

C W I Q

Core Welfare Indicators Questionnaire

National Statistical Office
ZOMBA, MALAWI

A - INTERVIEW INFORMATION

Shade Circles Like This--> ●

Not Like This--> ⊗ ⊙

O.1 INTERVIEWER'S NAME	
O.2 NAME OF HEAD OF HOUSEHOLD	
O.3 DISTRICT NAME	
O.4 VILLAGE/PLACE	

A.1 CLUSTER	A.2 HOUSEHOLD	A.3 INTERVIEWER	A.4 DATE	A.5 TIME	A.6 RESPONDENT	A.7 SEQ.
			Day Month Year	Hour Min.	Member No.	Quest. No.
0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9	0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9	0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9	0 0 0 0 0 0 1 1 1 1 1 1 2 2 2 2 2 2 3 3 3 3 3 3 4 4 4 4 4 4 5 5 5 5 5 5 6 6 6 6 6 6 7 7 7 7 7 7 8 8 8 8 8 8 9 9 9 9 9 9	0 0 0 0 1 1 1 1 2 2 2 2 3 3 3 3 4 4 4 4 5 5 5 5 6 6 6 6 7 7 7 7 8 8 8 8 9 9 9 9	● AM ○ PM	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9

IMPORTANT

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

Comments

A.8 RESULT

1 Complete with selected household
 2 Complete with replacement - refusal
 3 Complete with replacement - not found
 4 Incomplete

A.9 INTERVIEW END

Hour Min.

0 0 0 0 ○ AM
 1 1 1 1 ○ PM
 2 2 2 2
 3 3 3 3
 4 4 4 4
 5 5 5 5
 6 6 6 6
 7 7 7 7
 8 8 8 8
 9 9 9 9

B - LIST OF HOUSEHOLD MEMBERS

Reference Number

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MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10		
											WRITE DOWN THE NAMES OF ALL PERSONS WHO NORMALLY LIVE AND EAT TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD.	
Head												
B.1 Is [NAME] male or female?												
Male	<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M		
Female	<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F		
B.2 How long has [NAME] been away in the last 12 months?												
Never	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1		
Less than 6 months	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2		
6 months or more	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3		
B.3 Does [NAME] contribute to household income?												
Yes	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y		
No	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N		
B.4 What is [NAME]'s relationship to the head of household?												
Head	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1		
Spouse	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2		
Child	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3		
Parent	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4		
Other relative	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5		
Not related	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6		
B.5 How old was [NAME] at last birthday?												
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B.6 What is [NAME]'s marital status?												
Never married	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1		
Married(monogamous)	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2		
Married(polygamous)	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3		
Divorced/Separated	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4		
Widowed	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5		

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MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10																																																																																																																									
Yes No	C.1 Can [NAME] read and write?										IF PERSON IS UNDER AGE 15 GO TO C2.																																																																																																																								
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	C.4 Did [NAME] attend school last academic year?																																																																																																																																		
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No problem (satisfied) Lack of books/supplies Poor teaching Lack of teachers Facilities in bad condition Other problem	C.8 Did [NAME] have any problems with the school?										YOU MAY MARK MORE THAN ONE ANSWER. GO TO NEXT PERSON.																																																																																																																								
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D - HEALTH

Reference Number

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MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10	
D.1 Did [NAME] have a live birth in the last 12 months?											IF MALE OR UNDER 12 GO TO D3. IF NO GO TO D3.
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
D.2 Did [NAME] receive pre-natal care during the pregnancy?											
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
D.3 Is [NAME] physically or mentally handicapped or disabled?											Include person only if handicap prevents him or her from maintaining a significant activity or schooling.
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
D.4 Was [NAME] sick or injured in the last 4 weeks?											IF NO GO TO D7.
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
D.5 What sort of sickness/injury did [NAME] suffer?											YOU MAY MARK MORE THAN ONE ANSWER.
Fever/Malaria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Accident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Dental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Skin condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Eye	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ear, nose or throat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
D.6 How many days of work/school did [NAME] miss due to illness/injury?											
None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Less than 1 week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Between 1 to 2 weeks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
More than 2 weeks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
D.7 Did [NAME] consult a health provider or traditional healer for any reason in the last 4 weeks?											IF NO GO TO D11.
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
D.8 What kind of health provider did [NAME] see?											
Private clinic/hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Public dispensary/hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Health center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Traditional healer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Central hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Mission hospital/disp.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Shop/Pharmacy/chemist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Mobile Clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
D.9 How many times did [NAME] use the service in the last 4 weeks?											
1 to 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4 to 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
More than 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
D.10 Did [NAME] have any problems at the time of the visit?											YOU MAY MARK MORE THAN ONE ANSWER. GO TO NEXT PERSON
No problem (satisfied)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Facilities were not clean	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Long waiting time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
No trained professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Service too expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
No drugs available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Treatment unsuccessful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
D.11 Why did [NAME] not use medical care in the last 4 weeks?											
No need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Too expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Too far	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

E - EMPLOYMENT

Reference Number

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MEMBER NUMBER	1	2	3	4	5	6	7	8	9	10
E.1 Did [NAME] do any type of work in the last 7 days?										
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
										IF PERSON IS UNDER 5 GO TO NEXT PERSON IF YES GO TO E5.
E.2 Was [NAME] absent from work in the last 7 days?										
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
										IF YES GO TO E5.
E.3 Has [NAME] been looking for work and ready for work in the last 4 weeks?										
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E.4 What was the main reason [NAME] was not working in the last 7 days?										
No work available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seasonal inactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Household/family duties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Too old/too young	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infirmity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
										GO TO NEXT PERSON.
E.5 How many jobs did [NAME] have in the last 7 days?										
One	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Two	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More than two	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E.6 How was [NAME] paid in the main job?										
Mlimi -not paid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wages/salary/payment in kind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Casual (hourly/daily)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family business worker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-employed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E.7 For whom did [NAME] work in the main job?										
Government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parastatal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private business	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private person or household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E.8 What is the main activity at the place of [NAME's] main job?										
Agriculture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mining/quarrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manufacturing/processing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Construction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trade/selling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education/health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E.9 Did [NAME] seek to increase his or her earnings in the last 7 days?										
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
										IF NO GO TO NEXT PERSON.
E.10 How did [NAME] seek to increase earnings in the last 7 days?										
More hours current activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More hours additional activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E.11 Is [NAME] ready to take additional work in the next 4 weeks?										
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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F.1 Does the household or a household member own the dwelling unit?

- Owns the dwelling 1
- Rents the dwelling 2
- Uses without paying rent 3
- Temporary dwelling 4

F.2 How many separate rooms are there in your dwelling unit?

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

F.3 How many hectares of land are owned by the household? (with one decimal, e.g. 24.7)

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

F.4 How does the amount of land owned compare with one year ago?

- Less now 1
- Same now 2
- More now 3
- Don't know 4

F.5 Does the household use land it does not own?

- No 1
- Rented 2
- Sharecropped 3
- Private land provided free 4
- Open access land 5

F.6 How many hectares of land does the household use that it does not own? (with one decimal, e.g. 24.7)

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

F.7 How does the amount of other land used compare with one year ago?

- Less now 1
- Same now 2
- More now 3
- Don't know 4

F.8 How many head of cattle are currently owned by the household?

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

F.9 How does this number of cattle compare to the number one year ago?

- Less now 1
- Same now 2
- More now 3
- Don't know 4

F.10 How many sheep, goats and pigs are currently owned by the household?

Sheep

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

Goats

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

Pigs

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

F.11 How does this number of animals compare to the number one year ago?

- Less now 1
- Same now 2
- More now 3
- Don't know 4

F.12 Does the household own any of the following?

- Lantern Y N
- Telephone Y N
- Iron Y N
- Refrigerator Y N
- Television Y N
- Mattress or bed Y N
- Radio Y N
- Watch or clock Y N
- Sewing machine Y N
- Morden Stove Y N
- Bicycle Y N
- Motorcycle Y N
- Car or truck Y N

Include items only if they are in working condition

F.13 Does the household have electricity?

- Yes Y
- No N

F.14 How often in the last year did you have problems satisfying the food needs of the household?

- Never 1
- Seldom/Sometimes 2
- Often 3
- Always 4

F.15 How do you compare the overall economic situation of the HOUSEHOLD with one year ago?

- Much worse now 1
- A little worse now 2
- Same 3
- A little better now 4
- Much better now 5
- Don't know 6

F.16 How do you compare the overall economic situation of the COMMUNITY with one year ago?

- Much worse now 1
- A little worse now 2
- Same 3
- A little better now 4
- Much better now 5
- Don't know 6

F.17 Who contributes most to household income? (record member number from section B).

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

F.18 How many chicken, turkey and guinea fowls are currently owned by the household?

Chicken

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

Turkeys

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

Guinea Fowls

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

G - HOUSEHOLD AMENITIES

Reference Number

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<p>G.1 What is the main material of the roof of the dwelling unit?</p> <p>Thatch (1) Iron sheets (2) Cement/concrete (3) Roofing tiles (4) Asbestos (5) Other _____ (6) <i>Specify</i></p> <p>G.2 What is the main material of the walls of the dwelling unit?</p> <p>Mud (1) Unburnt bricks (2) Stone (3) Burnt bricks (4) Cement/sandcrete (5) Wood/bamboo (6) Iron sheets (7) Cardboard (8) Other _____ (9) <i>Specify</i></p> <p>G.3 What is the main source of drinking water this time?</p> <p>Piped into dwelling or compound (1) Communal standpipe or borehole (2) Protected well (3) Unprotected well, rain water (4) Spring, river, lake, pond (5) Vendor or truck (6) Other _____ (7) <i>Specify</i></p>	<p>G.4a. What kind of toilet facility does your household use?</p> <p>None (1) Flush to sewer or septic tank (2) Pan/bucket (3) Covered pit latrine (4) Uncovered pit latrine (5) Ventilated improved pit latrine (6) Other _____ (7) <i>Specify</i></p> <p>G.4b. Does the household own the toilet facility it is using?</p> <p>Yes, exclusive (1) Yes, Shared (2) No (3)</p>	<p>G.5 What is the main source of fuel used for cooking?</p> <p>Firewood (1) Charcoal (2) Paraffin (3) Gas (4) Electricity (5) Straw/crop residue/sawdust (6) Animal waste (7) Solar energy (8) Other _____ (9) <i>Specify</i></p> <p>G.6 What is the main source of fuel used for lighting?</p> <p>Paraffin (1) Gas (2) Electricity (3) Solar (4) Grass (5) Candles (6) Firewood (7) Other _____ (8) <i>Specify</i></p> <p>G.7 How long in minutes does it take from here to reach the nearest ...?</p> <table border="1"> <thead> <tr> <th></th> <th>0-14</th> <th>15-29</th> <th>30-44</th> <th>45-59</th> <th>60+</th> </tr> </thead> <tbody> <tr> <td>A. Supply of drinking water</td> <td>(1)</td> <td>(2)</td> <td>(3)</td> <td>(4)</td> <td>(5)</td> </tr> <tr> <td>B. Food market</td> <td>(1)</td> <td>(2)</td> <td>(3)</td> <td>(4)</td> <td>(5)</td> </tr> <tr> <td>C. Public transportation</td> <td>(1)</td> <td>(2)</td> <td>(3)</td> <td>(4)</td> <td>(5)</td> </tr> <tr> <td>D. Primary school</td> <td>(1)</td> <td>(2)</td> <td>(3)</td> <td>(4)</td> <td>(5)</td> </tr> <tr> <td>E. Secondary school</td> <td>(1)</td> <td>(2)</td> <td>(3)</td> <td>(4)</td> <td>(5)</td> </tr> <tr> <td>F. Health clinic or hospital</td> <td>(1)</td> <td>(2)</td> <td>(3)</td> <td>(4)</td> <td>(5)</td> </tr> <tr> <td>G. Telephone Facility</td> <td>(1)</td> <td>(2)</td> <td>(3)</td> <td>(4)</td> <td>(5)</td> </tr> </tbody> </table>		0-14	15-29	30-44	45-59	60+	A. Supply of drinking water	(1)	(2)	(3)	(4)	(5)	B. Food market	(1)	(2)	(3)	(4)	(5)	C. Public transportation	(1)	(2)	(3)	(4)	(5)	D. Primary school	(1)	(2)	(3)	(4)	(5)	E. Secondary school	(1)	(2)	(3)	(4)	(5)	F. Health clinic or hospital	(1)	(2)	(3)	(4)	(5)	G. Telephone Facility	(1)	(2)	(3)	(4)	(5)
	0-14	15-29	30-44	45-59	60+																																													
A. Supply of drinking water	(1)	(2)	(3)	(4)	(5)																																													
B. Food market	(1)	(2)	(3)	(4)	(5)																																													
C. Public transportation	(1)	(2)	(3)	(4)	(5)																																													
D. Primary school	(1)	(2)	(3)	(4)	(5)																																													
E. Secondary school	(1)	(2)	(3)	(4)	(5)																																													
F. Health clinic or hospital	(1)	(2)	(3)	(4)	(5)																																													
G. Telephone Facility	(1)	(2)	(3)	(4)	(5)																																													

H - POVERTY PREDICTORS

<p>H.1 Does the household grow tobacco?</p> <p>Yes (Y) <input type="radio"/> No (N) <input type="radio"/></p>	<p>H.6 Has the household used sugar in the past two weeks?</p> <p>Yes (Y) <input type="radio"/> No (N) <input type="radio"/></p>																																	
<p>H.2 Does the household grow hybrid maize?</p> <p>Yes (Y) <input type="radio"/> No (N) <input type="radio"/></p>	<p>H.7 How many working radios does the household own?</p> <table border="1"> <tr> <td> </td> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> <tr> <td> </td> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> </table>		0	1	2	3	4	5	6	7	8	9		0	1	2	3	4	5	6	7	8	9											
	0	1	2	3	4	5	6	7	8	9																								
	0	1	2	3	4	5	6	7	8	9																								
<p>H.3 Does the household cook over collected firewood?</p> <p>Yes (Y) <input type="radio"/> No (N) <input type="radio"/></p>	<p>H.8 How many members in this household receive a salary ?</p> <table border="1"> <tr> <td> </td> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> <tr> <td> </td> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> </table>		0	1	2	3	4	5	6	7	8	9		0	1	2	3	4	5	6	7	8	9											
	0	1	2	3	4	5	6	7	8	9																								
	0	1	2	3	4	5	6	7	8	9																								
<p>H.4 Does any member of this household own a sofa?</p> <p>Yes (Y) <input type="radio"/> No (N) <input type="radio"/></p>	<p>H.9 How many hectares of land are cultivated by the household?</p> <table border="1"> <tr> <td> </td> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> <tr> <td> </td> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> <tr> <td> </td> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> </table>		0	1	2	3	4	5	6	7	8	9		0	1	2	3	4	5	6	7	8	9		0	1	2	3	4	5	6	7	8	9
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	0	1	2	3	4	5	6	7	8	9																								
	0	1	2	3	4	5	6	7	8	9																								
<p>H.5. Does any member of this household use cosmetics?</p> <p>Yes (Y) <input type="radio"/> No (N) <input type="radio"/></p>	<p>H.10 How many household members have been doing Ganyu the past one month?</p> <table border="1"> <tr> <td> </td> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> <tr> <td> </td> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> </table>		0	1	2	3	4	5	6	7	8	9		0	1	2	3	4	5	6	7	8	9											
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	0	1	2	3	4	5	6	7	8	9																								

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I.1 For each child under 5 enter the child and mother's number from the list of household members.
Enter 00 if the child's mother is deceased or is not a member of the household.

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

I.2 Enter the child's date of birth.

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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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I.3 Where was the child delivered?

Hospital/maternity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I.4 Who delivered the child?

Clinical Off/Doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Midwife/Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T.B.A.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HSAs/Ward att.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other/self	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I.5 Record each child's weight (kg with one decimal, e.g. 4.6 kg) and height (cm with one decimal, e.g. 51.3 cm).

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

I.6 Did the child participate in the following?

Nutrition program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Under Five Clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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J.1 What is the main staple food for this household?

- Maize (1)
- Rice (2)
- Cassava (3)
- Sorghum/Millet (4)

J.2 How do you rate food availability in markets within or around your community?

- Adequate/Plenty (1)
- Inadequate (2)
- Not available (3)
- Dont Know (4)

J.3 What is the main source of food for the household?

- Own-farm Produce (1)
- Other (2)

IF OTHER, GO TO NEXT SECTION.

J.4 Did you run out of food last agricultural season?

- Yes (Y) (1)
- No (N) (2)

IF NO GO TO J8.

J.5 In which month did you ran out of food?

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	(0)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

J.6 When the food ran out, how did the household survive until the next harvest?

- Admark/Buy from market (1)
- Obtain from relatives (2)
- Handouts from Govt. or NGOS (3)
- Exchange/Barter (4)
- Food for work (5)
- Wild plants (6)

J.7 Why did the household not receive free food from government or non-governmental organisations?

- No free maize in the area (1)
- Favouritism (2)
- Not enough to cover all (3)
- Did not know about free food (4)
- No Need (5)
- Not applicable (6)
- Other (7)

J.8 How does your harvest this season compare with last season's?

- Less now (1)
- Same now (2)
- More now (3)
- Dont know (4)

J.9 Do you have food now from this year's harvest?

- Yes (Y) (1)
- No (N) (2)

IF NO, GO TO J11.

J.10 In which month do you think your food will run out?

	(0)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	(0)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

GO TO NEXT SECTION

J.11 What is the main source of food that your household is eating now?

- Buy from market (1)
- Obtain from relatives (2)
- Handouts from Govt. or NGOS (3)
- Exchange/Barter (4)
- Food for work (5)
- Other (6)

J.12 What is the main source of income used to buy food?

- Sale of livestock (1)
- Sale of Produce (2)
- Ganyu labour (3)
- Wage/salary (4)
- Financial Support (5)
- Exchange/Barter (6)
- Other (7)

K - SAFETY AND SECURITY

Reference Number

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<p>K.1 What type of crimes have been common in your community during the past 12 months?</p> <p style="text-align: right;"> Fights <input type="radio"/> Rape <input type="radio"/> Murder <input type="radio"/> Theft of household goods <input type="radio"/> Theft of livestock <input type="radio"/> Stealing of crop produce <input type="radio"/> Armed robbery <input type="radio"/> Other <input type="radio"/> None <input type="radio"/> Dont Know <input type="radio"/> </p> <p style="text-align: center;">YOU MAY MARK MORE THAN ONE ANSWER.</p>	<p>K.2 Why do people hide information to the police concerning culprits?</p> <p style="text-align: right;"> Fear of arrest <input type="radio"/> Harassment/Interrogated too much <input type="radio"/> No good reason <input type="radio"/> Police do not take action <input type="radio"/> Fear of being implicated <input type="radio"/> Fear of reprisal <input type="radio"/> No Police Unit around <input type="radio"/> Dont Know <input type="radio"/> </p> <p style="text-align: center;">YOU MAY MARK MORE THAN ONE ANSWER.</p> <hr/> <p>K.3 How safe do you feel in your own house or walking alone in your neighbourhood during the night?</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%; text-align: center;">Own House</th> <th style="width: 25%; text-align: center;">Neighbourhood</th> </tr> </thead> <tbody> <tr> <td>Very safe</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Fairly safe</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Unsafe</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Very unsafe</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </tbody> </table> <p style="text-align: center;">IF SAFE, GO TO K5.</p>		Own House	Neighbourhood	Very safe	<input type="radio"/>	<input type="radio"/>	Fairly safe	<input type="radio"/>	<input type="radio"/>	Unsafe	<input type="radio"/>	<input type="radio"/>	Very unsafe	<input type="radio"/>	<input type="radio"/>	<p style="text-align: center;">YOU MAY MARK MORE THAN ONE ANSWER IN THIS COLUMN.</p> <p>K.4 What are the reasons you feel insecure in your area?</p> <p style="text-align: right;"> Robberies/theft <input type="radio"/> Political harassment <input type="radio"/> Misinterpretation of Human rights <input type="radio"/> Lack of security services <input type="radio"/> Other <input type="radio"/> </p> <p>K.5 What steps have you taken to protect yourselves from crime?</p> <p style="text-align: right;"> Establish community policing <input type="radio"/> Neighbourhood watch <input type="radio"/> Employed watchman <input type="radio"/> Changed location <input type="radio"/> Keeping dogs <input type="radio"/> Fencing premises <input type="radio"/> Other <input type="radio"/> None <input type="radio"/> </p>
	Own House	Neighbourhood															
Very safe	<input type="radio"/>	<input type="radio"/>															
Fairly safe	<input type="radio"/>	<input type="radio"/>															
Unsafe	<input type="radio"/>	<input type="radio"/>															
Very unsafe	<input type="radio"/>	<input type="radio"/>															

L - SOCIAL PROJECTS

<p>L.1 Have the following projects or changes occurred in your community the last five years?</p> <p style="text-align: right;"> Building/rehabilitation of school <input type="radio"/> <input type="radio"/> Building/rehabilitation of roads <input type="radio"/> <input type="radio"/> Building/rehabilitation of health facility <input type="radio"/> <input type="radio"/> Piping of water/Sinking of boreholes <input type="radio"/> <input type="radio"/> Agriculture credit facility <input type="radio"/> <input type="radio"/> Business credit facility <input type="radio"/> <input type="radio"/> Police Unit <input type="radio"/> <input type="radio"/> Postal Unit <input type="radio"/> <input type="radio"/> Building/rehabilitation of Market <input type="radio"/> <input type="radio"/> </p> <p style="text-align: center;">IF NO, GO TO L5.</p>	<p>L.3 Who financed these projects ?</p> <p style="text-align: right;"> Government <input type="radio"/> MASAF <input type="radio"/> Selfhelp/Community <input type="radio"/> NGO <input type="radio"/> Private <input type="radio"/> Religious Organisations <input type="radio"/> Other <input type="radio"/> </p>	<p>L.5 Which of the following facilities would you like to be provided or improved in this community?</p> <p style="text-align: right;"> School <input type="radio"/> <input type="radio"/> Health <input type="radio"/> <input type="radio"/> Roads <input type="radio"/> <input type="radio"/> Borehole/Well <input type="radio"/> <input type="radio"/> Piped water <input type="radio"/> <input type="radio"/> Transportation <input type="radio"/> <input type="radio"/> Police/Security services <input type="radio"/> <input type="radio"/> Agricultural Credit Facility <input type="radio"/> <input type="radio"/> Busines Credit Facility <input type="radio"/> <input type="radio"/> Postal Unit <input type="radio"/> <input type="radio"/> ADMARC <input type="radio"/> <input type="radio"/> Telephone Facility <input type="radio"/> <input type="radio"/> Dont Know <input type="radio"/> <input type="radio"/> </p>
<p>L.2 Have these projects or changes improved the way you live?</p> <p style="text-align: right;"> Building/rehabilitation of school <input type="radio"/> <input type="radio"/> Building/rehabilitation of roads <input type="radio"/> <input type="radio"/> Building/rehabilitation of health facility <input type="radio"/> <input type="radio"/> Piping of water/Sinking of boreholes <input type="radio"/> <input type="radio"/> Agriculture credit facility <input type="radio"/> <input type="radio"/> Business credit facility <input type="radio"/> <input type="radio"/> Police Unit <input type="radio"/> <input type="radio"/> Postal Unit <input type="radio"/> <input type="radio"/> Building/rehabilitation of Market <input type="radio"/> <input type="radio"/> </p>	<p>L.4 Was anybody in your household involved in deciding what was built/rehabilitated ?</p> <p style="text-align: right;"> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> </p>	

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Household information

M.1. Has anyone in this household aged 15-49 years been too ill to perform their normal duties for 3 months or more out of the past 12 months?

- Yes Y
- No N

IF NO GO TO M3.

M. 2. During the past 12 months, did this household use any of the following sources of help in caring for the chronically ill person aged 15-49 years mentioned above?

- No need N
- Family members or neighbours Y
- Religious organisations Y
- Community-based organisations Y
- Private services/programs/clinics Y
- Government services/programs/clinics Y
- Non-governmental organisations (NGOs) Y
- Traditional healers Y
- Other Y
- Don't know N

YOU MAY MARK MORE THAN ONE ANSWER

M.3. Has anyone died in this household in the past 12 months?

- Yes Y
- No N

IF NO, GO TO M5.

M.4. Was he/she chronically ill for 3 months or more during the past 12 months before death?

- Yes Y
- No N

M.5. How many children aged 15 years and below do you have in this household that have lost their parent/parents ?

Both parents died 0 1 2 3 4 5 6 7 8 9

One parent alive 0 1 2 3 4 5 6 7 8 9

IF 0, GO TO M7.

M.6. During the past 12 months, did this household use any of the following sources for help in caring for a child under the age of 15 whose mother, father or both parents died?

- No need Y
- Family members or neighbours Y
- Religious organisations Y
- Community-based organisations Y
- Private services/programs/clinics Y
- Government services/programs/clinics Y
- Non-governmental organisations (NGOs) Y
- Traditional healers Y
- Other Y
- Don't know Y

YOU MAY MARK MORE THAN ONE ANSWER

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Individual information

Member Number from List of Household members

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M.7 Tell me all the ways you know that the virus that causes AIDS/HIV can be transmitted between 2 people.

- Blood Transfusion
- Infected woman to unborn child
- Infected woman to breast feeding child
- Unprotected sex with an infected partner
- Injection with an infected needle
- Incorrect methods
- Don't know

YOU MAY MARK MULTIPLE RESPONSES

M.8 In your opinion, which cultural or traditional practices influence the transmission of the AIDS virus ?

- Chinamwali/Jando
- Kuchotsa Fumbi/misinda
- Fisi
- Mitala
- Chokolo
- Mitala/Hlazi/Mbiligha
- Other
- Dont Know

M.9 What are the signs/ symptoms of AIDS?

- Loss of appetite
- Wasting
- Perpertual Diarrhoea
- Fur Hair
- Other
- DK

M.10. Is it possible in your community for someone to get a confidential test to find out if they are infected with HIV? By confidential, I mean that no one will know the result if you don't want them to know.

- Yes
- No
- Don't know

M.11. Have you had an HIV test in the last 12 months?

- Yes
- No
- Don't know

IF YES GO TO M.13.

M.12. Have you ever had an HIV test?

- Yes
- No
- Don't know

IF NO OR DON'T KNOW GO TO M.15.

M.13 Please do not tell me the result, but did you go back for the result of your test?

- Yes
- No

M.14 Did you have any problems at the time of your visits for testing or counselling?

- Not counselled
- No problem
- Providers were rude
- No privacy/embarrassment
- Long waiting time
- Too expensive
- Other

YOU MAY MARK MULTIPLE RESPONSES

M.15 Reason for not having an HIV test.

- Not available
- Not interested
- Not at risk/no need
- Scared of outcome
- Results take too long
- Test center too far
- No privacy
- Other (specify)

YOU MAY MARK MULTIPLE RESPONSES