

PUBLIC DISCLOSURE
AUTHORIZED

MARK BOX WITH AN 'X' AND NUMBER FORMS
BELOW IF YOU USE MORE THAN THIS SINGLE
FORM TO COLLECT INFORMATION FROM THIS HOUSEHOLD. IF SO, BE
SURE TO MARK IN THE SAME WAY THE OTHER FORMS
USED FOR THIS HOUSEHOLD.

FORM _____ OF _____ FORMS IN TOTAL



Malawi Government
National Statistical Office

STRICTLY CONFIDENTIAL

Questionnaire
Number

INTEGRATED HOUSEHOLD PANEL SURVEY, 2013

THIS SURVEY IS BEING CONDUCTED BY THE NATIONAL STATISTICAL OFFICE UNDER THE AUTHORITY OF THE 1967 STATISTICS ACT.

THIS INFORMATION IS STRICTLY CONFIDENTIAL AND IS TO BE USED FOR STATISTICAL PURPOSES ONLY.

HOUSEHOLD QUESTIONNAIRE

MODULE A-1: HOUSEHOLD IDENTIFICATION

A01: HOUSEHOLD ID:

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A02. PANEL: PANEL A 1
PANEL B 2

--

A03: FULL HOUSEHOLD IDENTIFICATION FROM IHS3:

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

A04. NAME OF HOUSEHOLD HEAD FROM IHS3:

.....

A05. IS THIS HOUSEHOLD: ORIGINAL HOUSEHOLD.. 1
SPLIT-OFF HOUSEHOLD...2

--

A06. LOCATION OF HOUSEHOLD: IN SAME LOCATION..... 1 ► A08
LOCAL TRACKING.....2
DISTANCE TRACKING.....3

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A07. IHS3 ROSTER ID & NAME OF TRACKING TARGET:

0		
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.....

A08. CURRENT NAME OF HOUSEHOLD HEAD:

.....

A09. DISTRICT:

--	--	--

.....

A10. TA, STA, or TOWN:

--	--

.....

A11. ENUMERATION AREA:

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A12. PLACE / VILLAGE NAME:

.....

A13. LOWEST IHS3 ROSTER ID NUMBER FROM SECTION B, QUESTION 06:

0		
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REFER TO COMPLETED T0 AND CONFIRM IN MODULE B HOUSEHOLD ROSTER

VISIT 1

A14. DESCRIPTION OF LOCATION OF HOUSEHOLD:

.....

.....

.....

.....

.....

A15. WHAT ARE THE GPS COORDINATES OF THE DWELLING?

LATITUDE (S)									

LONGITUDE (E)									

A16. WEATHER CONDITION AT MEASUREMENT:

Clear/ Sunny.....1	Mostly Cloudy / Considerable Cloudiness..4
Mostly Clear / Mostly Sunny.....2	Completely Cloudy5
Partly Cloudy / Partly Sunny.....3	Rainy.....6

A17. PHONE NUMBER FOR HOUSEHOLD HEAD:

A. NAME: _____ B. PHONE: _____

A18. CONTACT INFORMATION - REFERENCE PERSON 1:

A. NAME: _____

B. RELATIONSHIP TO HEAD: _____

C. PHONE: _____

D. DISTRICT: _____

E. TA, STA, or TOWN: _____

F. PLACE / VILLAGE: _____

VISIT 2

A30. IS THIS HOUSEHOLD IN THE SAME DWELLING AS IN VISIT 1?

YES...1 ►33
NO2

A31. DESCRIPTION OF NEW LOCATION OF HOUSEHOLD:

.....

.....

.....

.....

.....

A32. WHAT ARE THE GPS COORDINATES OF THE DWELLING? (RETAKE - DO NOT COPY)

LATITUDE (S)									

LONGITUDE (E)									

A33. WEATHER CONDITION AT MEASUREMENT:

Clear/ Sunny.....1	Mostly Cloudy / Considerable Cloudiness..4
Mostly Clear / Mostly Sunny.....2	Completely Cloudy5
Partly Cloudy / Partly Sunny.....3	Rainy.....6

A34. PHONE NUMBER FOR HOUSEHOLD HEAD: (RETAKE - DO NOT COPY)

A. NAME: _____ B. PHONE: _____

A20. CONTACT INFORMATION - REFERENCE PERSON 3:

A. NAME: _____

B. RELATIONSHIP TO HEAD: _____

C. PHONE: _____

D. DISTRICT: _____

E. TA, STA, or TOWN: _____

F. PLACE / VILLAGE: _____

MODULE A-2: SURVEY STAFF DETAILS**VISIT 1**

A21. ENUMERATOR CODE:

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A22. ENUMERATOR NAME:

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	DATE	START	END	MODULES
A23. Attempt 1				
Attempt 2				
Attempt 3				

HH

MM

HH

MM

ENUMERATOR>> NEXT PAGE

A24. SUPERVISOR CODE:

--	--	--

A25. SUPERVISOR NAME:

--

A26. DATE OF INSPECTION:

--	--	--

DD

MM

YYYY

A27. DATA ENTRY CODE:

--	--	--

A28. DATA ENTRY NAME:

--

A29. DATE OF DATA ENTRY:

--	--	--

DD

MM

YYYY

RECORD GENERAL NOTES ABOUT THE INTERVIEW AND ANY SPECIAL INFORMATION THAT WILL BE HELPFUL FOR SUPERVISORS AND DATA ANALYSIS.

PLEASE MARK AN 'X' IN BOX IF HOUSEHOLD REFUSAL. PROVIDE DETAILS.

--

VISIT 2

A35. ENUMERATOR CODE:

--	--	--

A36. ENUMERATOR NAME:

--

	DATE	START	END	MODULES
A37. Attempt 1				
Attempt 2				
Attempt 3				

HH

MM

HH

MM

ENUMERATOR>> NEXT PAGE

A38. SUPERVISOR CODE:

--	--	--

A39. SUPERVISOR NAME:

--

A40. DATE OF INSPECTION:

--	--	--

DD

MM

YYYY

A41. DATA ENTRY CODE:

--	--	--

A42. DATA ENTRY NAME:

--

A43. DATE OF DATA ENTRY:

--	--	--

DD

MM

YYYY

RECORD GENERAL NOTES ABOUT THE INTERVIEW AND ANY SPECIAL INFORMATION THAT WILL BE HELPFUL FOR SUPERVISORS AND DATA ANALYSIS.

PLEASE MARK AN 'X' IN BOX IF HOUSEHOLD REFUSAL. PROVIDE DETAILS.

--

A44. 2ND DE CODE:

--	--	--

A45. 2ND DE NAME:

--

A46. DATE OF 2ND DE:

--	--	--

DD

MM

YYYY

INTRODUCTION TO THE HOUSEHOLD TO BE INTERVIEWED**CONVEY THE FOLLOWING INFORMATION TO THE RESPONDENT:**

You were one of the households interviewed as part of the Third Integrated Household Survey (IHS3) in 2009/2010 administered by the National Statistical Office in Zomba and selected for a follow-up interview this year as part of the Integrated Household Panel Survey (IHPS). The IHS3 survey asked questions about how you were living and the responses provided were intended to help the government of Malawi do a better job in meeting the needs of all Malawians.

IHS3 HOUSEHOLDS:

Now in 2012/2013, we are returning to see how things are progressing in terms of living standards.

SPLIT-OFF HOUSEHOLDS:

At the time of IHS3, one of your household members was living in a selected household, and we would like to see how things are progressing and how they, and the rest of their new household, are living now.

ALL:

I would like to ask the questions in this form to you as head of household or spouse of the head. I will also need to ask questions to other members of your household, as well as weigh and measure the height of any children under age 5 years who live in your household. These questions will take several hours to complete. All of your answers will be held in confidence. The answers which you and the members of your household might give me will only be used by the NSO or under its supervision.

Before I start, do you have any questions or is there anything which I have said on which you would like any further clarification? May I proceed with interviewing you and members of your household?

TABLE OF CONTENTS**PAGE**

5	MODULE B: HOUSEHOLD ROSTER
8	MODULES B1-B8: EXPERIMENT MODULES
10	MODULE C: EDUCATION
13	MODULE D: HEALTH
17	MODULE E: TIME USE & LABOUR
27	MODULE F: HOUSING
30	MODULE G: FOOD CONSUMPTION OVER PAST ONE WEEK
38	MODULE H: FOOD SECURITY
39	MODULE I: NON-FOOD EXPENDITURES – OVER PAST ONE WEEK & ONE MONTH
40	MODULE J: NON-FOOD EXPENDITURES
41	MODULE K: NON-FOOD EXPENDITURES OVER PAST 12 MONTHS
42	MODULE L: DURABLE GOODS

PAGE

43	MODULE M: FARM IMPLEMENTS, MACHINERY, AND STRUCTURES
44	MODULE N: HOUSEHOLD ENTERPRISES
52	MODULE O: CHILDREN LIVING ELSEWHERE
54	MODULE P: OTHER INCOME
56	MODULE Q: GIFTS GIVEN OUT
57	MODULE R: SOCIAL SAFETY NETS
59	MODULE S: CREDIT
61	MODULE T: SUBJECTIVE ASSESSMENT OF WELL-BEING
63	MODULE U: SHOCKS & COPING STRATEGIES
64	MODULE V: CHILD ANTHROPOMETRY
65	MODULE X: FILTER QUESTIONS FOR AGRICULTURE & FISHERY QUESTIONNAIRES

DAY	MONTH	HOURS	MINUTES

MODULE B: HOUSEHOLD ROSTER

IN ORDER TO MAKE A
COMPREHENSIVE LIST OF
INDIVIDUALS CONNECTED TO
THE HOUSEHOLD, USE THE
FOLLOWING PROBE QUESTIONS:

First, give me the names of all the members of your immediate family who normally live and eat their meals together here.

WRITE DOWN NAMES, SEX, AND
RELATIONSHIP TO HH HEAD
(B02 to B04). LIST
HOUSEHOLD HEAD ON LINE 1.

Then, give me the names of any other persons related to you or other household members who normally live and eat their meals together here.
FILL IN B02 to B04.

Are there any other persons not here now who normally live and eat their meals here? For example, household members studying elsewhere or traveling.
FILL IN B02 to B04.

Then, give me the names of any other persons not related to you or other household members, but who normally live and eat their meals together here, such as servants, lodgers, or other who are not relatives.

FILL IN B02 to B04.

DO NOT LIST SERVANTS WHO
HAVE A HOUSEHOLD ELSEWHERE,
AND GUESTS WHO ARE VISITING
TEMPORARILY AND HAVE A
HOUSEHOLD ELSEWHERE.

IF MORE THAN 15
INDIVIDUALS, USE SECOND
QUESTIONNAIRE. MAKE SURE
TO MARK BOX ON FIRST PAGE
OF BOTH QUESTIONNAIRES.

[illegible]

MODULE B: HOUSEHOLD ROSTER (CONTINUED)[illegible]

MODULE B: HOUSEHOLD ROSTER (CONTINUED)

B01	B22	B22_1	B22_2	B22_3	B22_4	B23	B24	B25	B26			B27	B28
I D C O D E	ASK OF ONLY HH HEAD: What language do you speak at home?	ENUMERATOR: IS THE SAMPLE HOUSEHOLD SELECTED FOR SURVEY EXPERIMENT?	ENUMERATOR: IS THIS PERSON [NAME] AGED 5 YEARS OR OLDER?	What is the <u>highest</u> <u>educational</u> <u>qualification</u> acquired by [NAME]?	ENUMERATOR: IS THIS PERSON [NAME] AGED 12 YEARS OR OLDER?	What religion, if any, does [NAME] practice?	What is [NAME]'s present marital status?	Does [NAME]'s spouse live in this household now?	COPY THE ID CODE OF THE WIFE/ HUSBAND. IF MORE THAN ONE WIFE, COPY ID CODES OF ALL WIVES RESIDENT IN HOUSEHOLD.			Does [NAME] have a spouse living outside of this household now?	How many spouses does [NAME] have who are residing else- where?
	CHEWA. . 1 NYANJA . 2 YAO. . . 3 TUMBUKA. 4 LOMWE. . 5 NKHONDE. 6 NGONI. . 7 SENA . . 8 NYAKYUSA 9 TONGA . 10 LAMBYA. 11 SENGWA. 12 SUKWA . 13 ENGLISH. 14 OTHER . 15	YES..1 NO...2	YES..1 NO...2>>B22_4	NONE. . . 1 PSLC. . . 2 JCE . . . 3 MSCE. . . 4 NON-UNIV. DIPLOMA. 5 UNIVER. DIPLOMA, DEGREE . 6 POST-GRAD. DEGREE . 7	YES..1 NO...2>>NEXT ROW	NONE.....1 TRADITIONAL..2 CHRISTIANITY.3 ISLAM.....4 OTHER RELIGION.....5	MONOGAMOUS MARRIED OR NON-FORMAL UNION.....1 POLYGAMOUS MARRIED OR NON-FORMAL UNION.....2 SEPARATED..3>>NEXT ROW DIVORCED..4>>NEXT ROW WIDOW OR WIDOWER...5>>NEXT ROW NEVER MARRIED...6>>NEXT ROW	YES..1 NO...2>>B27	ID CODE SPOUSE 2ND 3RD WIFE WIFE			YES..1 NO...2>>NEXT ROW	NUMBER
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													

ENUMERATOR:
RECORD
PRIMARY
RESPONDENT
ID FOR VISIT 1
MODULE B:

ID

ENUMERATOR:
RECORD VISIT 1
END TIME
FOR MODULE B:

HOURS	MINUTES

VISIT 1B001: **ENUMERATOR:** IS THIS A PANEL A OR PANEL B HOUSEHOLD?PANEL A...1 >> MODULE C
PANEL B...2B002: **ENUMERATOR:** IS THIS HOUSEHOLD SELECTED FOR THE SURVEY EXPERIMENT?YES...1
NO...2 >> MODULE X**MODULE B1: HOUSING**ENUMERATOR:
RECORD
START TIME
FOR MODULE B1:

HOURS	MINUTES
-------	---------

ENUMERATOR: RECORD
PRIMARY RESPONDENT
ID FOR MODULE B1:

ID

ENUMERATOR:
RECORD
END TIME
FOR MODULE B1:

HOURS	MINUTES
-------	---------

B101	B102	B103	B104	B105	B106	B107	B108
Do you own or are purchasing this house, is it provided to you by an employer, do you use it for free, or do you rent this house? OWNED. . . . 1 BEING PURCHASED . . 2 EMPLOYER PROVIDES. . . 3 FREE, AUTHORIZED . . 4 FREE, NOT AUTHORIZED. . 5 RENTED. . . . 6	THE ROOF OF THE MAIN DWELLING IS PREDOMINANTLY MADE OF WHAT MATERIAL? GRASS.....1 IRON SHEETS.....2 CLAY TILES.....3 CONCRETE...4 PLASTIC SHEETING...5 OTHER (SPECIFY) .6	THE FLOOR OF THE MAIN DWELLING IS PREDOMINANTLY MADE OF WHAT MATERIAL? SAND.1 SMOOTHED MUD.2 SMOOTH CEMENT...3 WOOD. . . 4 TILE. . . . 5 OTHER (SPECIFY) .6	How many <u>separate rooms</u> do the members of your household occupy? (DO NOT COUNT BATHROOMS, TOILETS, STOREROOMS, OR GARAGE)	How many working cell phones in total does your household own? IF NONE, RECORD 0.	Estimate the total cost for all <u>cell phone</u> service for all household members last month? NUMBER	What kind of <u>toilet facility</u> does your household use? FLUSH TOILET. . 1 VIP LATRINE. . 2 LATRINE. . 3 TRADIT. LATRINE W/O ROOF. 4 NONE. . . . 5 OTHER (SPECIFY) 6	Do any members of your household <u>sleep under a bed net</u> to protect against mosquitoes at some time during the year? YES...1 NO...2
			NUMBER	NUMBER	MK		

VISIT 2B003: **ENUMERATOR:** IS THIS A PANEL A OR PANEL B HOUSEHOLD?PANEL A...1
PANEL B...2 >> MODULE CB004: **ENUMERATOR:** IS THIS HOUSEHOLD SELECTED FOR THE SURVEY EXPERIMENT?YES...1
NO...2 >> MODULE X**MODULE B2: FOOD CONSUMPTION**ENUMERATOR:
RECORD
START TIME
FOR MODULE B2:

HOURS	MINUTES
-------	---------

ENUMERATOR: RECORD
PRIMARY RESPONDENT
ID FOR MODULE B2:

ID

ENUMERATOR:
RECORD
END TIME
FOR MODULE B2:

HOURS	MINUTES
-------	---------

	B201	B202		B201	B202
Over the past <u>one week (7 days)</u> , did you or others in your household consume any [. .]?	YES.1 NO...2> > NEXT ITEM	ITEM CODE	ITEM	YES.1 NO...2> > NEXT ITEM	ITEM CODE
INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.					
Maize <i>ufa mgaiwa</i> (normal flour) *		101	Eggs		501
Maize <i>ufa</i> refined (fine flour) *		102	Beef		504
Maize <i>ufa madeya</i> (bran flour) *		103	Goat		505
Rice		106	Pork		506
Bread		111	Chicken		508
Cassava tubers*		201	Other poultry-guinea fowl,doves,etc.		509
White sweet potato*		203	Fresh milk		701
Bean, brown*		302	Sugar		801
Groundnut*		304	Cooking oil		803
Nkhwani*		404	Chips (vendor)		821
Tomato*		408	Mandazi, doughnut (vendor)		827

MODULES B3, B4 & B5: NON-FOOD EXPENDITURES**MODULE B3: ONE WEEK RECALL**

	B301	B302
Over the past <u>one week (7 days)</u> , did your household purchase or pay for any [...]?	YES.1 NO...2> > NEXT ITEM	ITEM CODE
Charcoal		101
Paraffin or kerosene		102
Cigarettes or other tobacco		103
Candles		104
Matches		105
Newspapers or magazines		106
Public transport - Bicycle Taxi		107
Public transport - Bus/Minibus		108
Public transport - Other (Truck, Oxcart, Etc..)		109

MODULE B4: ONE MONTH RECALL

	B401	B402
Over the past <u>one month</u> , did your household purchase or pay for any [...]?	YES.1 NO...2> > NEXT ITEM	ITEM CODE
Bar soap (body soap or clothes soap)		202
Clothes soap (powder)		203
Toothpaste, toothbrush		204
Glycerine, Vaseline, skin creams		206
Other personal products (shampoo, razor blades, cosmetics, hair products, etc.)		207
Batteries		220
Recharging batteries, cell phones		221

MODULE B5: THREE MONTH RECALL

	B501	B502
Over the past <u>three months</u> , did your household purchase or pay for any [...]?	YES.1 NO...2> > NEXT ITEM	ITEM CODE
Men's trousers		308
Men's shirts		309
Men's jackets		310
Men's undergarments		311
Men's other clothing		312
Boy's shoes		322
Men's shoes		323
Girl's shoes		324
Lady's shoes		325

ENUMERATOR:
RECORD
START TIME
FOR MODULE B3:

HOURS	MINUTES
-------	---------

ENUMERATOR: RECORD
PRIMARY RESPONDENT
ID FOR MODULE B3,B4,B5:

ID

ENUMERATOR:
RECORD
END TIME
FOR MODULE B5:

HOURS	MINUTES
-------	---------

MODULE B6: ASSETS

ENUMERATOR: RECORD
START TIME
FOR MODULE B6: HOURS MINUTES

ITEM	B601 How many [ITEM]s do you own? IF NONE, RECORD ZERO.	B602 ITEM CODE
Mortar/pestle (<i>mtondo</i>)		501
Bed		502
Table		503
Chair		504
Radio (wireless)		507
Tape or CD/DVD player, HiFi		508
Television		509
Sewing machine		511
Electric or gas stove; hot plate		513
Refrigerator		514
Bicycle		516
Motorcycle/scooter		517
Car		518
Upholstered chair, sofa set		522
Coffee table (for sitting room)		523
Cupboard, drawers, bureau		524
Lantern (paraffin)		525
Clock		527
Iron (for pressing clothes)		528

ENUMERATOR: RECORD
PRIMARY RESPONDENT
ID FOR MODULE B6: ID

ENUMERATOR: RECORD
END TIME
FOR MODULE B6: HOURS MINUTES

MODULE B7: SHOCKS

ENUMERATOR: RECORD
START TIME
FOR MODULE B7: HOURS MINUTES

CODE	SHOCK	B701 During the last 12 months, was your household affected negatively by any of the following [SHOCK]? YES..1 NO...2 >> NEXT SHOCK	B702 Rank the three most significant shocks you experienced - Most Severe (1), Second Most Severe (2), Third (3).
101	Drought		
1101	Irregular Rains		
102	Floods		
1102	Landslides		
103	Earthquakes		
104	Unusually High Level of Crop Pests or Disease		
105	Unusually High Level of Livestock Disease		
106	Unusually Low Prices for Agricultural Output		
107	Unusually High Costs of Agricultural Inputs		
108	Unusually High Prices for Food		
109	End of Regular Assistance/Aid/Remittances From Outside		
110	Reduction in the Earnings from Household		
111	Household (Non-Agricultural) Business		
112	Reduction in the Earnings of Currently		
113	Loss of Employment of Previously Salaried		
114	Serious Illness or Accident of Household Member(s)		
115	Birth in the Household		
116	Death of Income Earner(s)		
117	Death of Other Household Member(s)		
118	Break-Up of Household		
119	Theft of Money/Valuables/Assets/Agricultural Output		
120	Conflict/Violence		
121	Other (Specify)		

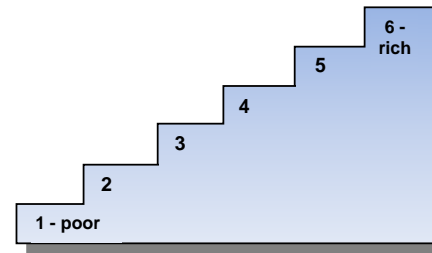
ENUMERATOR: RECORD
PRIMARY RESPONDENT
ID FOR MODULE B7: ID

ENUMERATOR: RECORD
END TIME
FOR MODULE B7: HOURS MINUTES

MODULE B8: SUBJECTIVE WELFARE

ENUMERATOR: RECORD
START TIME
FOR MODULE B8: HOURS MINUTES

B801 Concerning your household's <u>food consumption</u> over the past <u>one month</u> , which of the following is true? It was less than adequate for household needs.... 1 It was just adequate for household needs.. . . . 2 It was more than adequate for household needs.... 3 (NOTE THAT 'ADEQUATE' MEANS NO MORE OR NO LESS THAN WHAT THE RESPONDENT CONSIDERS TO BE THE MINIMUM CONSUMPTION NEEDS OF THE HOUSEHOLD.)		B802 Imagine six steps, where on the bottom, the first step, stand the poorest people, and on the highest step, the sixth, stand the rich. SHOW THE PICTURE OF THE STEPS BELOW. On which step are you today?	B803 On which step are most of your neighbors today?	B804 On which step are most of your friends today?	B805 How many <u>changes of clothes</u> do you (HH HEAD) own? (NUMBER OF TROUSERS FOR MEN; SKIRTS/DRESSES FOR WOMEN) NUMBER	B806 What do you (HH HEAD) <u>sleep under in the cold season</u> (July)? BLANKET & SHEETS. . . .1 BLANKET ONLY. . . .2 SHEETS ONLY. . . .3 CHITENJE CLOTH. . . .4 FERTILIZER or GRAIN SACK. . . .5 CLOTHES. . . .6 NOTHING. . . .7
---	--	--	--	--	---	---



(THEN >> MODULE X)

ENUMERATOR: RECORD
PRIMARY RESPONDENT ID
FOR MODULE B8: ID

ENUMERATOR: RECORD
END TIME
FOR MODULE B8: HOURS MINUTES

[ASK OF ALL PERSONS AGED 5 YEARS AND OLDER.]

MODULE C: EDUCATION (CONTINUED)[illegible]

MODULE D: HEALTH

[ASK OF ALL PERSONS IN THE HOUSEHOLD. MOTHERS OR GUARDIANS TO ANSWER FOR CHILDREN UNDER 10 YEARS OF AGE.]

[illegible]

MODULE D: HEALTH (CONTINUED)

I D C O D E	D37 IS THIS PERSON, [NAME], LESS THAN 15 YEARS OLD? YES...1 NO....2>>>D39	D38 What did you have for breakfast yesterday? TEA/DRINK WITH SUGAR.....1 MILK/MILK TEA WITH SUGAR.....2 SOLID FOOD ONLY..3 TEA/DRINK WITH SOLID FOOD..4 PORRIDGE WITH G/NUT FLOUR.5 PORRIDGE WITH SOLID FOOD..6 PORRIDGE WITH SUGAR.....7 PORRIDGE WITH MILK.....8 PORRIDGE WITHOUT SUGAR....9 NOTHING.....10 OTHER (SPECIFY).11	D39 IS THIS PERSON, [NAME], A WOMAN AGED 12 TO 49 YEARS? YES...1 NO...2>>>NEXT MODULE	D40 In the past 24 months, did you <u>give birth</u> to a child, even if born dead? YES...1 NO...2>>>NEXT MODULE	D41 Did you regularly go to a health clinic when you were pregnant with your last child born in the last 24 months? YES...1 NO...2	D42 Where did you deliver your last child born in the last 24 months? HOSPITAL/ MATERNITY CLINIC....1 AT HOME...2 OTHER (SPECIFY) .3	D43 Who assisted in delivering this child? DOCTOR/ CLINICAL OFFICER . 1 NURSE/MIDWIFE. . . 2 PATIENT ATTENDANT .3 TRADITIONAL BIRTH ATTENDANT 4 RELATIVE/FRIEND . .5 NO ONE 6 OTHER (SPECIFY) . . 7 (THEN >> NEXT MODULE)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

MODULE E: TIME USE & LABOUR (CONTINUED)[illegible]

MODULE E: TIME USE & LABOUR (CONTINUED)

MAIN WAGE JOB OVER THE LAST 12 MONTHS

E01	E14	E15	E16	E17	E18	E19	E20
I D C O D E	Even though you did not do any activities in the last seven days, do you have a job, business, or other economic or farming activity that you will return to? NOT GANYU. YES..1 NO..2>>E16	What is the main reason you did not work at this activity during the last seven days? ON LEAVE.....1 ILL.....2 BUSINESS CLOSED TEMPORARILY..3 NOT FARMING SEASON.....4 OTHER (SPECIFY)...5 (THEN >> E18)	In the past four weeks have you taken any action to look for any kind of work or start any kind of business / income generating activity? YES..1 NO..2	If you were offered a wage job, would you be willing to accept it? YES..1 NO..2	ENUMERATOR: CHECK QUESTION E06_4. DID THE RESPONDENT REPORT YES TO THIS QUESTION? YES..1 NO..2>>E46	Describe your main wage job over the last 12 months. WRITTEN DESCRIPTION OCCUP. CODE	Describe what kind of trade or business your main wage job over the last 12 months is connected with. WRITTEN DESCRIPTION IND. CODE
						(Supervisor to put in occupation code <u>after</u> interview)	(Supervisor to put in industry code <u>after</u> interview)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

MODULE E: TIME USE & LABOUR (CONTINUED)[illegible]

MODULE E: TIME USE & LABOUR (CONTINUED)

MODULE E: TIME USE & LABOUR (CONTINUED)**SECONDARY WAGE JOB OVER THE LAST 12 MONTHS**

E01	E32	E33		E34		E35	E35_1
	At any time over the last 12 months, were you employed for a second wage job, including casual/part-time labour, for a wage, salary, commission or any payment in kind, excluding ganyu, for anyone who is not a member of your household?	Describe your secondary wage job over the last 12 months.		Describe what kind of trade or business your secondary wage job over the last 12 months is connected with.		Is your employer for your secondary wage job over the last 12 months...	What type of position is your secondary wage job?
I D C O D E						READ RESPONSES	READ RESPONSES
	YES.1 NO..2>>>E46	(Supervisor to put in occupation code <u>after</u> interview)		(Supervisor to put in industry code <u>after</u> interview)		Private Company.....1 Private Individual.....2 Government.....3 State-Owned Enterprise (Parastatal).....4 MASAF/Public Works Program.....5 Church/Religious Organization.....6 Political Party.....7 Other (Specify).....8	Permanent.....1 Fixed-term with duration ≥12 Government.....3 Temporary/Seasonal/ Freelance.....4
		WRITTEN DESCRIPTION	OCCUP. CODE	WRITTEN DESCRIPTION	IND. CODE		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

MODULE E: TIME USE & LABOUR (CONTINUED)[illegible]

MODULE F: HOUSINGENUMERATOR: RECORD START DATE & TIME FOR MODULE F:

DAY	MONTH	HOURS	MINUTES

F01 Do you own or are purchasing this house, is it provided to you by an employer, do you use it for free, or do you rent this house? OWNED. . . . 1 BEING PURCHASED . . 2 EMPLOYER PROVIDES. . . 3>> F03 FREE, AUTHORIZED . . 4>> F03 FREE, NOT AUTHORIZED. . . 5>> F03 RENTED. . . . 6>> F04	F02 If you <u>sold this dwelling</u> today, how much would you receive for it? MK	F03 Estimate the rent you could receive if you rented this dwelling? (THEN >> F05) MK DAY...3 WEEK...4 MONTH..5 YEAR...6 TIME UNIT	F04 How much do you pay to rent this dwelling? MK DAY...3 WEEK...4 MONTH..5 YEAR...6 TIME UNIT	F05 How many years ago was this house built? How old is it? IF DO NOT KNOW, RECORD 999. YEARS	F06 WHAT GENERAL TYPE OF <u>CONSTRUCTION MATERIALS</u> ARE USED FOR THE DWELLING? PERMANENT. . . 1 SEMI-PERMANENT 2 TRADITIONAL. . 3 (SEMI-PERMANENT IS MIX OF TRADITIONAL (GRASS, MUD) & MODERN MATERIALS (IRON SHEET, CEMENT))	F07 THE <u>OUTER WALLS</u> OF THE MAIN DWELLING OF THE HOUSEHOLD ARE PREDOMINANTLY MADE OF WHAT MATERIAL? GRASS 1 MUD (YOMATA) . . 2 COMPACTED EARTH (YAMDINDO) . . 3 MUD BRICK (UNFIRED) . . 4 BURNT BRICKS. . . 5 CONCRETE. . . . 6 WOOD. 7 IRON SHEETS . . . 8 OTHER (SPECIFY) 9	F08 THE <u>ROOF OF</u> THE MAIN DWELLING IS PREDOMINANTLY MADE OF WHAT MATERIAL? GRASS.....1 IRON SHEETS.....2 CLAY TILES.....3 CONCRETE...4 PLASTIC SHEETING...5 OTHER (SPECIFY)..6	F09 THE <u>FLOOR OF</u> THE MAIN DWELLING IS PREDOMINANTLY MADE OF WHAT MATERIAL? SAND. 1 SMOOTHED MUD. . 2 SMOOTH CEMENT . 3 WOOD. 4 TILE. 5 OTHER (SPECIFY) . . 6
--	--	---	--	---	--	--	--	---

F10 How many <u>separate rooms</u> do the members of your household occupy? (DO NOT COUNT BATHROOMS, TOILETS, STOREROOMS, OR GARAGE) NUMBER OF ROOMS	F11 What is your main source of <u>lighting fuel</u> ? COLLECTED FIREWOOD. . . 1 PURCHASED FIREWOOD. . . 2 GRASS. 3 PARAFFIN . . . 4 ELECTRICITY. . 5 GAS. 6 BATTERY/DRY CELL (TORCH). 7 CANDLES. . . . 8 OTHER (SPECIFY). . 9 BATTERY/DRY CELL (CAR) . 10	F12 What is your main source of <u>cooking fuel</u> ? COLLECTED FIREWOOD. . 1 (>> F15) PURCHASED FIREWOOD. . 2 (>> F14) PARAFFIN . . 3 ELECTRICITY. 4 GAS. 5 CHARCOAL . . 6 CROP RESIDUE 7 SAW DUST . . 8 ANIMAL WASTE 9 OTHER (SPECIFY) . . 10	F13 Do you ever use firewood for fuel? YES..1 NO...2>> F19	F14 Do you ever collect firewood? YES..1 NO...2>> F18	F15 Where do you go to collect firewood? OWN WOODLOT . 1 COMMUNITY WOODLOT . 2 FOREST RESERVE . 3 UNFARMED AREAS OF COMMUN-ITY . . 4 OTHER (SPECIFY) . 5	F16 How long does it take you to walk from your dwelling to where you usually go to collect firewood? TIME AMOUNT MINUTE..1 HOUR....2 UNIT	F17 Of the firewood you used in the past week, how much of it did you purchase? ALL 1 ALMOST ALL. . . 2 MORE THAN HALF . . 3 HALF. . . . 4 LESS THAN HALF . . 5 A LITTLE. 6 NONE. . . . 7	F18 What is the total value of the firewood you used in the past week, whether gathered or purchased? (Estimate purchase cost of gathered firewood.) MK	F19 Do you have <u>electricity</u> working in your dwelling? YES..1 NO...2>> F27
--	--	---	---	--	---	--	--	--	---

F29	F30	F34	F35	F36	F37	F38	F39
What is the main reason for your household not to have access to electricity?	How long have you been waiting for?	How many working cell phones in total does your household own?	Estimate the total cost for all cell phone service for all household members last month?	What is your <u>main</u> source of <u>drinking water</u> ?	What was the total cost of <u>drinking water</u> for your household last month?	How long does it take you to walk (ONE WAY) to the main water source from your dwelling?	Do you use the main water source...
CONNECTION/ WIRING FEE UNAFFORDABLE..1>>F34 NO NEED FOR ELECTRICITY...2>>F34 DWELLING UNAPPROPRIATE FOR CONNECTION....3>>F34 APPLICATION PENDING.....4 LINE WAS DISCONNECTED..5>>F34 OTHER (SPECIFY)6>>F34	DAY....3 WEEK...4 MONTH..5 YEAR...6	IF NONE, RECORD 0 AND >> F36.		PIPED INTO DWELLING. . . 1 PIPED INTO YARD/PLOT. . . 2 COMMUNAL STANDPIPE . . . 3 OPEN WELL IN YARD/PLOT. 4 OPEN PUBLIC WELL. . . . 5 PROTECTED WELL IN YARD/PLOT. 6 PROTECTED PUBLIC WELL. . 7 BOREHOLE 8 SPRING 9 RIVER/STREAM. 10 POND/LAKE. 11 DAM. 12 RAINWATER. 13 TANKER TRUCK/BOWSER. . 14 BOTTLED WATER. . . . 15 OTHER (SPECIFY). . . . 16	IF NONE, ENTER 0 AND CONTINUE TO F38.	IF THE WATER SOURCE IS ON PREMISES, RECORD 99 FOR TIME AMOUNT AND CONTINUE TO F39.	
	TIME UNIT	NUMBER	MK		MK	TIME AMOUNT	MINUTE..1 HOUR...2 TIME UNIT
							ALL YEAR AROUND....1>>F41 ONLY RAINYSEASON...2 ONLY DRY SEASON....3

MODULE F: HOUSING (CONTINUED)

F40 What is your <u>main</u> source of <u>drinking water</u> in the <u>other</u> season? PIPED INTO DWELLING. . . 1 PIPED INTO YARD/PLOT. . . 2 COMMUNAL STANDPIPE . . . 3 OPEN WELL IN YARD/PLOT. 4 OPEN PUBLIC WELL. . . . 5 PROTECTED WELL IN YARD/PLOT. 6 PROTECTED PUBLIC WELL. . 7 BOREHOLE. 8 SPRING 9 RIVER/STREAM. 10 POND/LAKE. 11 DAM. 12 RAINWATER. 13 TANKER TRUCK/BOWSER. . 14 BOTTLED WATER. 15	F41 What kind of <u>toilet facility</u> does your household use? FLUSH TOILET. . . 1 VIP LATRINE. . 2 TRADIT. LATRINE W/ROOF. . 3 TRADIT. LATRINE W/O ROOF. 4 NONE. . . . 5>>> F43 OTHER (SPECIFY) 6	F42 Is this toilet facility for the use of: READ RESPONSES Household members only.1 Other households also.....2	F43 What kind of <u>rubbish disposal</u> facilities does your household use? COLLECTED FROM RUBBISH BIN. . . 1 RUBBISH PIT . . . 2 BURNING 3 PUBLIC RUBBISH HEAP 4 OTHER (SPECIFY) . . . 5 NONE. 6	F44 Do any members of your household <u>sleep under a bed net</u> to protect against mosquitoes at some time during the year? YES..1 NO...2>>> F48	F45 Has/have the bed net(s) ever been dipped in insecticide against mosqui-toes in the past six months? YES. 1 NO 2 ALL NETS TREATED & LESS THAN 6 MONTHS OLD. . . 3	F46 ENUMERATOR: DOES THIS HOUSEHOLD HAVE ANY CHILDREN BELOW 5 YEARS OF AGE? YES..1 NO...2>>> F48	F47 Do the children under 5 in the household sleep under a bed net at those times of the year when there are mosquitoes present? YES, FOR <u>ALL</u> CHILDREN UNDER FIVE 1 YES, FOR <u>SOME</u> CHILDREN UNDER FIVE 2 NO, NONE OF THE CHILDREN UNDER FIVE 3
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F48 Do you, either by yourself or together with another household member or someone outside your household, currently have an account at a bank, credit union, micro finance institution, post office, village savings organization, or another financial institution? YES..1 NO...2>>>50	F49 ENUMERATOR: RECORD THE HOUSEHOLD ROSTER ID OF THE RESPONDENT. HH ROSTER ID CODE	F50 Does any other member of your household, either by him/herself or together with another household member or someone outside your household, currently have an account at a bank, credit union, micro finance institution, post office, village savings organization, or another financial institution? YES..1 NO...2>>>52	F51 ENUMERATOR: RECORD THE HOUSEHOLD ROSTER ID CODE FOR UP TO 3 INDIVIDUALS, EXCLUDING THE RESPONDENT. HH ROSTER ID CODE #1 HH ROSTER ID CODE #2 HH ROSTER ID CODE #3			F52 In the past year (12 months), have you used an account at a bank, credit union, etc. of someone else in your household or your community? YES..1 NO...2>>>54	F53 ENUMERATOR: RECORD THE HOUSEHOLD ROSTER ID OF THE RESPONDENT. HH ROSTER ID CODE	F54 In the past year (12 months), has any other member of your household used an account at a bank, credit union, etc. of someone else in your household or your community ? YES..1 NO...2>>>NEXT MODULE	F55 ENUMERATOR: RECORD THE HOUSEHOLD ROSTER ID CODE FOR UP TO 3 INDIVIDUALS, EXCLUDING THE RESPONDENT. HH ROSTER ID CODE #1 HH ROSTER ID CODE #2 HH ROSTER ID CODE #3		
---	--	---	---	--	--	--	--	--	---	--	--

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE F:

ENUMERATOR:
 RECORD
 END TIME
 FOR MODULE F:

HOURS MINUTES

MODULE G: FOOD CONSUMPTION OVER PAST ONE WEEKENUMERATOR: RECORD START DATE & TIME FOR MODULE G:

DAYS	MONTHS	HOURS	MINUTES

G00_1. Who in the household is most knowledgeable about food consumed in the household. LIST MEMBER ID.

G00_2. Who in the household is reporting information on food consumption in this module. LIST MEMBER ID.

DE LINE NUMBER	Over the past one week (7 days), did you or others in your household consume any [. .]? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.	G01 YES...1 NO...2>> NEXT ITEM	G02 ITEM CODE	G03 How much in total did your household consume in the past week?	G04 How much came from purchases?		G05 How much did you spend?		G06 How much came from own-production?		G07 How much came from gifts and other sources?		DE LINE NUMBER
					QUANTITY	UNIT	QUANTITY	UNIT	QUANTITY	UNIT	QUANTITY	UNIT	
1	Cereals, Grains and Cereal Products												1
2	Maize <i>ufa mgaiwa</i> (normal flour) *		101										2
3	Maize <i>ufa</i> refined (fine flour) *		102										3
4	Maize <i>ufa madeya</i> (bran flour) *		103										4
5	Maize grain (not as <i>ufa</i>) *		104										5
6	Green maize *		105										6
7	Rice		106										7
8	Finger millet (<i>mawere</i>)		107										8
9	Sorghum (<i>mapira</i>)		108										9
10	Pearl millet (<i>mchewere</i>)		109										10
11	Wheat flour		110										11
12	Bread		111										12
13	Buns, scones		112										13
14	Biscuits		113										14
15	Spaghetti, macaroni, pasta		114										15
16	Breakfast cereal		115										16
17	Infant feeding cereals		116										17
18	Other (specify)		117										18

CODES FOR UNIT:

KILOGRAMME1
 50 KG. BAG2
 PAIL (SMALL) . . .4
 PAIL (LARGE) . . .5
 No. 10 PLATE . . .6
 No. 12 PLATE . . .7
 BUNCH.8
 PIECE.9
 HEAP10
 BALE11
 OX-CART
 (UNSHELLED) . . .14
 LITRE.15
 GRAM18
 MILLILITRE . . .19
 TEASPOON. . . .20
 SATCHET/TUBE. . .22
 OTHER (SPECIFY) .23

* ENUMERATOR: PLEASE SPECIFY SUB-UNIT CODE FOR ITEM. REFER TO PHOTO AID

MODULE G: FOOD CONSUMPTION OVER PAST ONE WEEK

DE LINE NUMBER	Over the past one week (7 days), did you or others in your household consume any [. .]? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.	G01 YES . . 1 NO . . 2 >> NEXT ITEM	G02 ITEM CODE	G03 How much in total did your household consume in the past week?		G04 How much came from purchases?		G05 How much did you spend?	G06 How much came from own-production?		G07 How much came from gifts and other sources?	DE LINE NUMBER
				QUANTITY	UNIT	QUANTITY	UNIT	MK	QUANTITY	UNIT	QUANTITY	
19	Roots, Tubers, and Plantains											19
20	Cassava tubers *		201									20
21	Cassava flour		202									21
22	White sweet potato *		203									22
23	Orange sweet potato *		204									23
24	Irish potato		205									24
25	Potato crisps		206									25
26	Plantain, cooking banana		207									26
27	Cocoyam (<i>masimbi</i>)		208									27
28	Other (specify)		209									28
29	Nuts and Pulses											29
30	Bean, white		301									30
31	Bean, brown *		302									31
32	Pigeonpea (<i>nandolo</i>) *		303									32
33	Groundnut *		304									33
34	Groundnut flour *		305									34
35	Soyabean flour		306									35
36	Ground bean (<i>nzama</i>)		307									36
37	Cowpea (<i>khobwe</i>)		308									37
38	Macademia nuts		309									38
39	Other (specify)		310									39

CODES FOR UNIT:

KILOGRAMME 1
 50 KG. BAG 2
 PAIL (SMALL) . . . 4
 PAIL (LARGE) . . . 5
 No. 10 PLATE . . . 6
 No. 12 PLATE . . . 7
 BUNCH. 8
 PIECE. 9
 HEAP 10
 BALE 11
 OX-CART
 (UNSHELLED) . . 14
 LITRE. 15
 GRAM 18
 MILLILITRE . . . 19
 TEASPOON. . . . 20
 SATCHET/TUBE. . 22
 OTHER (SPECIFY). 23

* ENUMERATOR: PLEASE SPECIFY SUB-UNIT CODE FOR ITEM. REFER TO PHOTO AID

MODULE G: FOOD CONSUMPTION OVER PAST ONE WEEK (CONTINUED)

DE LINE NUMBER	Over the past one week (7 days), did you or others in your household consume any [...]?	G01 YES...1 NO...2>> NEXT ITEM	G02 ITEM CODE	G03 How much in total did your household consume in the past week?		G04 How much came from purchases?		G05 How much did you spend?	G06 How much came from own- production?		G07 How much came from gifts and other sources?		DE LINE NUMBER
				QUANTITY	UNIT	QUANTITY	UNIT	MK	QUANTITY	UNIT	QUANTITY	UNIT	
40	Vegetables												40
41	Onion *		401										41
42	Cabbage *		402										42
43	Tanaposi/Rape *		403										43
44	Nkhwani *		404										44
45	Chinese cabbage		405										45
46	Other cultivated green leafy vegetables		406										46
47	Gathered wild green leaves		407										47
48	Tomato *		408										48
49	Cucumber		409										49
50	Pumpkin *		410										50
51	Okra / Therere *		411										51
52	Tinned vegetables (specify)		412										52
53	Mushroom		413										53
54	Other vegetables (specify)		414										54
55	Meat, Fish and Animal products												55
56	Eggs		501										56
57	Dried fish *		502										57
58	Fresh fish *		503										58
59	Beef		504										59
60	Goat		505										60

CODES FOR UNIT:

KILOGRAMME1

50 KG. BAG2

PAIL (SMALL) . . .4

PAIL (LARGE) . . .5

No. 10 PLATE . . .6

No. 12 PLATE . . .7

BUNCH.8

PIECE.9

HEAP10

BALE11

OX-CART
(UNSHELLED) . . 14

LITRE.15

GRAM18

MILLILITRE . . . 19

TEASPOON. . . . 20

SATCHET/TUBE. . 22

OTHER (SPECIFY). 23

* ENUMERATOR: PLEASE SPECIFY SUB-UNIT CODE FOR ITEM. REFER TO PHOTO AID

MODULE G: FOOD CONSUMPTION OVER PAST ONE WEEK (CONTINUED)

DE LINE NUMBER	Over the past one week (7 days), did you or others in your household consume any [. . .]? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.	G01 YES . . . 1 NO . . . 2 >> NEXT ITEM	G02 ITEM CODE	G03 How much in total did your household consume in the past week?		G04 How much came from purchases?		G05 How much did you spend?	G06 How much came from own-production?		G07 How much came from gifts and other sources?		DE LINE NUMBER
				QUANTITY	UNIT	QUANTITY	UNIT	MK	QUANTITY	UNIT	QUANTITY	UNIT	
61	Meat, Fish and Animal products (Continued)												61
62	Pork		506										62
63	Mutton		507										63
64	Chicken		508										64
65	Other poultry - guinea fowl, doves, etc.		509										65
66	Small animal – rabbit, mice, etc.		510										66
67	Termites, other insects (eg Ngumbi, caterpillar)		511										67
68	Tinned meat or fish		512										68
69	Smoked fish		513										69
70	Fish Soup/Sauce		514										70
71	Other (specify)		515										71
72	Fruits												72
73	Mango *		601										73
74	Banana *		602										74
75	Citrus – naartje, orange, etc.		603										75
76	Pineapple		604										76
77	Papaya		605										77
78	Guava *		606										78
79	Avocado		607										79
80	Wild fruit (<i>masau, malambe, etc.</i>)		608										80
81	Apple		609										81
82	Other fruits (specify)		610										82

CODES FOR UNIT:

KILOGRAMME1

50 KG. BAG2

PAIL (SMALL) . . .4

PAIL (LARGE) . . .5

No. 10 PLATE . . .6

No. 12 PLATE . . .7

BUNCH.8

PIECE.9

HEAP10

BALE11

OX-CART
(UNSHELLED) . . 14

LITRE.15

GRAM18

MILLILITRE . . . 19

TEASPOON. . . . 20

SATCHET/TUBE. . 22

OTHER (SPECIFY). 23

MODULE G: FOOD CONSUMPTION OVER PAST ONE WEEK (CONTINUED)

DE LINE NUMBER	Over the past one week (7 days), did you or others in your household consume any [. .]? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.	G01 YES...1 NO...2>> NEXT ITEM	G02 ITEM CODE	G03 How much in total did your household consume in the past week?		G04 How much came from purchases?		G05 How much did you spend?	G06 How much came from own-production?		G07 How much came from gifts and other sources?		DE LINE NUMBER
				QUANTITY	UNIT	QUANTITY	UNIT	MK	QUANTITY	UNIT	QUANTITY	UNIT	
83	Cooked Foods from Vendors												83
84	Maize - boiled or roasted (vendor)		820										84
85	Chips (vendor)		821										85
86	Cassava - boiled (vendor)		822										86
87	Eggs - boiled (vendor)		823										87
88	Chicken (vendor)		824										88
89	Meat (vendor)		825										89
90	Fish (vendor)		826										90
91	Mandazi, doughnut (vendor)		827										91
92	Samosa (vendor)		828										92
93	Meal eaten at restaurant		829										93
94	Other (specify)		830										94
95	Milk and Milk Products												95
96	Fresh milk		701										96
97	Powdered milk		702										97
98	Margarine - Blue band		703										98
99	Butter		704										99
100	Chambiko - soured milk		705										100
101	Yoghurt		706										101
102	Cheese		707										102
103	Infant feeding formula (for bottle)		708										103
104	Other (specify)		709										104

CODES FOR UNIT:

KILOGRAMME1
 50 KG. BAG2
 PAIL (SMALL) . . .4
 PAIL (LARGE) . . .5
 No. 10 PLATE . . .6
 No. 12 PLATE . . .7
 BUNCH.8
 PIECE.9
 HEAP10
 BALE11
 OX-CART
 (UNSHELLED) . . 14
 LITRE.15
 GRAM18
 MILLILITRE . . . 19
 TEASPOON. . . . 20
 SATCHET/TUBE. . 22
 OTHER (SPECIFY) . 23

MODULE G: FOOD CONSUMPTION OVER PAST ONE WEEK (CONTINUED)

DE LINE NUMBER	Over the past one week (7 days), did you or others in your household consume any [. . .]? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.	G01 YES . . 1 NO . . . 2>> NEXT ITEM	G02 ITEM CODE	G03 How much in total did your household consume in the past week?		G04 How much came from purchases?		G05 How much did you spend?	G06 How much came from own-production?		G07 How much came from gifts and other sources?		DE LINE NUMBER
				QUANTITY	UNIT	QUANTITY	UNIT	MK	QUANTITY	UNIT	QUANTITY	UNIT	
105	Sugar, Fats, and Oil												105
106	Sugar		801										106
107	Sugar Cane		802										107
108	Cooking oil *		803										108
109	Other (specify)		804										109
110	Beverages												110
111	Tea		901										111
112	Coffee		902										112
113	Cocoa, millo		903										113
114	Squash (Sobo drink concentrate)		904										114
115	Fruit juice		905										115
116	Freezes (flavoured ice)		906										116
117	Soft drinks (Coca-cola, Fanta, Sprite, etc.)		907										117
118	Chibuku(commercial traditional-style beer)		908										118
119	Bottled water		909										119
120	Maheu		910										120
121	Bottled / canned beer (Carlsberg, etc.)		911										121
122	Thobwa		912										122
123	Traditional beer (<i>masese</i>)		913										123
124	Wine or commercial liquor		914										124
125	Locally brewed liquor (<i>kachasu</i>)		915										125
126	Other (specify)		916										126

CODES FOR UNIT:
KILOGRAMME 1
50 KG. BAG 2
PAIL (SMALL) . . . 4
PAIL (LARGE) . . . 5
No. 10 PLATE . . . 6
No. 12 PLATE . . . 7
BUNCH. 8
PIECE. 9
HEAP 10
BALE 11
OX-CART (UNSHELLED) . . 14
LITRE. 15
GRAM 18
MILLILITRE . . . 19
TEASPOON. . . . 20
SATCHET/TUBE. . . 22
OTHER (SPECIFY) . 23

MODULE G: FOOD CONSUMPTION OVER PAST ONE WEEK (CONTINUED)

DE LINE NUMBER	Over the past one week (7 days), did you or others in your household consume any [. . .]? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.	G01 YES...1 NO...2>> NEXT ITEM	G02 ITEM CODE	G03 How much in total did your household consume in the past week?		G04 How much came from purchases?		G05 How much did you spend?	G06 How much came from own-production?		G07 How much came from gifts and other sources?		DE LINE NUMBER
				QUANTITY	UNIT	QUANTITY	UNIT	MK	QUANTITY	UNIT	QUANTITY	UNIT	
127	Spices & Miscellaneous												127
128	Salt *		810										128
129	Spices		811										129
130	Yeast, baking powder, bicarbonate of soda		812										130
131	Tomato sauce (bottle)		813										131
132	Hot sauce (Nali, etc.)		814										132
133	Jam, jelly		815										133
134	Sweets, candy, chocolates		816										134
135	Honey		817										135
136	Other (specify)		818										136

* ENUMERATOR: PLEASE SPECIFY SUB-UNIT CODE FOR ITEM. REFER TO PHOTO AID

CODES FOR UNIT:

KILOGRAMME1

50 KG. BAG2

PAIL (SMALL) . . .4

PAIL (LARGE) . . .5

No. 10 PLATE . . .6

No. 12 PLATE . . .7

BUNCH.8

PIECE.9

HEAP10

BALE11

OX-CART (UNSHELLED) . . 14

LITRE.15

GRAM18

MILLILITRE . . . 19

TEASPOON. . . . 20

SATCHET/TUBE. . 22

OTHER (SPECIFY) . 23

MODULE G: FOOD CONSUMPTION OVER PAST ONE WEEK**(CONTINUED)**

		G08. Over the past one week (7 days), how many days did you or others in your household consume any [...]? IF NOT CONSUMED, RECORD ZERO.
		NUMBER OF DAYS
A	Cereals, Grains and Cereal Products (Previous Page: 100s) (Maize Grain/Flour; Green Maize; Rice; Finger Millet ; Pearl Millet; Sorghum; Wheat Flour; Bread; Pasta; Other Cereal)	
B	Roots, Tubers, and Plantains [Previous Page: 200] (Cassava Tuber/Flour; Sweet Potato; Irish Potato; Other Tuber/Plantain)	
C	Nuts and Pulses [Previous Page: 300s] (Bean; Pigeon Pea; Macademia Nut; Groundnut; Ground Bean; Cow Pea; Other Nut/Pulse)	
D	Vegetables [Previous Page: 400s] (Onion; Cabbage; Tanaposi; Nkhwani; Wild Green Leaves; Tomato; Cucumber; Other Vegetables/Leaves)	
E	Meat, Fish and Animal Products [Previous Page: 500s] Egg;Dried/Fresh/Smoked Fish (Excluding Fish Sauce/Powder); Beef; Goat Meat; Pork; Poultry; Other Meat)	
F	Fruits [Previous Page: 600s] (Mango; Banana; Citrus; Pineapple; Papaya; Guava; Avocado; Apple; Other Fruit)	
G	Milk/Milk Products [Previous Page: 700s] (Fresh/Powdered/Soured Milk; Yogurt; Cheese; Other Milk Product - Excluding Margarine/Butter or Small Amounts of Milk for Tea/Coffee)	
H	Fats/Oil [Previous Page: 703, 704, 803, 804 (if app.)] (Cooking Oil; Butter; Margarine; Other Fat/Oil)	
I	Sugar/Sugar Products/Honey [Previous Page: 801, 802, 804 (if app.), 815, 816, 817, 817 (if app.)] (Sugar; Sugar Cane; Honey; Jam; Jelly; Sweets/Candy/Chocolate; Other Sugar Product)	
J	Spices/Condiments [Previous Page: 900s, 810-814, 817 (if app.)] (Tea; Coffee/Cocoa/Millop; Salt; Spices; Yeast/Baking Powder; Tomato/Hot Sauce;Fish Powder/Sauce; Other Condiment - Including Small Amounts of Milk for Tea/Coffee)	

G09. Over the past one week (7 days), did any people that you
 did not list as household members [READ LIST FROM HH
 ROSTER] eat any meals in your household?

YES...1

NO...2>> **NEXT MODULE**

		G10	G11
		What was the total number of days in which any meal was shared with people [...]?	What was the total number of meals that were shared over past 7 days with [...]?
		NUMBER OF DAYS	NUMBER OF MEALS
A	Children 0-5 years		
B	Children 6-15 years		
C	Adults 16-65 years		
D	People over 65 years old		

ENUMERATOR: RECORD
 PRIMARY RESPONDENT
 ID FOR MODULE G:

ID

ENUMERATOR:
 RECORD
 END TIME
 FOR MODULE G:

HOURS

MINUTES

MODULE H: FOOD SECURITYENUMERATOR: RECORD START DATE & TIME FOR MODULE H:

DAY	MONTH	HOURS	MINUTES

H01 In the past 7 days, did you worry that your household would not have enough food? YES...1 NO...2	H02 In the past 7 days, how many days have you or someone in your household had to: IF NO DAYS, RECORD ZERO.					H03 How many meals, including breakfast are taken per day in your household?		H04 In the last 12 months, have you been faced with a situation when you did not have enough food to feed the household? YES..1 NO..2 >>NEXT MODULE
	a. Rely on less preferred and/or less expensive foods? DAYS	b. Limit portion size at meal-times? DAYS	c. Reduce number of meals eaten in a day? DAYS	d. Restrict consumption by adults in order for small children to eat? DAYS	e. Borrow food, or rely on help from a friend or relative? DAYS	a. Adults NUMBER	b. Children (6-59 months) LEAVE BLANK IF NO CHILDREN NUMBER	

CODES FOR H06:

Inadequate household food stocks due to drought/ poor rains.....1

Inadequate household food stocks due to crop pest damage.....2

Inadequate household food stocks due to small land size.....3

Inadequate household food stocks due to lack of farm inputs...4

Food in the market was very expensive.....5

Unable to reach the market due to high transportation costs.....6

No food in the market.....7

Floods/water logging.....8

Other (Specify).....9

H05 When did you experience this incident in the last 12 months? MARK X IN EACH MONTH OF 2012 AND 2013 THAT THE HOUSEHOLD DID NOT HAVE ENOUGH FOOD LEAVE CELL BLANK FOR FUTURE MONTHS FROM INTERVIEW DATE OR MOTNHS MORE THAN 12 MONTHS AGO FROM INTERVIEW DATE.												H06 What was the cause of this situation? LIST UP TO 3 IN ORDER OF IMPORTANCE; USE CODES ON THE RIGHT.		
2012														
Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec			
X	X	X												
2013														
Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	a.	b.	c.
										X	X	1ST	2ND	3RD

 ENUMERATOR: RECORD
 PRIMARY RESPONDENT
 ID FOR MODULE H:

ID	ENUMERATOR: RECORD END TIME FOR <u>MODULE H</u> :

HOURS	MINUTES

MODULE I: NON-FOOD EXPENDITURES – OVER PAST ONE WEEK & ONE MONTHENUMERATOR: RECORD START DATE & TIME FOR MODULE I:

DAY	MONTH	HOURS	MINUTES

ONE WEEK RECALL

DATA ENTRY LINE NUMBER	Over the past <u>one week (7 days)</u> , did your household purchase or pay for any [...]? YES . 1 NO . . 2>>NEXT ITEM	I01	I02 ITEM CODE MK	I03 How much did you pay in total?	DATA ENTRY LINE NUMBER
1	Charcoal		101		1
2	Paraffin or kerosene		102		2
3	Cigarettes or other tobacco		103		3
4	Candles		104		4
5	Matches		105		5
6	Newspapers or magazines		106		6
7	Public transport - Bicycle Taxi		107		7
8	Public transport - Bus/Minibus		108		8
9	Public transport - Other (Truck, Oxcart, Etc..)		109		9

ONE MONTH RECALL

DATA ENTRY LINE NUMBER	Over the past <u>one month</u> , did your household purchase or pay for any [...]? YES . 1 NO . . 2>>NEXT ITEM	I04	I05 ITEM CODE MK	I06 How much did you pay in total?	DATA ENTRY LINE NUMBER
1	Milling fees, grain		201		1
2	Bar soap (body soap or clothes soap)		202		2
3	Clothes soap (powder, paste)		203		3
4	Toothpaste, toothbrush		204		4
5	Toilet paper		205		5
6	Glycerine, Vaseline, skin creams		206		6
7	Other personal products (shampoo, razor blades, cosmetics, hair products, etc.)		207		7
8	Light bulbs		209		8
9	Postage stamps or other postal fees		210		9
10	Donation - to church, charity, beggar, etc.		211		10
11	Petrol or diesel		212		11
12	Motor vehicle service, repair, or parts		213		12
13	Bicycle service, repair, or parts		214		13
14	Wages paid to servants		215		14
15	Mortgage - regular payment to purchase house		216		15
16	Repairs & maintenance to dwelling		217		16
17	Repairs to household and personal items (radios, watches, etc.. excluding battery		218		17
18	Expenditures on pets		219		18
19	Batteries		220		19
20	Recharging batteries, cell phones		221		20

ENUMERATOR: RECORD
PRIMARY RESPONDENT
ID FOR MODULE I:

ID

ENUMERATOR:
RECORD
END TIME
FOR MODULE I:

HOURS	MINUTES

**MODULE J: NON-FOOD EXPENDITURES
OVER PAST THREE MONTHS**
ENUMERATOR: RECORD START DATE & TIME FOR MODULE J:

DAY	MONTH	HOURS	MINUTES

Over the past three months, did your household purchase or pay for any [...]?	J01 YES . 1 NO . . 2 >> NEXT ITEM	J02 ITEM CODE	J03 How much did you pay in total? MK
Infant clothing		301	
Baby nappies/diapers		302	
Boy's trousers		303	
Boy's shirts		304	
Boy's jackets		305	
Boy's undergarments		306	
Boy's other clothing		307	
Men's trousers		308	
Men's shirts		309	
Men's jackets		310	
Men's undergarments		311	
Men's other clothing		312	
Girl's blouse/shirt		313	
Girl's dress/skirt		314	
Girl's undergarments		315	
Girl's other clothing		316	
Lady's blouse/shirt		317	
Chitenje cloth		318	
Lady's dress/skirt		319	
Lady's undergarments		320	

Over the past three months, did your household purchase or pay for any [...]?	J01 YES . 1 NO . . 2 >> NEXT ITEM	J02 ITEM CODE	J03 How much did you pay in total? MK
Lady's other clothing		321	
Boy's shoes		322	
Men's shoes		323	
Girl's shoes		324	
Lady's shoes		325	
Cloth, thread, other sewing material		326	
Laundry, dry cleaning, tailoring fees		327	
Bowls, glassware, plates, silverware, etc.		328	
Cooking utensils (cookpots, stirring spoons and whisks, etc.)		329	
Cleaning utensils (brooms, brushes, etc.)		330	
Torch / flashlight		331	
Umbrella		332	
Paraffin lamp (hurricane or pressure)		333	
Stationery items (not for school)		334	
Books (not for school)		335	
Music or video cassette or CD/DVD		336	
Tickets for sports / entertainment events		337	
House decorations		338	
Night's lodging in rest house or hotel		339	

ENUMERATOR:
RECORD
PRIMARY
RESPONDENT
ID FOR MODULE J:

ID

ENUMERATOR:
RECORD
END TIME
FOR MODULE J:

HOURS	MINUTES

MODULE K: NON-FOOD EXPENDITURES OVER PAST 12 MONTHS

Over the past one year (twelve months), did your household purchase or pay for any [...]? YES . 1 NO . . 2>>NEXT ITEM	K01	K02	K03
		ITEM CODE	How much did you pay in total? MK
Carpet, rugs, drapes, curtains		401	
Linen - towels, sheets, blankets		402	
Mat - sleeping or for drying maize flour		403	
Mosquito net		404	
Mattress		405	
Sports & hobby equipment, musical instruments, toys		406	
Film, film processing, camera		407	
Cement		408	
Bricks		409	
Construction timber		410	
Council rates		411	
Insurance - health (MASM, etc.), auto, home, life		412	
Losses to theft (value of items or cash lost)		413	
Fines or legal fees		414	
Lobola (bridewealth) costs		415	
Marriage ceremony costs		416	
Funeral costs, household members		417	
Funeral costs, nonhousehold members (relatives, neighbors/friends)		418	

ENUMERATOR: RECORD START DATE & TIME FOR MODULE K:

DAY	MONTH

HOURS	MINUTES

NON-FOOD ITEMS THAT MAY NOT HAVE BEEN PURCHASED

Over the past one year (twelve months) did your household gather, purchase, or pay for any [...]? YES . 1 NO . . 2>>NEXT ITEM	K01	K02	K03	K04
		ITEM CODE	What was the estimated total value of [...] consumed? MK	What was the cost of that which you purchased? MK
Woodpoles, bamboo		419		
Grass for thatching roof or other use		420		

ENUMERATOR: RECORD
PRIMARY RESPONDENT
ID FOR MODULE K:

ID

ENUMERATOR:
RECORD
END TIME
FOR MODULE K:

HOURS	MINUTES

MODULE L: DURABLE GOODS
ENUMERATOR: RECORD START DATE & TIME
 FOR MODULE L:

DAY	MONTH	HOURS	MINUTES

D G U O R A D B L E		L01 Does your household own a [ITEM]? YES...1 NO...2 >> NEXT ITEM	L03 How many [ITEM]s do you own?	L04 What is the age of this [ITEM]? IF MORE THAN ONE ITEM, AVERAGE AGE.	L05 If you wanted to sell one of this [ITEM] today, how much would you receive? IF MORE THAN ONE, AVERAGE VALUE.	D G U O R A D B L E		L01 Does your household own a [ITEM]? YES...1 NO...2 >> NEXT ITEM	L03 How many [ITEM]s do you own? IF ZERO, ENTER NONE	L04 What is the age of this [ITEM]? IF MORE THAN ONE ITEM, AVERAGE AGE.	L05 If you wanted to sell one of this [ITEM] today, how much would you receive? IF MORE THAN ONE, AVERAGE VALUE.
ITEM CODE	ITEM		NUMBER	YEARS	MK	ITEM CODE	ITEM		NUMBER	YEARS	MK
501	Mortar/pestle (<i>mtondo</i>)					517	Motorcycle/scooter				
502	Bed					518	Car				
503	Table					519	Mini-bus				
504	Chair					520	Lorry				
505	Fan					521	Beer-brewing drum				
506	Air conditioner					522	Upholstered chair, sofa set				
507	Radio ('wireless')					523	Coffee table (for sitting room)				
508	Tape or CD/DVD player; HiFi					524	Cupboard, drawers, bureau				
509	Television					525	Lantern (paraffin)				
510	VCR					526	Desk				
511	Sewing machine					527	Clock				
512	Kerosene/paraffin stove					528	Iron (for pressing clothes)				
513	Electric or gas stove; hot plate					529	Computer equipment & accessories				
514	Refrigerator					530	Sattelite dish				
515	Washing machine					531	Solar panel				
516	Bicycle					532	Generator				

ENUMERATOR:
 RECORD
 PRIMARY
 RESPONDENT
 ID FOR MODULE L:

ID

ENUMERATOR:
 RECORD
 END TIME
 FOR MODULE L:

HOURS	MINUTES

MODULE M: FARM IMPLEMENTS, MACHINERY, AND STRUCTURES

A. Did your household own or rent any farm implements, machinery and/or structures, such as hand hoe, panga knife, treadle pump, ox cart, tractor, plough, generator, chicken house, storage house, barn, etc... in the last 12 months?

YES...1
NO...2>> NEXT MODULE

ENUMERATOR: RECORD START DATE & TIME FOR MODULE M:

DATA ENTRY LINE NUMBER	ITEM	ITEM CODE	M00 Does your household currently own [ITEM] ? YES...1 NO...2>> M12	M01 How many [ITEM] does your household currently own?	M06 How much did your household spend on [ITEM] during the last 12 months? (excluding rent)	M10 Did your household use the [ITEM] during the last 12 months?	M12 Did your household rent or borrow any [ITEM] during the last 12 months?	M14 How much did your household pay to rent or borrow [ITEM] during the last 12 months? ESTIMATE THE VALUE OF IN-KIND PAYMENTS	DATA ENTRY LINE NUMBER
				NUMBER	MK	YES...1 NO...2	YES...1 NO...2>>NEXT ROW	MK	
1	IMPLEMENTS								1
2	HAND HOE	601							2
3	SLASHER	602							3
4	AXE	603							4
5	SPRAYER	604							5
6	PANGA KNIFE	605							6
7	SICKLE	606							7
8	TREADLE PUMP	607							8
9	WATERING CAN	608							9
10	MACHINERY								10
11	OX CART	609							11
12	OX PLOUGH	610							12
13	TRACTOR	611							13
14	TRACTOR PLOUGH	612							14
15	RIDGER	613							15
16	CULTIVATOR	614							16
17	GENERATOR	615							17
18	MOTORISED PUMP	616							18
19	GRAIN MILL	617							19
20	OTHER (SPECIFY)	618							20
21	STRUCTURES/BUILDINGS								21
22	CHICKEN HOUSE	619							22
23	LIVESTOCK KRAAL	620							23
24	POULTRY KRAAL	621							24
25	STORAGE HOUSE	622							25
26	GRANARY	623							26
27	BARN	624							27
28	PIG STY	625							28

DAY	MONTH
HOURS	MINUTES

ENUMERATOR:
RECORD
PRIMARY
RESPONDENT
ID FOR MODULE M:

--

ENUMERATOR:
RECORD
END TIME
FOR MODULE M:

HOURS	MINUTES

MODULE N: HOUSEHOLD ENTERPRISES[ASK OF HOUSEHOLD HEAD]ENUMERATOR: RECORD START DATE & TIME FOR MODULE N:

DAY	MONTH

HOURS	MINUTES

Over the past 12 months has anyone in your household...

N01 ... owned a non-agricultural business or provided a non-agricultural service from home or a household-owned shop, as a carwash owner, metal worker, mechanic, carpenter, tailor, barber, etc.?

YES...1
NO...2

☐

N02 ... processed and sold any agricultural by-products, including flour, starch, juice, beer, jam, oil, seed, bran, etc., but excluding livestock by-products, fresh/processed fish?

YES...1
NO...2

☐

N03 ... owned a trading business on a street or in a market?

YES...1
NO...2

☐

N04 ... offered any service or sold anything on a street or in a market, including firewood, home-made charcoal, curios, construction timber, woodpoles, traditional medicine, mats, bricks, cane furniture, weave baskets, thatch grass etc.?

YES...1
NO...2

☐

N05 ... owned a professional office or offered professional services from home as a doctor, accountant, lawyer, translator, private tutor, midwife, mason, etc?

YES...1
NO...2

☐

N06 ... driven a household-owned taxi or pick-up truck to provide transportation or moving services?

YES...1
NO...2

☐

N07 ... owned a bar or restaurant?

YES...1
NO...2

☐

N08 ...owned any other non-agricultural business, even if it is a small business run from home or on a street?

YES...1
NO...2

☐

B. **ENUMERATOR:** IS THERE A "1" FOR ANY OF THE QUESTIONS N01 THROUGH N08?

YES...1
NO...2>>>**PAGE 51 TO
RECORD PRIMARY
RESPONDENT ID AND
END TIME**

☐

PLEASE INCLUDE HOUSEHOLD BUSINESS VENTURES THAT HAVE BEEN SHUT DOWN PERMANENTLY OR TEMPORARILY DURING THE PAST 12 MONTHS.

MODULE N: HOUSEHOLD ENTERPRISES (CONTINUED)[illegible]

MODULE N: HOUSEHOLD ENTERPRISES (CONTINUED)[illegible]

MODULE N: HOUSEHOLD ENTERPRISES (CONTINUED)[illegible]

MODULE N: HOUSEHOLD ENTERPRISES (CONTINUED)

N31	<p>A. During the last month of operation, how many non-household member men/women/children (under-15) worked for this [ENTERPRISE] ?</p> <p>MAKE SURE THE RESPONDENT IS REFERRING TO THE LAST MONTH OF OPERATION AS STATED IN QUESTION N25. IF THERE WAS NO HIRED LABOR, RECORD ZERO IN THE "NUMBER" COLUMNS AND CONTINUE TO QUESTION N32.</p> <p>B. During the last month of operation in the past 12 months, how many days did a typical man/woman/child employee work?</p> <p>C. During the days of employment in the last month of operation in the past 12 months, how many hours did a typical man/woman/child employee work?</p> <p>D. During the last month of operation in the past 12 months, what was the total expenditure of this [ENTERPRISE] on salaries or wages of ALL men/women/children employees?</p> <p>INCLUDE: ESTIMATED VALUE OF IN-KIND PAYMENTS. IF THERE WERE NO WAGE/SALARY (CASH OR IN-KIND) PAYMENTS, RECORD ZERO.</p>	N32 During the last month of operation, what was the value of total sales (zogulitsa) of products, goods or services of this [ENTERPRISE]? MAKE SURE THE RESPONDENT IS REFERRING TO THE LAST MONTH OF OPERATION AS STATED IN QUESTION N25, AND THAT HE/SHE IS NOT NETTING OUT ANY COSTS INCURRED.
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	MEN				WOMEN				CHILDREN (U-15)				SALES (MK) LAST MONTH OF OPERATION
	NUMBER	DAYS PER MONTH	HOURS PER DAY	TOTAL WAGES / SALARIES LAST MONTH	NUMBER	DAYS PER MONTH	HOURS PER DAY	TOTAL WAGES / SALARIES LAST MONTH	NUMBER	DAYS PER MONTH	HOURS PER DAY	TOTAL WAGES / SALARIES LAST MONTH	
1													
2													
3													
4													
5													

MODULE N: HOUSEHOLD ENTERPRISES (CONTINUED)

E N T E R P R I S E I D	N33 ENUMERATOR: REFER TO QUESTION 25. WAS THE LAST MONTH OF OPERATION A MONTH OF...	N34 During the last month of average sales , what was the value of total sales (zogulitsa) of products, goods or services of this [ENTERPRISE]?	N35 During the last month of high sales , what was the value of total sales (zogulitsa) of products, goods or services of this [ENTERPRISE]?	N36 During the last month of low sales , what was the value of total sales (zogulitsa) of products, goods or services of this [ENTERPRISE]?	N37 During the last month of high sales , what was the value of total sales (zogulitsa) of products, goods or services of this [ENTERPRISE]?	N38 During the last month of low sales , what was the value of total sales (zogulitsa) of products, goods or services of this [ENTERPRISE]?	N39 During the last month of average sales , what was the value of total sales (zogulitsa) of products, goods or services of this [ENTERPRISE]?	N40 During the last month of operation, what was the profit (phindu) of this [ENTERPRISE]?
	LOW SALES.....1 AVERAGE SALES...2 >> N36 HIGH SALES.....3 >> N38		>> N40		>> N40			
		AVG SALES	HIGH SALES	LOW SALES	HIGH SALES	LOW SALES	AVG SALES	PROFIT (MK)
		MK	MK	MK	MK	MK	MK	LAST MONTH OF OPERATION
1								
2								
3								
4								
5								

MODULE N: HOUSEHOLD ENTERPRISES (CONTINUED)

E N T E R P R I S E I D	N41 During the last month of operation, what was the total expenditure of this [ENTERPRISE] on... MAKE SURE THE RESPONDENT IS REFERRING TO THE LAST MONTH OF OPERATION AS STATED IN QUESTION N25. INCLUDE: ESTIMATED VALUE OF IN-KIND PAYMENTS. IF NOTHING WAS SPENT, RECORD ZERO.							
	a.	b.	c.	d.	e.	f.	g.	h.
	Raw Materials	Purchase of Goods for Sale (Inventory)	Freight / Transport	Fuel / Oil	Electricity	Water	Insurance	Other (Specify)
	MK	MK	MK	MK	MK	MK	MK	MK
	1							
	2							
3								
4								
5								

ENUMERATOR:
 RECORD
 PRIMARY
 RESPONDENT
 ID FOR MODULE N:

ID

ENUMERATOR:
 RECORD
 END TIME
 FOR MODULE N:

HOURS	MINUTES

A. Does the household head or spouse have any biological sons and/or daughters who are 15 years old and over and do not live in this household?

ENUMERATOR: RECORD START DATE & TIME FOR MODULE O:

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[illegible]

MODULE O: CHILDREN LIVING ELSEWHERE (CONTINUED)

LINE NUMBER	O10 What is the current main occupation of [NAME]? (Supervisor to put in occupation code after interview)		O11 Did [NAME] send any cash to this household at any point during the last 12 months? EXCLUDE FOOD AND NON-FOOD IN-KIND ASSISTANCE. YES...1 NO...2>>O15	O12 At what frequency did [NAME] send cash to this household during the last 12 months? READ RESPONSES Twice or More Per Month...1 Monthly...2 Quarterly...3>>O14 Semi-Annually...4>>O14 Annually...5>>O14 Sporadically As Needed...6>>O14 Other (Specify)...7>>O14	O13 How much cash did [NAME] send to this household each month during the last 12 months? IF IN FOREIGN CURRENCY, ESTIMATE THE VALUE IN MALAWI KWACHA.	O13_1 Who in the household kept/decided on the use of this income? LIST UP TO 2 MEMBERS FROM HOUSEHOLD ROSTER (THEN >> O15)		O14 How much cash did [NAME] send to this household in total during the last 12 months? IF IN FOREIGN CURRENCY, ESTIMATE THE VALUE IN MALAWI KWACHA.	O14_1 Who in the household kept/decided on the use of this income? LIST UP TO 2 MEMBERS FROM HOUSEHOLD ROSTER		O15 Did [NAME] send any in-kind assistance to this household at any point during the last 12 months? INCLUDE ONLY FOOD AND NON-FOOD IN-KIND ASSISTANCE. YES...1 NO...2>>NEXT ROW	O16 At what frequency did [NAME] send in-kind assistance to this household during the last 12 months? READ RESPONSES Twice or More Per Month...1 Monthly...2 Quarterly...3 Semi-Annually...4 Annually...5 Sporadically As Needed...6 Other (Specify)...7	O17 What was the total estimated cash value of all food and other in-kind assistance that [NAME] sent to this household during the last 12 months? MK	18 Who in the household kept/decided on the use of this in-kind assistance? LIST UP TO 2 MEMBERS FROM HOUSEHOLD ROSTER (THEN >>NEXT ROW)	
	DESCRIPTION	OCCUP. CODE			AMOUNT/MONTH	HH ROSTER ID CODE #1	HH ROSTER ID CODE #2	AMOUNT IN TOTAL	HH ROSTER ID CODE #1	HH ROSTER ID CODE #2				HH ROSTER ID CODE #1	HH ROSTER ID CODE #2
01															
02															
03															
04															
05															
06															
07															
08															
09															
10															
11															
12															

ENUMERATOR:
 RECORD
 END TIME
 FOR MODULE O: HOURS MINUTES

MODULE P: OTHER INCOMEENUMERATOR: RECORD START DATE & TIME FOR MODULE P:

DAY	MONTH	HOURS	MINUTES

DATA ENTRY LINE NUMBER	CODE	SOURCE	P01 During the last 12 months, did you or any members of your household receive any [SOURCE]? YES . 1 NO . . 2 >> NEXT ROW	P02 How much [SOURCE] did your household receive in total during the last 12 months? ESTIMATE THE CASH VALUE OF IN-KIND TRANSFERS RECEIVED MK	P03 How much of [SOURCE] came from rural/urban/international locations?			P04 Who in your household kept/decided what to do with these earnings? LIST UP TO 2 FROM HOUSEHOLD ROSTER.	
					FROM RURAL AREAS	FROM URBAN AREAS	FROM OTHER COUNTRIES	HH ROSTER ID CODE # 1	HH ROSTER ID CODE # 2
					MK	MK	MK	MK	
1	INCOMING TRANSFERS / GIFTS:								
2	101	Cash Transfers/Gifts from Individuals (Friends/Relatives) [DO NOT INCLUDE REMITTANCES FROM ANYONE LISTED IN MODULE O.]							
3	102	Food Transfers/Gifts from Individuals (Friends/Relatives) [DO NOT INCLUDE REMITTANCES FROM ANYONE LISTED IN MODULE O.]							
4	103	Non-Food In-Kind Transfers/Gifts from Individuals (Friends/Relatives) [DO NOT INCLUDE REMITTANCES FROM ANYONE LISTED IN MODULE O.]							
5	PENSION & INVESTMENT INCOME:								
6	104	Savings, Interest or Other Investment Income							
7	105	Pension Income							
8	RENTAL INCOME:								
9	106	Income from Non-Agricultural Land Rental							
10	107	Income from Apartment, House Rental							

MODULE P: OTHER INCOME (CONTINUED)

DATA ENTRY LINE NUMBER	CODE	SOURCE	P01 During the last 12 months, did you or any members of your household receive any [SOURCE]? YES . 1 NO . . 2 >> NEXT SOURCE	P02 How much [SOURCE] did your household receive in total during the last 12 months? ESTIMATE THE CASH VALUE OF IN-KIND TRANSFERS RECEIVED	P03 How much of the total [SOURCE] came from rural/urban/international locations?			P04 Who in your household kept/decided what to do with these earnings? LIST UP TO 2 FROM HOUSEHOLD ROSTER.	
					FROM RURAL AREAS	FROM URBAN AREAS	FROM OTHER COUNTRIES	HH ROSTER ID CODE # 1	HH ROSTER ID CODE # 2
					MK	MK	MK	MK	
11	RENTAL INCOME (CONTINUED):								
12	108	Income from Shop, Store Rental							
13	109	Income from Car, Truck, Other Vehicle Rental (DO NOT INCLUDE ANY NON-FARM ENTERPRISE INCOME)							
14	REVENUE FROM SALES OF ASSETS:								
15	110	Income from Real Estate Sales							
16	111	Income from Household Non-Agricultural Asset Sales							
17	112	Income from Household Agricultural/Fishing Asset Sales							
18	OTHER INCOME:								
19	113	Inheritance							
20	114	Lottery/Gambling Winnings							
21	115	Other Income (Specify):							

ENUMERATOR: RECORD
PRIMARY RESPONDENT
ID FOR MODULE P:

ID

ENUMERATOR:
RECORD
END TIME
FOR MODULE P:

HOURS MINUTES

MODULE Q: GIFTS GIVEN OUTENUMERATOR: RECORD START DATE & TIME FOR MODULE Q:

DAY	MONTH	HOURS	MINUTES

DATA ENTRY LINE NUMBER	CODE	ITEM	Q01	Q02			Q03	
			During the last 12 months, did you or any members of your household give away any [ITEM] to individuals (friends/family) outside your household? YES . 1 NO . . 2 >> NEXT ITEM	How much of the [ITEM] given away was destined to rural/urban/international locations?			Who in the household decided on the allocation of [ITEM] given away to individuals outside your household (friends/family) during the last 12 months? LIST UP TO 2 FROM HOUSEHOLD ROSTER.	
				TO RURAL AREAS	TO URBAN AREAS	TO OTHER COUNTRIES	HH ROSTER ID CODE # 1	HH ROSTER ID CODE # 2
				MK	MK	MK		
1		Outgoing Transfers/Gifts						
2	201	Cash Transfers/Gifts [DO NOT INCLUDE GIFTS GIVEN FOR WEDDINGS, CEREMONIES OR FUNERALS. THESE EXPENDITURES ARE RECORDED IN MODULE K.]						
3	202	Food Transfers/Gifts [DO NOT INCLUDE GIFTS GIVEN FOR WEDDINGS, CEREMONIES OR FUNERALS. THESE EXPENDITURES ARE RECORDED IN MODULE K.]						
4	203	Non-Food In-Kind Transfers/Gifts [DO NOT INCLUDE GIFTS GIVEN FOR WEDDINGS, CEREMONIES OR FUNERALS. THESE EXPENDITURES ARE RECORDED IN MODULE K.]						

ENUMERATOR: RECORD
PRIMARY RESPONDENT
ID FOR MODULE Q:

ID

ENUMERATOR:
RECORD
END TIME
FOR MODULE Q:

HOURS	MINUTES

MODULE R: SOCIAL SAFETY NETS

[ASK OF HOUSEHOLD HEAD]

ENUMERATOR: RECORD START DATE & TIME FOR MODULE R:

DAY	MONTH

HOURS	MINUTES

CODE	PROGRAM <i>DO NOT INCLUDE PENSIONS AND VOUCHERS FOR FERTILIZER AND SEED.</i>	R01 In the last 12 months, has any member of your household received cash, food, or other aid from [PROGRAMME]? YES...1 NO....2 >>NEXT ROW	R02 In the last 12 months, what was the total assistance received from [PROGRAMME]? <table border="1"> <tr> <th>CASH</th><th>IN-KIND</th><th>MAIZE</th></tr> <tr> <th>MK</th><th>CASH VALUE - MK</th><th>KG</th></tr> </table>			CASH	IN-KIND	MAIZE	MK	CASH VALUE - MK	KG	R03 Was the assistance given to... READ RESPONSES Entire HH...1 >> R05 Specific HH Members.....2
CASH	IN-KIND	MAIZE										
MK	CASH VALUE - MK	KG										
101	Free Maize (Specify)											
102	Free Food (other than Maize) (Specify)											
1031	MASAF - Public Works Programme											
1032	Food/Cash-for-Work Programme (NON-MASAF - Public Works Programme [PWP])											
104	Inputs-For-Work Programme											
105	School Feeding Programme											
106	Free Distribution of Likuni Phala to Children and Mothers (Targeted Nutrition Programme [TNP])											
107	Supplementary Feeding for Malnourished Children at a Nutritional Rehabilitation Unit											
108	Scholarships/Bursaries for Secondary Education. (e.g., CRECCOM)											
1091	Scholarships for Tertiary Education (e.g. University Scholarship, Upgrading Teachers) Tertiary Loan Scheme (Government Loan for University and Other Tertiary Education)											
111	Direct Cash Transfers from Government											
112	Direct Cash Transfers from others (Development Partners, NGOs). SPECIFY.											
113	Other, Specify:											

MODULE R: SOCIAL SAFETY NETS (CONTINUED)

[ASK OF HOUSEHOLD HEAD]

CODE	PROGRAM <i>DO NOT INCLUDE PENSIONS AND VOUCHERS FOR FERTILIZER AND SEED.</i>	R04 Which household members received this assistance in the last 12 months? RECORD HOUSEHOLD ROSTER ID OF EACH MEMBER MENTIONED					R5 Who in your household controls/decides on the use of assistance from [PROGRAMME]? LIST UP TO 2 FROM HOUSEHOLD ROSTER		R6 In the last 12 months, for how many months did your household receive assistance from [PROGRAMME]?	R7 When was the last time your household received this assistance (THEN >> NEXT ROW)	
		ID CODE # 1	ID CODE # 2	ID CODE # 3	ID CODE # 4	ID CODE # 5	HH ROSTER ID CODE #1	HH ROSTER ID CODE #2	NUMBER OF MONTHS	MONTH	YEAR (4-DIGIT)
101	Free Maize										
102	Free Food (other than Maize)										
1031	MASAF - Public Works Programme										
1032	Food/Cash-for-Work Programme (NON-MASAF - Public Works Programme [PWP])										
104	Inputs-for-Work Programme										
105	School Feeding Programme										
106	Free Distribution of Likuni Phala to Children and Mothers (Targeted Nutrition Programme [TNP])										
107	Supplementary Feeding for Malnourished Children at a Nutritional Rehabilitation Unit										
108	Scholarships/Bursaries for Secondary Education. (e.g., CRECCOM)										
1091	Scholarships for Tertiary Education (e.g. University Scholarship, Upgrading Teachers) Tertiary Loan Scheme (Government Loan for University and Other Tertiary Education)										
111	Direct Cash Transfers from Government										
112	Direct Cash Transfers from others (Development Partners, NGOs), SPECIFY										
113	Other, Specify:										

ENUMERATOR:
RECORD
PRIMARY
RESPONDENT
ID FOR MODULE R:

ID

ENUMERATOR:
RECORD
END TIME
FOR MODULE R:

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

MODULE 5: CREDIT

[ASK OF HOUSEHOLD HEAD]

ENUMERATOR: RECORD START DATE & TIME FOR MODULE S:

DAY MONTH HOURS MINUTES

S01. Over the past 12 months, did you or anyone else in this household borrow on credit from someone outside the household or from an institution for business or farming purposes, receiving either cash or inputs?

YES...1
NO....2>>S12

7

[illegible]

MODULE S: CREDIT (CONTINUED)

S12 During the last 12 months, did you try to borrow from someone outside the household or from an institution and <u>were</u> turned down? YES...1 NO...2 >> S15	S13 Who turned you down? LIST UP TO 2. USE CODES BELOW. 1ST 2ND		S14 What was main <u>reason</u> for trying to obtain the loan? Was it: [READ RESPONSES] PURCHASE LAND. .1 PURCHASE AGRI-CULTURAL INPUTS FOR FOOD CROP .2 PURCHASE INPUTS FOR TOBACCO . .3 PURCHASE INPUTS FOR OTHER CASH CROPS4 BUSINESS START-UP CAPITAL. . .5 PURCHASE NON-FARM INPUTS . .6 CONSUMPTION. . .7 OTHER (SPECIFY).8	S15 Are you awaiting word on a loan that you applied for during the last 12 months? YES...1 NO...2>> S18	S16 From whom or which institution are you awaiting word on a loan? LIST UP TO 2. USE CODES BELOW. 1ST 2ND		S17 What was main <u>reason</u> for trying to obtain the loan? Was it: [READ RESPONSES] PURCHASE LAND. .1 PURCHASE AGRI-CULTURAL INPUTS FOR FOOD CROP .2 PURCHASE INPUTS FOR TOBACCO . .3 PURCHASE INPUTS FOR OTHER CASH CROPS4 BUSINESS START-UP CAPITAL. . .5 PURCHASE NON-FARM INPUTS . .6 CONSUMPTION. . .7 OTHER (SPECIFY).8	S18 ENUMERATOR: WAS THE ANSWER TO QUESTIONS S01, S12 AND S15 ALWAYS "NO"? ANSWER TO ALL THREE QUESTIONS WAS ALWAYS "NO"...1 ANSWER TO ALL THREE QUESTIONS WAS NOT ALWAYS "NO"...2>> NEXT MODULE	S19 Why did you <u>not attempt to borrow</u> in the last 12 months? [LIST UP TO TWO ANSWERS IN ORDER OF IMPORTANCE.] NO NEED1 BELIEVED WOULD BE REFUSED.2 TOO EXPENSIVE3 TOO MUCH TROUBLE FOR WHAT IT IS WORTH .4 INADEQUATE COLLATERAL .5 DO NOT LIKE TO BE IN DEBT.6 DO NOT KNOW ANY LENDER.7 OTHER (SPECIFY)8 (THEN >> NEXT MODULE) 1ST 2ND	

CODES FOR S4, S13 & S16:

RELATIVE1
 NEIGHBOUR.2
 GROCERY/LOCAL MERCHANT3
 MONEY LENDER (KATAPILA). . . .4
 EMPLOYER5
 RELIGIOUS INSTITUTION6
 MARDEF7
 MRFC8
 SACCO.9
 BANK (COMMERCIAL). 10
 NGO.11
 OTHER (SPECIFY). . 12

ENUMERATOR: RECORD
PRIMARY RESPONDENT
ID FOR MODULE S:

ID

ENUMERATOR: RECORD
END TIME
FOR MODULE S:

HOURS	MINUTES

MODULE T: SUBJECTIVE ASSESSMENT OF WELL-BEING (CONTINUED)

<p>T13 During the last 12 months, were you <u>worried</u> that your household would run out of food because of lack of money or other resources to get food?</p> <p>YES.....1 NO.....2</p>	<p>T14 During the last 12 months, did your household <u>run out</u> of food because of lack of money or other resources to get food?</p> <p>YES.....1 NO.....2</p>	<p>T15 During the last 12 months, did your household lack enough money or other resources to get <u>healthy and nutritious</u> food?</p> <p>YES.....1 NO.....2</p>	<p>T16 During the last 12 months, did you have to consume a diet based on only <u>few kinds of foods</u> because of lack of money or other resources to get food?</p> <p>YES.....1 NO.....2</p>	<p>T17 During the last 12 months, did you <u>not eat breakfast, lunch or dinner</u> because of lack of money or other resources to get food?</p> <p>YES.....1 NO.....2</p>	<p>T18 During the last 12 months, did you <u>eat less than you thought you should</u> because of lack of money or other resources to get food?</p> <p>YES.....1 NO.....2</p>	<p>T19 During the last 12 months, did you <u>feel hungry but didn't eat</u> because of lack of money or other resources to get food?</p> <p>YES.....1 NO.....2</p>	<p>T20 During the last 12 months, did you eat only one <u>meal in a day or go without eating for a whole day</u> because of lack of money or other resources to get food?</p> <p>YES.....1 NO.....2</p>	<p>T21 ENUMERATOR: DOES THIS HOUSEHOLD HAVE ANY MEMBERS LESS THAN 15 YEARS OLD?</p> <p>YES.....1 NO.....2 >> NEXT MODULE</p>	<p>T22 During the last 12 months, did any child, age 14 or younger, in your household not eat <u>healthy</u> because of lack of money or other resources to get <u>healthy and nutritious</u> food?</p> <p>YES.....1 NO.....2</p>
--	--	--	---	--	--	--	---	--	---

<p>T23 During the last 12 months, did any child, age 14 or younger, in your household have to consume a diet based on only <u>few kinds of foods</u> because of lack of money or other resources to get food?</p> <p>YES.....1 NO.....2</p>	<p>T24 During the last 12 months, did any child in your household <u>not eat breakfast, lunch or dinner</u> because of lack of money or other resources to get food?</p> <p>YES.....1 NO.....2</p>	<p>T25 During the last 12 months, did any child, age 14 or younger, in your household <u>eat less than you thought he/she should</u> because of lack of money or other resources to get food?</p> <p>YES.....1 NO.....2</p>	<p>T26 During the last 12 months, did you have to <u>serve less food to any child</u> in your household because of lack of money or other resources to get food?</p> <p>YES.....1 NO.....2</p>	<p>T27 During the last 12 months, did any child in your household <u>feel hungry but didn't eat</u> because of lack of money or other resources to get food?</p> <p>YES.....1 NO.....2</p>	<p>T28 During the last 12 months, did any child in your household <u>eat only one meal in a day or go without eating for a whole day</u> because of lack of money or other resources to get food?</p> <p>YES.....1 NO.....2</p>
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ENUMERATOR: RECORD
PRIMARY RESPONDENT
ID FOR MODULE T:

ID

ENUMERATOR:
RECORD
END TIME
FOR MODULE T:

HOURS	MINUTES

MODULE V: CHILD ANTHROPOMETRYENUMERATOR: RECORD START DATE & TIME FOR MODULE V:

DAY	MONTH	HOURS	MINUTES

V01	V02	V03	V04		V05	V06	V07	V08	V09	V10	V11	V12	V13	V14
C O D E	PUT AN 'X' FOR ALL INDIVIDUALS WHO ARE AGED UNDER SIX MONTHS <u>OR</u> OLDER THAN EXACTLY FIVE YEARS OLD (60 MONTHS). <u>DO NOT</u> ADMINISTER THIS MODULE TO THESE INDIVIDUALS. IF NONE AGED SIX TO 59 MONTHS, >>NEXT MODULE.	RECORD THE ID OF THE MOTHER / GUARDIAN OF THE CHILD IN THE HOUSEHOLD	How old is [NAME]?		WAS [NAME] MEASURED?	WHY NOT?	IS THE ANSWER TO V05 "NO"?	WEIGHT OF CHILD	HEIGHT / LENGTH OF CHILD	HEIGHT / LENGTH MEASURED WITH CHILD STANDING OR LYING DOWN?	WAS THE MEASURE- MENT OF THE CHILD DONE IN A NORMAL MANNER, OR WAS MEASURE- MENT DIFFICULT?	ASK OF MOTHER / GUARDIAN: Does the child partici-pate in a <u>nutrition programme</u> ?	ASK OF MOTHER/ GUARDIAN: Does the child participate in an <u>under-five clinic</u> ?	DID CHILD APPEAR TO HAVE OEDEMA (SWELLING THAT IS NOT NORMAL)?
			RECONFIRM EXACT AGE - MUST INCLUDE BOTH YEARS AND MONTHS.	HH ROSTER ID										
1								_____ . _____	_____ . _____					
2								_____ . _____	_____ . _____					
3								_____ . _____	_____ . _____					
4								_____ . _____	_____ . _____					
5								_____ . _____	_____ . _____					
6								_____ . _____	_____ . _____					
7								_____ . _____	_____ . _____					
8								_____ . _____	_____ . _____					
9								_____ . _____	_____ . _____					
10								_____ . _____	_____ . _____					
11								_____ . _____	_____ . _____					
12								_____ . _____	_____ . _____					

ENUMERATOR:
RECORD
PRIMARY
RESPONDENT
ID FOR MODULE V:

ID

ENUMERATOR:
RECORD
END TIME
FOR MODULE V:

HOURS	MINUTES

MODULE X: FILTER QUESTIONS FOR AGRICULTURE & FISHERY QUESTIONNAIRESENUMERATOR: RECORD START DATE & TIME FOR MODULE X:

DAY	MONTH

HOURS	MINUTES

VISIT 1

X10. Did you or anyone in your household own or cultivate a plot during the 2012/2013 rainy season? YES...1
NO...2

X11. Did you or anyone in your household own any livestock in the last 12 months? YES...1
NO...2

X11_1. **ENUMERATOR:** SHOULD THE AGRICULTURE QUESTIONNAIRE BE ADMINISTERED? MARK 'YES' IF RESPONDENT SAID 'YES' TO X10 OR X11. YES...1
NO...2

X12_1. **ENUMERATOR:** IS THIS A PANEL A HOUSEHOLD? YES...1
NO...2>>
END OF HOUSEHOLD QUESTIONNAIRE

X16. Did you or anyone in this household do any fishing or fish trading in the last 12 months? YES...1
NO...2

X16_1. **ENUMERATOR:** SHOULD THE FISHERY QUESTIONNAIRE BE ADMINISTERED? MARK 'YES' IF RESPONDENT SAID 'YES' TO X16. YES...1
NO...2

VISIT 2

X17. **ENUMERATOR:** DID HOUSEHOLD SAY 'YES' TO X10? YES...1
NO...2

X18. Did you or anyone in your household cultivate a plot during the 2013 dry (dimba) season? YES...1
NO...2

X19. Did you or anyone in your household harvest any cassava, tea, coffee or any other fruits in the last 12 months? YES...1
NO...2

X20. **ENUMERATOR:** SHOULD THE VISIT 2 AGRICULTURE QUESTIONNAIRE BE ADMINISTERED? MARK 'YES' IF RESPONDENT SAID 'YES' TO ONE OF X17, X18 or X19. YES...1
NO...2

X21. **ENUMERATOR:** IS THIS A PANEL B HOUSEHOLD? YES...1
NO...2

X22. Did you or anyone in this household do any fishing or fish trading in the last 12 months? YES...1
NO...2

X23. **ENUMERATOR:** SHOULD THE FISHERY QUESTIONNAIRE BE ADMINISTERED? MARK 'YES' IF RESPONDENT SAID 'YES' TO X22. YES...1
NO...2

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE X:

ID

ENUMERATOR: RECORD END TIME FOR MODULE X:

HOURS	MINUTES

SURVEY HOUSEHOLD MEMBER LIST

I D C O D E	B01	B02	B03	B05	B06_2	B06_3
		NAMES OF HOUSEHOLD MEMBERS ONLY LIST HOUSEHOLD MEMBERS, NO OTHERS.	SEX	(VISIT 1 ONLY) How old is [NAME]? IF 6 YEARS AND OVER, GIVE YEARS ONLY. IF LESS THAN 6 YEARS IN AGE, GIVE <u>YEARS</u> AND <u>MONTHS</u> .	(VISIT 2 ONLY) Is [NAME] still a member of your household? STAYED.....1 NEW.....2 LEFT PERMANENTLY...3 DIED.....4	(VISIT 2 ONLY) How old is [NAME]? IF 6 YEARS AND OVER, GIVE YEARS ONLY. IF LESS THAN 6 YEARS IN AGE, GIVE <u>YEARS</u> AND <u>MONTHS</u> .
			MALE....1 FEMALE..2	YEARS MONTHS		YEARS MONTHS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						