

Annex C:

QUESTIONNAIRE

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NATIONAL CENSUS OF AGRICULTURE AND LIVESTOCK

Module 6 Welfare Monitoring Survey

MALAWI GOVERNMENT

NATIONAL STATISTICAL OFFICE, ZOMBA
CONFIDENTIAL

CLUSTER NUMBER	VILLAGE NUMBER	HOUSEHOLD NUMBER	QUESTIONNAIRE NUMBER	MODULE NUMBER	REFERENCE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="6"/>	<input type="text" value="6"/>

Important information for the interviewer:

Create a reference number by combining the cluster, village, household, questionnaire and module numbers. Write this number NOW on the top of all pages.

WA - Interview Information

A1. Interviewer's name

A2. Interviewer number

<input type="text"/>	<input type="text" value=""/>
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A3. Head of household

A4. District code/District name

<input type="text"/>	<input type="text"/>
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A5. TA / Village / Town

A7. Date

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

A8. Main respondent*

Member number

A9. DID household participate in
NACAL?

Yes 1 ☐

No 2 ☐

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WB - Characteristics of the Household Members

Member line number	1	2	3	4	5	6	7	8	9	10
COPY THE LIST FROM MODULE ONE USING SAME NUMBERS										
If new members, ADD them to end of the list										
If other members have left the household, leave their column unfilled in this questionnaire										
Head										

WB What is [NAME]'s relationship to the head of the household?

1

Head	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son/Daughter	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
+ Brother/Sister	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other relative	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not related	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WB2 How many months did the head of household reside in the household in the last 12 months?

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WB3 Is [NAME] male or female?

Male	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WB4 How old was [NAME] at his/her last birthday?

Completed years

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TO PERSONS 12 YEARS AND ABOVE. OTHERS GO TO WB6

WB5 What is [NAME]'s marital status?

Never married	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Married, monogamous	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Married, polygamous	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Divorced	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separated	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Widowed	6	<input type="checkbox"/>	<input type="checkbox"/>	<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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Member line number	1	2	3	4	5	6	7	8	9	10
TO PERSONS 20 YEARS AND BELOW. OTHERS GO TO WB10										

WB6 Is [NAME]'s father still alive?

WB9 ← Yes 1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

WB10 ← No 2 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

WB7 Does [NAME]'s father live in the household?

Yes 1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

No 2 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

WB8 Is [NAME]'s mother still alive?

WB11 ← Yes 1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

WB12 ← No 2 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

WB9 Does [NAME]'s mother live in the household?

+ Yes 1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

No 2 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

WB10 Did any member of this household pass away during the past 12 months before the survey?

Yes 1 ☐

WC ← No 2 ☐

WB11 How many persons passed away ?

Number of persons, who passed away

WC - Health**WC1 During the past 2 weeks, has [NAME] suffered from an illness or an injury?**

Yes 1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

WC4 ← No 2 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

FOR THOSE SICK OR INJURED, OTHERS GO TO C4

WC2 What kind of illness or injury did [NAME] suffer from? MULTIPLE RESPONSE

Fever/Malaria 1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Diarrhoea 1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Accident 1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Dental problem 1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Skin condition 1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Eye 1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Ear, nose or throat 1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Other 1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

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Member line number	1	2	3	4	5	6	7	8	9	10
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WC3 For how many days in the past 2 weeks did [NAME] have to stop his/her normal activities because of this illness?

IF MORE THAN ONE BOUT OF ILLNESS, ADD UP TOTAL NUMBER OF DAYS

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WC4 Did [NAME] consult any health provider or traditional healer for any reason during the last 2 weeks?

Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WC5 What type of health provider or traditional healer did [NAME] consult?

MULTIPLE RESPONSE

Government hospital	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Govt. health centre/dispensary	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mission hospital	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mission health centres	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private hospital/clinic	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traditional healer	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy/shop	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile clinic	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WC6 Why did [NAME] not use medical care? MULTIPLE RESPONSE

No need	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too expensive	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too far	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WD - Education

FOR ALL PERSONS AGED 5 YEARS AND ABOVE

WD1 Can [NAME] read and write a simple sentence in any language?

Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WD2 Has [NAME] ever attended school?

Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Member line number		1	2	3	4	5	6	7	8	9	10
WD3	What is the highest level of education [NAME] completed?										
	Code list (MANUAL)										
WD4	What is the highest educational qualification [NAME] has acquired?										
	Code list (MANUAL)										
WD5	Did [NAME] attend school last school year?										
	Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WD7 ←	No	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WD6	What level did [NAME] attend last school year?										
	Code list (MANUAL)										
WD7	Is [NAME] currently attending school?										
	Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D12 ←	No	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WD8	What is the current level of education [NAME] is attending?										
	Code list (MANUAL)										
WD9	Who runs the school [NAME] is attending? READ OUT										
	Government	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Religious Institution	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Private Institution	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Private Individual	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WD10	Did [NAME] participate in a school-feeding program during the last 12 months?										
	Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WD11	Does [NAME] have any problems with the school? MULTIPLE RESPONSE										
	No	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes, lack of books/supplies	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes, poor teaching	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes, lack of teachers	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes, facilities in bad condition	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes, other reasons	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Member line number	1	2	3	4	5	6	7	8	9	10
FOR PERSONS AGED 25 YEARS AND BELOW										
WD12 Why is [NAME] not currently attending school? MULTIPLE RESPONSE										
Completed school	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is working (job/home)	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too old/young	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too far away	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too expensive	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Useless/no benefit	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uninteresting	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illness	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Failed exam	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Got married/ pregnancy	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of food in household	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reasons	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WE - Employment

FOR PERSONS AGED 5 YEARS AND ABOVE

WE1 Did [NAME] do any type of work during the last 7 days?

WE5 ← Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WE2 Was [NAME] absent from work during the last 7 days?

WE5 ← Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WE3 What was the main reason [NAME] did not work the last 7 days?

No work available	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal inactivity	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
+ Household/family duties	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too old/Too young	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infirmary	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reasons	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WE4 Has [NAME] been looking for work and ready to work in the last 4 weeks?

WE9 ← Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WE9 ← No	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WE5 How many jobs did [NAME] have in the last 7 days?

+ Number of jobs	<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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Member line number	1	2	3	4	5	6	7	8	9	10
The next questions will be about the main job										
WE6 For whom did [NAME] work in the main job?										
Private business	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private individual	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parastatal	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public/Government	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mission/NGO	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self employed	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mlimi	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estate	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WE7 What was the main activity at the place of [NAME]'s work?										
Agriculture,forestry,fishing	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mining and quarrying	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturing	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electricity, water, other utilities	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Construction	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
+ Wholesale & retail marketing, hotel/restaurants	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transport and communication	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finance and business	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social and community services	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WE8 How was [NAME] paid in the main job?										
Mlimi – not paid										
	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wages, salary	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payment in kind	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casual (hourly/daily), Ganyu	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unpaid family business worker	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-employed	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tenant	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For persons 18 years and below										
WE9 Did (NAME) participate in any of the following activities during the last 12 months										
Fetching firewood	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetching Water	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caring for the sick	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Land Preparation	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planting	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weeding	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harvesting, grading, curing	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marketing	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Livestock caring	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crop protection	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WE10 During the past 12 months which of the following activities did the household use to **Generate income** to provide for food and other necessities?

Sale of own maize	1	<input type="checkbox"/>
Sale of own other food crops	1	<input type="checkbox"/>
Sale of own cash crops	1	<input type="checkbox"/>
Sale of own livestock	1	<input type="checkbox"/>
Sale of own fish	1	<input type="checkbox"/>
Sale of own milk	1	<input type="checkbox"/>
Sale of other agricultural products	1	<input type="checkbox"/>
Sale of firewood	1	<input type="checkbox"/>
Ganyu paid in cash	1	<input type="checkbox"/>
Ganyu paid in kind	1	<input type="checkbox"/>
Street vending	1	<input type="checkbox"/>
Production and sale of Handcraft work	1	<input type="checkbox"/>
Income from business work	1	<input type="checkbox"/>
Income from paid job	1	<input type="checkbox"/>
Remittances	1	<input type="checkbox"/>
Barter of household assets	1	<input type="checkbox"/>
Barter of livestock	1	<input type="checkbox"/>
Loans from relatives	1	<input type="checkbox"/>
Loans from neighbours	1	<input type="checkbox"/>
Loans from other informal sources	1	<input type="checkbox"/>
Loans from banks/credit institutions	1	<input type="checkbox"/>
Other	1	<input type="checkbox"/>

F. Food Security

WF1 Did your household grow any staple food crops this season? (2006/2007)

	Yes	1	<input type="checkbox"/>
WF10 ←	No	2	<input type="checkbox"/>

WF2 What was the main staple food you grew this season?

Maize	1	<input type="checkbox"/>
Rice	2	<input type="checkbox"/>
Sorghum	3	<input type="checkbox"/>
Millet	4	<input type="checkbox"/>
Cassava	5	<input type="checkbox"/>
Others	6	<input type="checkbox"/>

WF3 Do you still have some of this main staple food left?

WF10 ←	Yes	1	<input type="checkbox"/>
	No	2	<input type="checkbox"/>

WF4 Did you sell any of this main staple food this season?

WF7 ←	Yes	1	<input type="checkbox"/>
	No	2	<input type="checkbox"/>

WF5 What price/ kg did you get when making the latest sale of your main staple food this season?

Price per kg in Kwacha

6

WF6 What was the main reason for selling?

- To repay loan 1 ☐
- To pay expenses 2 ☐
- Had enough, could sell 3 ☐
- Other 4 ☐

WF7 Have you bought any of this main staple food during the last two weeks for home consumption?

- Yes 1 ☐
- WF10 ← No 2 ☐

WF8 Where did you buy this main staple food?

- At local market 1 ☐
- At other market in district 2 ☐
- At market in another district 3 ☐
- At ADMARC depot 4 ☐
- Store 5 ☐
- Other 6 ☐

WF9 What price did you pay per kg when buying this staple food during the last two weeks?

Price per kg in Kwacha

6

WF10 During the last 7 days how many main meals did the household take per day?

- One meal 1 ☐
- Two meals 2 ☐
- Three meals or more 3 ☐

WF11 What staple food did your household mainly eat in these meals.

	Code	First meal	Second meal	Third meal
Nsima from Maize	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nsima from other cereals	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nsima from cassava	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nsima from Sorghum	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nsima from Millet	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nsima from Rice	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plantains	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raw Cassava	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweet potato	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irish potato	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raw maize cobs	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bread	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rice	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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WF12 During the past 7 days, how often did your household eat the following food items? Read out (MULTIPLE RESPONSE)

	Almost daily (1) (more than 3 times)	Two or three times (2)	Once (3)	Never (4)
Nuts and seeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WF13 In the past 7 days what were the main sources of food for the household? [MULTIPLE RESPONSE]

Own produce	1	<input type="checkbox"/>
Purchase from market	1	<input type="checkbox"/>
Casual labour paid in food	1	<input type="checkbox"/>
Wild food	1	<input type="checkbox"/>
Gift	1	<input type="checkbox"/>
Food for work	1	<input type="checkbox"/>
Free food	1	<input type="checkbox"/>
Winter/irrigated own food	1	<input type="checkbox"/>
Other	1	<input type="checkbox"/>

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WF14 During the past 7 days, what income sources did the household use to provide for the food consumed?

Sale of own maize	1	<input type="checkbox"/>
Sale of own other food crops	1	<input type="checkbox"/>
Sale of own cash crops	1	<input type="checkbox"/>
Sale of own livestock	1	<input type="checkbox"/>
Sale of own fish	1	<input type="checkbox"/>
Sale of own milk	1	<input type="checkbox"/>
Sale of firewood	1	<input type="checkbox"/>
Ganyu	1	<input type="checkbox"/>
Income from business work	1	<input type="checkbox"/>
Income from paid job	1	<input type="checkbox"/>
Remittances	1	<input type="checkbox"/>
Barter of household assets	1	<input type="checkbox"/>
Barter of livestock	1	<input type="checkbox"/>
Loans	1	<input type="checkbox"/>
Other	1	<input type="checkbox"/>

WF15 During the past 7 days did it happen that your household could not afford to eat what you normally eat (main meals)?

Yes	1	<input type="checkbox"/>
No	2	<input type="checkbox"/>

WG ←

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WF16 For how many of the past 7 days did it happen that your household could not afford to eat what you normally eat (main meals)?

- | | | |
|----------------------------------|---|--------------------------|
| Almost daily (more than 3 times) | 1 | <input type="checkbox"/> |
| Two or three times | 2 | <input type="checkbox"/> |
| Once | 3 | <input type="checkbox"/> |

WF17 How did your household cope? [MULTIPLE RESPONSE]

- | | | |
|----------------------------------------|---|--------------------------|
| Ate less of staple food | 1 | <input type="checkbox"/> |
| Shifted to cheaper food | 1 | <input type="checkbox"/> |
| Combined cheaper food /wild food | 1 | <input type="checkbox"/> |
| Shifted to wild food | 1 | <input type="checkbox"/> |
| Food for work | 1 | <input type="checkbox"/> |
| Hand outs from Govt/NGO | 1 | <input type="checkbox"/> |
| Hand outs from Religious organisations | 1 | <input type="checkbox"/> |
| Cash for work | 1 | <input type="checkbox"/> |
| Other | 1 | <input type="checkbox"/> |

WF18 Which members of the household failed to eat the meal?
+ [MULTIPLE RESPONSE]

- | | | |
|-------------------|---|--------------------------|
| Children < 12 yrs | 1 | <input type="checkbox"/> |
| Adult Males | 1 | <input type="checkbox"/> |
| Adult Females | 1 | <input type="checkbox"/> |
| All members | 1 | <input type="checkbox"/> |

WG - Housing condition and amenities

WG1 Does the household or a household member own the dwelling unit?

- | | | |
|-----------------------------------|---|--------------------------|
| Owns the dwelling | 1 | <input type="checkbox"/> |
| Rents the dwelling | 2 | <input type="checkbox"/> |
| Uses dwelling without paying rent | 3 | <input type="checkbox"/> |
| Other | 4 | <input type="checkbox"/> |

WG2 How many separate rooms do the members of your household occupy?
Do not count bathrooms, toilets, storerooms, or garage

Number of rooms

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WG3 Does your household or any of the household members own any of the following items, in working condition?

		Yes	No	
Wrist/wall watch	1	<input type="checkbox"/>	<input type="checkbox"/>	
Bed	2	<input type="checkbox"/>	<input type="checkbox"/>	
Table	3	<input type="checkbox"/>	<input type="checkbox"/>	
Chair	4	<input type="checkbox"/>	<input type="checkbox"/>	
Hoe	5	<input type="checkbox"/>	<input type="checkbox"/>	
Iron	6	<input type="checkbox"/>	<input type="checkbox"/>	
Refrigerator	7	<input type="checkbox"/>	<input type="checkbox"/>	
TV	8	<input type="checkbox"/>	<input type="checkbox"/>	
Axe	9	<input type="checkbox"/>	<input type="checkbox"/>	
Sickle	10	<input type="checkbox"/>	<input type="checkbox"/>	
Sewing machine	11	<input type="checkbox"/>	<input type="checkbox"/>	
Oxcart	12	<input type="checkbox"/>	<input type="checkbox"/>	
Bicycle	13	<input type="checkbox"/>	<input type="checkbox"/>	
Modern stove	14	<input type="checkbox"/>	<input type="checkbox"/>	
Car	15	<input type="checkbox"/>	<input type="checkbox"/>	
Motorcycle	16	<input type="checkbox"/>	<input type="checkbox"/>	+
WG5 ← IF NO Radio	17	<input type="checkbox"/>	<input type="checkbox"/>	

WG4 How many radios does the household have?

Number of radios

WG5 What is your main source of fuel used for cooking?

Electricity	1	<input type="checkbox"/>
Solar energy	2	<input type="checkbox"/>
Gas	3	<input type="checkbox"/>
Paraffin	4	<input type="checkbox"/>
Charcoal	5	<input type="checkbox"/>
Firewood	6	<input type="checkbox"/>
Straw/Crop Residue/Saw dust	7	<input type="checkbox"/>
Animal waste	8	<input type="checkbox"/>
Other	9	<input type="checkbox"/>

WG6 What is your main source of fuel used for lighting?

Electricity	1	<input type="checkbox"/>
Solar energy	2	<input type="checkbox"/>
Gas	3	<input type="checkbox"/>
Paraffin	4	<input type="checkbox"/>
Candles	5	<input type="checkbox"/>
Firewood	6	<input type="checkbox"/>
Grass	7	<input type="checkbox"/>
Other	8	<input type="checkbox"/>

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WG7 What is your main source of drinking water?

- | | | |
|-----------------------------------|---|--------------------------|
| Piped into dwelling unit/compound | 1 | <input type="checkbox"/> |
| Communal standpipe/borehole | 2 | <input type="checkbox"/> |
| Protected well | 3 | <input type="checkbox"/> |
| Rain water | 4 | <input type="checkbox"/> |
| Unprotected well | 5 | <input type="checkbox"/> |
| Spring/river/lake/pond | 6 | <input type="checkbox"/> |

WG8 What kind of toilet facilities does your household have?

- | | | |
|---------------------------------|---|--------------------------|
| Flush to sewer | 1 | <input type="checkbox"/> |
| Ventilated improved pit latrine | 2 | <input type="checkbox"/> |
| Covered pit latrine | 3 | <input type="checkbox"/> |
| Uncovered pit latrine | 4 | <input type="checkbox"/> |
| None | 5 | <input type="checkbox"/> |

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WG9 The roof of the main dwelling is predominantly made of what material?

- | | | |
|------------------|---|--------------------------|
| Grass | 1 | <input type="checkbox"/> |
| Iron sheets | 2 | <input type="checkbox"/> |
| Clay tiles | 3 | <input type="checkbox"/> |
| Concrete | 4 | <input type="checkbox"/> |
| Plastic sheeting | 5 | <input type="checkbox"/> |
| Other | 6 | <input type="checkbox"/> |

WG10 The floor of the main dwelling is predominantly made of what material?

- | | | |
|---------------|---|--------------------------|
| Sand | 1 | <input type="checkbox"/> |
| Smoothed mud | 2 | <input type="checkbox"/> |
| Smooth cement | 3 | <input type="checkbox"/> |
| Wood | 4 | <input type="checkbox"/> |
| Tile | 5 | <input type="checkbox"/> |
| Other | 6 | <input type="checkbox"/> |

WG11 The outer walls of the main dwelling are predominantly made of what material?

- | | | |
|----------------------------|---|--------------------------|
| Grass | 1 | <input type="checkbox"/> |
| Mud (Yomata) | 2 | <input type="checkbox"/> |
| Compacted earth (Yamdindo) | 3 | <input type="checkbox"/> |
| Mud brick (unfired) | 4 | <input type="checkbox"/> |
| Burnt bricks | 5 | <input type="checkbox"/> |
| Concrete | 6 | <input type="checkbox"/> |
| Wood | 7 | <input type="checkbox"/> |
| Iron Sheets | 8 | <input type="checkbox"/> |
| Other | 9 | <input type="checkbox"/> |

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WG12 How many minutes does it take to walk from here to reach the nearest.....

		1 0-14	2 15-29	3 30-44	4 45-59	5 60 +
Supply of drinking water	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food market	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transportation	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"All season" road	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary school	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary school	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health clinic or hospital	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WG13 Did any household member take part in any of the following work programs during the last 12 months? (MULTIPLE RESPONSE)

	Yes	No
Food for work	<input type="checkbox"/>	<input type="checkbox"/>
Cash for work	<input type="checkbox"/>	<input type="checkbox"/>
Inputs for work	<input type="checkbox"/>	<input type="checkbox"/>
MASAF	<input type="checkbox"/>	<input type="checkbox"/>
Community policing	<input type="checkbox"/>	<input type="checkbox"/>
Neighbourhood watch	<input type="checkbox"/>	<input type="checkbox"/>
One Village One Product	<input type="checkbox"/>	<input type="checkbox"/>

WG14 Did any household member participate in any of the following types of projects, paid or not paid, during the last 12 months?

MULTIPLE RESPONSE

	Participated			
<i>Construction or maintenance of</i>	No	Yes	Paid	Not paid
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road/bridge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mosque	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Borehole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work on dams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clearing graveyard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WG15 Are you or anybody in your household a member of the following groups or clubs?

MULTIPLE RESPONSE

	Yes	No	Do not know
Local farmers group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NASFAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other farmers group such as TAMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit club, revolving fund, SACCOS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water user associations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dance, music and culture groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious home based care groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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WH - Poverty predictors

WH1 Does someone in the household own a cellular telephone (cell phone) in working condition?

Yes 1 ☐
No 2 ☐

WH2 How many changes of clothes do you (head) own? RECORD NUMBER OF TROUSERS FOR MEN AND SKIRTS/DRESSES FOR WOMEN

Changes of clothes

WH3 What do you (head of household) sleep under in the cold season?

Blankets and sheets 1 ☐
Blanket only 2 ☐
Sheet only 3 ☐
Chitenje clothes 4 ☐
Fertilizer or grain sack 5 ☐
Clothes 6 ☐
Nothing 7 ☐
Other 8 ☐

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WH4 Over the past three months, did you or any member of the household purchase or pay for any of the following?

	Yes	No
Men's trousers	<input type="checkbox"/>	<input type="checkbox"/>
Men's shirts	<input type="checkbox"/>	<input type="checkbox"/>
Men's jackets	<input type="checkbox"/>	<input type="checkbox"/>
Men's undergarments	<input type="checkbox"/>	<input type="checkbox"/>
Men's other clothing	<input type="checkbox"/>	<input type="checkbox"/>

WH5 Over the past three months, did you or any member of the household purchase or pay for any of the following?

	Yes	No
Boy's shoes	<input type="checkbox"/>	<input type="checkbox"/>
Men's shoes	<input type="checkbox"/>	<input type="checkbox"/>
Girl's shoes	<input type="checkbox"/>	<input type="checkbox"/>
Lady's shoes	<input type="checkbox"/>	<input type="checkbox"/>

WH6 Over the past one month, did you or any member of the household purchase or pay for toothpaste or toothbrush?

Yes 1 ☐
No 2 ☐

WH7 Over the past one month, did you or any member of the household purchase or pay for bar soap (body soap or clothes soap)?

Yes 1 ☐
No 2 ☐

WH9 ←

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WH8 How much did you pay in total for bar soap?

Kwacha	
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WH9 Over the past 7 days, did you or any member of the household purchase or pay for public transport – bus fare, minibus fare or taxi fare?

Yes 1 ☐

No 2 ☐

WH10 Over the past 7 days, did you or others in your household consume any of the following?

	Yes	No
Eggs	<input type="checkbox"/>	<input type="checkbox"/>
Beef	<input type="checkbox"/>	<input type="checkbox"/>
Goat	<input type="checkbox"/>	<input type="checkbox"/>
Pork	<input type="checkbox"/>	<input type="checkbox"/>
Chicken	<input type="checkbox"/>	<input type="checkbox"/>
Other poultry—guinea fowl, doves etc.	<input type="checkbox"/>	<input type="checkbox"/>
Rice	<input type="checkbox"/>	<input type="checkbox"/>
Bread	<input type="checkbox"/>	<input type="checkbox"/>
Fresh milk	<input type="checkbox"/>	<input type="checkbox"/>
Cooking oil	<input type="checkbox"/>	<input type="checkbox"/>
Sugar	<input type="checkbox"/>	<input type="checkbox"/>

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WH11 How much did you or any member of the household spend in total on cooking oil (past 7 days)?

Kwacha	
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WIH12 How much did you or any member of the household spend in total on sugar (past 7 days)?

Kwacha	
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WI - Child module – Birth and anthropometric measures

Member line number	1	2	3	4
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FOR EACH CHILD UNDER 5 YEARS ENTER:

WI1 The child's member number from the household list	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Mother's member number from the household list	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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ENTER 00 IF THE MOTHER IS DECEASED OR NOT A MEMBER OF THE HOUSEHOLD

WI2 When was the child born?

Day	Month	Year	Day	Month	Year	Day	Month	Year	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"/>

WI3 Where was the child delivered?

Hospital/maternity	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health clinic	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health centre	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health post	4	<input type="checkbox"/>	+	<input type="checkbox"/>	<input type="checkbox"/>
At home	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WI4 Who assisted in the delivery of the child?

Doctor/Clinical Officer	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midwife/nurse	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trained T.B.A	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WI5 RECORD THE CHILD'S

Weight in kilograms (1 decimal)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Height in centimetres (1 decimal)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Member line number	1	2	3	4
PROBE FOR CHILDREN NOT WEIGHED AND MEASURED. OTHERS GO TO WI7				
WI6	Why was [NAME] not weighed and measured?			
Unwilling	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at home	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too sick	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WI7	Did [NAME] participate in a nutrition programme the last 12 months?			
Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WJ - Child health – Malaria Protection and Treatment				
WJ1	Does [NAME] usually sleep under a bed net?			
Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WJ2	Did [NAME] sleep under a bed net last night?			
Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WJ3	Was the bed net acquired during the last 12 months or more than 12 months ago?			
During last 12 months	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 12 months ago	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WJ4	Has the bed net been treated with chemicals (soaked or dipped) during the last 12 months?			
Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WJ5	Has [NAME] been sick with fever/malaria during the <u>last 4 weeks</u>?			
Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WJ6	Was [NAME] given any drugs in response to the last fever/malaria?			
Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WJ7	Which drugs were given to [NAME]? MULTIPLE RESPONSE			
Fansidar/Novidar	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quinine	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cloroquine	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amodiaquine	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Halafan	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painkillers	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Herbs	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WK - Child health – Vaccination

WK1 Do you have a card where [NAME's] vaccinations are written down?

Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WK2 Which of the following vaccinations has [NAME] been given: READ OUT

Measles	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BCG	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DPT1	1	<input type="checkbox"/>	+	<input type="checkbox"/>	<input type="checkbox"/>
DPT2	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DPT3	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polio 0	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polio 1	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polio 2	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polio 3	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitamin A	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WLM - Trust and HIV/AIDS Knowledge

FOR SELECTED HOUSEHOLD MEMBER 15 YEARS AND ABOVE, SEE MANUAL.

Respondent's member
number from household list

WL1 Do you in general trust leaders and officials? Do you trust all, most, some or just a few people in the following groups?

	All	Most	Some	Only a few	None
MPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local assembly staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traditional authorities [TAs]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Village headmen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extension workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious leaders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaders of NGOs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School administrators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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WL2 Do you in general trust all, most, some or just a few people in the following groups?

	All	Most	Some	Only a few	None
Your family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People from your village	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People from outside the village	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of same ethnic group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People from outside ethnic group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People from same church/mosque	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People from <i>different</i> church/mosque	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WL3 Is it possible for someone in your community to get a confidential test to find out if they are infected with HIV/AIDS virus?

Yes	1	<input type="checkbox"/>	
No	2	<input type="checkbox"/>	+
Don't know	3	<input type="checkbox"/>	

WL4 Have you ever had an HIV test?

	Yes	1	<input type="checkbox"/>
WL8 ←	No	2	<input type="checkbox"/>

WL5 Have you had an HIV test during the last 12 months?

	Yes	1	<input type="checkbox"/>
WL8 ←	No	2	<input type="checkbox"/>

WL6 Where did you have the test?

MACRO	1	<input type="checkbox"/>	Private Hospital/Clinic	4	<input type="checkbox"/>
Government Hospital	2	<input type="checkbox"/>	MSF	5	<input type="checkbox"/>
Mission Hospital	3	<input type="checkbox"/>	Other	6	<input type="checkbox"/>

WL7 Did you get counselling when you went for the test?

WM ←	Yes, before and after	1	<input type="checkbox"/>
WM ←	Yes, only before	2	<input type="checkbox"/>
WM ←	Yes, only after	3	<input type="checkbox"/>
WM ←	No	4	<input type="checkbox"/>

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WL8 What is the main reason for not having an HIV test?

- | | | | | | |
|---------------------|---|--------------------------|-----------------------|---|--------------------------|
| Not available | 1 | <input type="checkbox"/> | Results take too long | 5 | <input type="checkbox"/> |
| Not interested | 2 | <input type="checkbox"/> | Test centre too far | 6 | <input type="checkbox"/> |
| Not at risk/No need | 3 | <input type="checkbox"/> | No privacy | 7 | <input type="checkbox"/> |
| Scared of outcome | 4 | <input type="checkbox"/> | Other reasons | 8 | <input type="checkbox"/> |

WM - Interview Completion Information

WM1 Result

- | | | | |
|-----------------------------------|---|--------------------------|---|
| Completed with selected household | 1 | <input type="checkbox"/> | |
| Incomplete | 2 | <input type="checkbox"/> | |
| Refusal | 3 | <input type="checkbox"/> | |
| Not found | 4 | <input type="checkbox"/> | + |
| Too ill | 5 | <input type="checkbox"/> | |

WM2 Comments

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