

# QUESTIONNAIRE

## NATIONAL CENSUS OF AGRICULTURE AND LIVESTOCK Module 6 Welfare Monitoring Survey

MALAWI GOVERNMENT  
NATIONAL STATISTICAL OFFICE, ZOMBA  
CONFIDENTIAL

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

### Important information for the interviewer:

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

### WA - Interview Information

A1. Interviewer's name

A2. Interviewer number

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

A4. District code/District name

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

A7. Date

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

A8. Main respondent\*

Member number
<input type="text"/>

A9. DID household participate in  
NACAL?

Yes 1 ☐

No 2 ☐

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## WB - Characteristics of the Household Members

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

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

1

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

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

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WB3 Is [NAME] male or female?

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

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

Completed years

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TO PERSONS 12 YEARS AND ABOVE. OTHERS GO TO WB6

WB5 What is [NAME]'s marital status?

Never married	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Married, monogamous	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Married, polygamous	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Divorced	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separated	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Widowed	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Member line number	1	2	3	4	5	6	7	8	9	10
TO PERSONS 20 YEARS AND BELOW. OTHERS GO TO WB10										

**WB6 Is [NAME]'s father still alive?**

WB9 ← Yes 1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

WB10 ← No 2 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

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

Yes 1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

No 2 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

**WB8 Is [NAME]'s mother still alive?**

WB11 ← Yes 1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

WB12 ← No 2 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

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

+ Yes 1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

No 2 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

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

Yes 1 ☐

WC ← No 2 ☐

**WB11 How many persons passed away ?**

Number of persons, who  
passed away

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

Yes 1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

WC4 ← No 2 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

FOR THOSE SICK OR INJURED, OTHERS GO TO C4

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

Fever/Malaria 1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Diarrhoea 1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Accident 1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

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

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

Eye 1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

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

Other 1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

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

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

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

Yes 1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

WC6 ← No 2 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

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

MULTIPLE RESPONSE

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

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

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

### WD - Education

FOR ALL PERSONS AGED 5 YEARS AND ABOVE

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

Yes 1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

No 2 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

**WD2** Has [NAME] ever attended school?

Yes 1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

WD12 ← No 2 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

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Member line number	1	2	3	4	5	6	7	8	9	10
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**WD3** *What is the highest level of education [NAME] completed?*

Code list (MANUAL)

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**WD4** *What is the highest educational qualification [NAME] has acquired?*

Code list (MANUAL)

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

**WD5** *Did [NAME] attend school last school year?*

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

**WD6** *What level did [NAME] attend last school year?*

+ Code list (MANUAL)

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**WD7** *Is [NAME] currently attending school?*

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

**WD8** *What is the current level of education [NAME] is attending?*

Code list (MANUAL)

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**WD9** *Who runs the school [NAME] is attending?* READ OUT

Government	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious Institution	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Institution	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Individual	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**WD10** *Did [NAME] participate in a school-feeding program during the last 12 months?*

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

**WD11** *Does [NAME] have any problems with the school?* MULTIPLE RESPONSE

No	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, lack of books/supplies	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, poor teaching	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, lack of teachers	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, facilities in bad condition	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, other reasons	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

### WE - Employment

FOR PERSONS AGED 5 YEARS AND ABOVE

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

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

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

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

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

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

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

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

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

	Number of jobs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Member line number	1	2	3	4	5	6	7	8	9	10
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The next questions will be about the main job

**WE6 For whom did [NAME] work in the main job?**

Private business	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private individual	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parastatal	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public/Government	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mission/NGO	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self employed	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mlimi	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estate	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**WE7 What was the main activity at the place of [NAME]'s work?**

Agriculture,forestry,fishing	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mining and quarrying	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturing	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electricity, water, other utilities	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Construction	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
+ Wholesale & retail marketing, hotel/restaurants	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transport and communication	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finance and business	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social and community services	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**WE8 How was [NAME] paid in the main job?**

Mlimi – not paid

	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wages, salary	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payment in kind	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casual (hourly/daily), Ganyu	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unpaid family business worker	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-employed	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tenant	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For persons 18 years and below

**WE9 Did (NAME) participate in any of the following activities during the last 12 months**

Fetching firewood	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetching Water	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caring for the sick	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Land Preparation	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planting	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weeding	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harvesting, grading, curing	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marketing	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Livestock caring	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crop protection	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

### F. Food Security

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

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

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

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

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

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

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

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

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

Price per kg in Kwacha

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**WF6 What was the main reason for selling?**

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

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

- Yes 1 ☐
- WF10 ← No 2 ☐

**WF8 Where did you buy this main staple food?**

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

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

Price per kg in Kwacha

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

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

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

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

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

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

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

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

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

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

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

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

WG ←

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

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

**WF17** *How did your household cope?* [MULTIPLE RESPONSE]

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

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

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

### WG - Housing condition and amenities

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

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

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

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

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

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**WG4 How many radios does the household have?**

Number of radios

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

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

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

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

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**WG7 What is your main source of drinking water?**

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

**WG8 What kind of toilet facilities does your household have?**

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

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

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

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

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

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

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

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

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

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

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

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

MULTIPLE RESPONSE

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

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

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

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<b>WH - Poverty predictors</b>
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**WH1 Does someone in the household own a cellular telephone (cell phone) in working condition?**

Yes 1 ☐  
No 2 ☐

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

Changes of clothes

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

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

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

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

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

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

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

Yes 1 ☐  
No 2 ☐

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

Yes 1 ☐  
No 2 ☐

WH9

←

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Yes 1 ☐

No 2 ☐

Yes No

Eggs	<input type="checkbox"/>	<input type="checkbox"/>
Beef	<input type="checkbox"/>	<input type="checkbox"/>
Goat	<input type="checkbox"/>	<input type="checkbox"/>
Pork	<input type="checkbox"/>	<input type="checkbox"/>
Chicken	<input type="checkbox"/>	<input type="checkbox"/>
Other poultry—guinea fowl, doves etc.	<input type="checkbox"/>	<input type="checkbox"/>
Rice	<input type="checkbox"/>	<input type="checkbox"/>
Bread	<input type="checkbox"/>	<input type="checkbox"/>
Fresh milk	<input type="checkbox"/>	<input type="checkbox"/>
Cooking oil	<input type="checkbox"/>	<input type="checkbox"/>
Sugar	<input type="checkbox"/>	<input type="checkbox"/>

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Kwacha

[illegible]

Kwacha

[illegible]

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# **WI - Child module – Birth and anthropometric measures**

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

<b>WI1</b> The child's member number from the household list	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother's member number from the household list	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ENTER 00 IF THE MOTHER IS DECEASED OR NOT A MEMBER OF THE HOUSEHOLD

## **WI2 When was the child born?**

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

## **WI3 Where was the child delivered?**

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

## **WI4 Who assisted in the delivery of the child?**

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

## **WI5 RECORD THE CHILD'S**

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

<b>WK - Child health – Vaccination</b>
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**WK1** Do you have a card where [NAME's] vaccinations are written down?

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

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

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

### WLM - Trust and HIV/AIDS Knowledge

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

Respondent's member  
number from household list

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

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

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

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

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

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

**WL4 Have you ever had an HIV test?**

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

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

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

**WL6 Where did you have the test?**

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

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

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

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

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

**WM - Interview Completion Information****WM1 Result**

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

**WM2 Comments**

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