;"></div> <div data-bbox="121 285 201 327" style="border: 1px solid black; width: 49px; height: 20px;"></div>	<div data-bbox="466 203 1406 378" style="margin-top: 20px;"> <p>(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.</p> <p>(2) WRITE '44' IN DAY COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.</p> <p>(3) IF MORE THAN TWO VITAMIN 'A' DOSES, RECORD DATES FOR MOST RECENT AND SECOND MOST RECENT DOSES</p> <p>(4) FOR CHILDREN WITH CLINIC CARDS RECORD THE INFORMATION AND SKIP TO QUESTION 18</p> </div> <div data-bbox="699 476 894 499" style="text-align: center; margin-top: 20px;"> <p>12.3 THIRD CHILD</p> </div> <div data-bbox="272 541 1351 1371" style="margin-top: 20px;"> <table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th colspan="3" style="text-align: center;">New Card</th> <th colspan="3" style="text-align: center;">Old Card</th> </tr> <tr> <th></th> <th style="text-align: center;">DAY</th> <th style="text-align: center;">MONTH</th> <th style="text-align: center;">YEAR</th> <th style="text-align: center;">DAY</th> <th style="text-align: center;">MONTH</th> <th style="text-align: center;">YEAR</th> </tr> </thead> <tbody> <tr> <td>BCG GIVEN AT BIRTH</td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> </tr> <tr> <td>OVP 0</td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> </tr> <tr> <td>OVP 1</td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> </tr> <tr> <td>OVP 2</td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> </tr> <tr> <td>OVP 3</td> <td><div style="border: 1px solid black; 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PID OF CHILD		SECTION 13: CHILD HEALTH AND NUTRITION (ANTHROPOMETRY) [TO BE COMPLETED FOR CHILDREN AGED 0 MONTHS TO 59 MONTHS ONLY] [Cont'd]												
<div> <div></div> <div></div> </div>		<p>(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.</p> <p>(2) WRITE '44' IN DAY COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.</p> <p>(3) IF MORE THAN TWO VITAMIN 'A' DOSES, RECORD DATES FOR MOST RECENT AND SECOND MOST RECENT DOSES</p> <p>(4) FOR CHILDREN WITH CLINIC CARDS RECORD THE INFORMATION AND SKIP TO QUESTION 18</p>												
12.4 FOURTH CHILD														
<div> <div> <div>New Card</div> <div> <div>DAY</div> <div>MONTH</div> <div>YEAR</div> </div> </div> <div> <div>Old Card</div> <div> <div>DAY</div> <div>MONTH</div> <div>YEAR</div> </div> </div> </div>														
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DPT 2		<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>					
DPT3		<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>					
MEASLES		<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>					
VIT A		<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>					
VIT A		<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>					

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

12.5 FIFTH CHILD**New Card**

DAY MONTH YEAR

BCG GIVEN AT BIRTH	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>
OVP 1	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>
OVP 3	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>
DPT-HepB+Hib1	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>
DPT-HepB+Hib 3	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>
VITAMIN A	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>
VITAMIN A	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>

Old Card

DAY MONTH YEAR

BCG	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D1	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>
DPT 1	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>
DPT3	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>
VIT A	<input type="text"/>	<input type="text"/>	<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"/>	<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]	
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BCG <input type="text"/> DPT <input type="text"/> POLIO <input type="text"/> MEASLES <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"/>
<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
<input type="checkbox"/> <input type="checkbox"/>	BCG <input type="checkbox"/> DPT <input type="checkbox"/> POL IO <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"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<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 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]
<input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> KG
<input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> KG
<input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> KG
<input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> KG
<input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> KG
<input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> KG
<input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> KG
<input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> KG
<input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> KG
<input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> 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
<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> CENTIMETRES	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="display: flex; justify-content: space-around; font-size: small;"> <div>DAY</div> <div>MONTH</div> <div>YEAR</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="display: flex; align-items: center; justify-content: center;"><div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div></div> CENTIMETRES	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="display: flex; justify-content: space-around; font-size: small;">DAYMONTHYEAR</div> <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="display: flex; align-items: center; justify-content: center;"><div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div></div> CENTIMETRES	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="display: flex; justify-content: space-around; font-size: small;">DAYMONTHYEAR</div> <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
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<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="display: flex; align-items: center; justify-content: center;"><div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div></div> CENTIMETRES	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="display: flex; justify-content: space-around; font-size: small;">DAYMONTHYEAR</div> <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
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<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="display: flex; align-items: center; justify-content: center;"><div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div></div> CENTIMETRES	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="display: flex; justify-content: space-around; font-size: small;">DAYMONTHYEAR</div> <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>

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

☐

DECEASED 2

☐

DECEASED 3

☐

DECEASED 4

☐

DECEASED 5

☐

DECEASED 6

☐

4. What was the main cause of death?

DECEASED 1

DECEASED 2

DECEASED 3

DECEASED 4

DECEASED 5

DECEASED 6

LIST OF CAUSES OF DEATH

FEVER/MALARIA.....01	SUICIDE.....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/ANEMIA.....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="text"/> <input type="text"/> 2ND <input type="text"/> <input type="text"/> 3RD <input type="text"/> <input type="text"/>
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="text"/> <input type="text"/> 2ND <input type="text"/> <input type="text"/> 3RD <input type="text"/> <input type="text"/>
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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

SECTION 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

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?	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?	During the last 12 months, how severely did [EVENT] affect your household? No impact	Last time [EVENT] occurred, what did you do to deal with the effects of the [EVENT]?				
		YES.....1 NO.....2				RECORD UP TO 3 COPING STRATEGIES BY ORDER OF IMPORTANCE	COPING STRATEGIES			
		READ OUT ALL [EVENTS] (If No skip to next event)		POSITIVE 1 > Q13 NEGATIVE 2 DON'T KNOW 3	Low 1 Medium 2 High 3 Don't know 4	1st	2nd	3rd	10 11	DID NOTHING SPENT SAVINGS
101	WEATHER & AGRICULTURE	Drought							12	USED INSURANCE
102		Flood							13	SOLD ANIMALS
103		Storm							14	GREW / SOLD ADDITIONAL / OTHER CROPS
104		Crop disease/ crop pests							15	SOLD ASSETS (TOOLS, FURNITURE, RADIO, TV,
105		Damage to crop while storage							16	SOLD FARM LAND
106		Livestock disease							17	WORKED MORE HOURS STARTED BUSINESS
107	BUSINESS & INCOME	Better Pay/ Work							18	SENT CHILDREN TO RELATIVES OR FRIENDS
108		Job Loss / No salary							19	WENT ELSEWHERE / MIGRATED TO WORK
109		Rise of profit from business							20	TRAVELLED/ MIGRATED TO SEEK HEALTH CARE
110		Collapse of Business							21	SENT CHILDREN TO WORK/SELL
111		Inability to pay back loan							22	RECEIVED/ ASKED FOR GIFTS/ ASSISTANCE FROM RELATIVES/
112		Change in money received from family / friends							23	BORROWED MONEY FROM
113	FOOD & PRICES	Change in sale prices of agriculture products (eg crops,							24	BORROWED FROM MONEY
114		Change in agricultural input prices (eg seeds)							25	BORROWED FROM BANK/ OTHER FINANCIAL INSTITUTION/EMPLOYER
115		Change in food prices							26	GOT HELP FROM RELIGIOUS ORGANIZATION
116	CRIME & CONFLICT	Victim of Crime/ Business Scam / Cheating							27	SOUGHT SPIRITUAL HELP
117		Law suit / Imprisonment							28	SOUGHT/GOT HELP FROM
118		Communal / political crisis/Conflict (Religious,							29	SOUGHT/OBTAINED HELP
119		Person joined household							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?	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?		During the last 12 months, how severely did [EVENT] impact	Last time [EVENT] occurred, what did you do to deal with the effects of the [EVENT]?						
		YES.....1 NO.....2				No 0 Low 1 Medium 2 High 3 Don't know 4	RECORD UP TO 3 COPING STRATEGIES BY ORDER OF IMPORTANCE						
		READ OUT ALL [EVENTS] (If No skip to next event)		POSITIVE 1>>Q13 NEGATIVE 2 DON'T KNOW 3			1st	2nd	3rd				
120	HEALTH	Family conflicts											
121		Marital differences/divorce											
122		Illness								36	PIECE WORK ON FARMS		
123		Serious injury / Accident								37	OTHER PIECE WORK		
124	HEALTH	Death of bread earner								38	WORKING ON 'FOOD-FOR-WORK OR		
125		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 ETC.		
127		Lack of food/adequate food								41	REDUCING NUMBER OF MEALS OR		
128	OTHER	Lack of financial resources/adequate resources								42	PULLING CHILDREN OUT OF SCHOOL		
129		Evicted from house								43	PETTY VENDING		
										44	BEGGING FROM THE STREETS		
										45	SOUGHT REFUGE WITH NEIGHBOURS, FRIENDS OR RELATIVES		
										46	OTHER (SPECIFY)		

END OF INTERVIEW