



REPUBLIC OF ZIMBABWE
INDICATOR MONITORING - LABOUR FORCE SURVEY, 2004

STRICTLY CONFIDENTIAL WHEN COMPLETED

B Interviewer Visits	1	2	3	4
Date				
Results ***				

A Identification	Province	District	Ward	Sector	EA	Household
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C	Background characteristics:							D	Education:			E	Activity:				
	For all Persons				12 years +	5 years +	For persons age 15 years+		For Persons age 5 years and above.		For persons age 5 - 17 years		For Persons age 5 years and above.				
	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
P	<i>Of those listed:</i>	What is (name)'s relationship to head of household?	Is (name) male or female?	How old was (name) at his/her last birthday?	What is (name)'s marital status?	Where was (name)'s usual residence in 1999?	Has (name) ever been retrenched since 1995?	Has (name) ever attended school?	<i>If coded 1 in Q.9. What is the main reason why (name) has never attended school?</i>	What is (name)'s highest level of education completed?	<i>If code 3 in Q.9 What was the main reason why (name) left school?</i>	During the last 12 months up to the end of last month, was (name) employed at any time? <i>(see prompts below)</i>	How many weeks in the last 12 months was (name) doing any of these activities in total? (A) <i>If number of weeks (A) = 52 weeks, then skip to Q.18.</i>	When not working, was (name) available for work if given the opportunity?	How many weeks was (name) available for work in the last 12 months? (B) <i>If A+B= 52 weeks then skip to Q.18.</i>		
erson	Was (name)	1. Head 2. Spouse 3. Son/Daughter 4. Brother/Sister 5. Nephew/ Niece/Cousin	1. Male 2. Female	Enter age in completed years <i>("00" for children less than 1 year)</i>	1. Never married 2. Married 3. Divorced/separated 4. Widowed	Enter district code or country code	<i>If "no" write N/A. If "yes", when?</i>	1. Never been 2. At school 3. Left school	1. Financial constraints 2. School too far away 3. Ill/sick 4. Still too young (specify) ----- -----	00. None 01-07. Grade 1 to 7 11-16. Form 1 to 6 20. Diploma/Certificate after primary 21. Diploma/Certificate after secondary 22. Graduate/Postgraduate	1. Financial constraints 2. School too far away 3. Ill/sick 4. Pregnancy related 5. Completed/satisfied 6. Refusal 7. Expulsion 8. To work/looking for work 9. Caring for the sick 10. Other (Specify) ----- -----	1. Yes (ask Q.14) 2. No (ask Q.15)	1. Yes (ask Q.16) 2. No (ask Q.17)				
um	1. Present last night	6. Grand child 7. Parent 8. Other relative 9. Not related 0. Not Known															
ber	2. Absent last night																
e																	
r																	
a	b	c		d	e	f	g	h	i	j	k	l		m	n	o	p
1	1 2	1 2 3 4 5 6 7 8 9 0	1 2		1 2 3 4			1 2 3	1 2 3 4 5		1 2 3 4 5 6 7 8 9 10	1 2		1 2			
2	1 2	1 2 3 4 5 6 7 8 9 0	1 2		1 2 3 4			1 2 3	1 2 3 4 5		1 2 3 4 5 6 7 8 9 10	1 2		1 2			
3	1 2	1 2 3 4 5 6 7 8 9 0	1 2		1 2 3 4			1 2 3	1 2 3 4 5		1 2 3 4 5 6 7 8 9 10	1 2		1 2			
4	1 2	1 2 3 4 5 6 7 8 9 0	1 2		1 2 3 4			1 2 3	1 2 3 4 5		1 2 3 4 5 6 7 8 9 10	1 2		1 2			
5	1 2	1 2 3 4 5 6 7 8 9 0	1 2		1 2 3 4			1 2 3	1 2 3 4 5		1 2 3 4 5 6 7 8 9 10	1 2		1 2			
6	1 2	1 2 3 4 5 6 7 8 9 0	1 2		1 2 3 4			1 2 3	1 2 3 4 5		1 2 3 4 5 6 7 8 9 10	1 2		1 2			
7	1 2	1 2 3 4 5 6 7 8 9 0	1 2		1 2 3 4			1 2 3	1 2 3 4 5		1 2 3 4 5 6 7 8 9 10	1 2		1 2			
8	1 2	1 2 3 4 5 6 7 8 9 0	1 2		1 2 3 4			1 2 3	1 2 3 4 5		1 2 3 4 5 6 7 8 9 10	1 2		1 2			
9	1 2	1 2 3 4 5 6 7 8 9 0	1 2		1 2 3 4			1 2 3	1 2 3 4 5		1 2 3 4 5 6 7 8 9 10	1 2		1 2			
10	1 2	1 2 3 4 5 6 7 8 9 0	1 2		1 2 3 4			1 2 3	1 2 3 4 5		1 2 3 4 5 6 7 8 9 10	1 2		1 2			

*** Result Codes: 1. Completed
5. Refused
2. No household member at home or no competent respondent at home at time of visit
6. Dwelling vacant
3. Entire household absent for extended period
8. Dwelling not found
4. Postponed
9. Other (Specify)-----

Prompts for questions 13 and 19: Did (name) do any work of any kind on own or the family farm, cattle/post/kraal or other agricultural holding (chicken house, vegetable plot etc)? The work can be for cash income or for own food. Include any form of house construction or major maintenance? Conduct any type of business whether big or small (e.g. brew beer, sell cakes, make mats/clothes, etc)? Help unpaid in a family business of any type? Catch or collect fish or river products? Collect any water or firewood? Make anything from own farm or natural products for sale or for own use? Do any type of wage or salary job – full time or part time, temporary, casual, piecework or permanent?



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E	Activity: For Persons age 5 years and above.							F	Employment: For Persons age 5 years and above					
				If "No" in Q 19	If "Yes" in Q19 or Q20				If "Yes" in Q19 or 20			If code 1 in Q.25		
	17	18	19	20	21	22		23	24	25	26	27	28	
P e r s o n N u m b e r	What was (name) doing when not working? 1. Student 2. Household duties 3. Disabled. 4. Sick/ill 5. Retired 6. Income recipient 7. Caring for the sick 8. Other (Specify) ----- ----- -----	In the last 7 days, how many hours did (name) spend in unpaid housekeeping & other home duties for own household, including washing clothes, cleaning house, shopping, cooking, caring for the children & the sick?	Did (name) work for one hour or more in the last 7 days? (see prompts on page 1) 1. Yes (ask Q. 21) 2. No (ask Q.20)	Did (name) usually work but happen to be absent last week because of leave, sickness, bad weather, industrial troubles or other reasons? 1. Yes (ask Q. 21) 2. No (ask Q. 35)	In (name)'s main job in the last 7 days what was he/she? 1. Paid employee-permanent 2. Paid employee-casual/temporary/contract/seasonal. 3. Employer 4. Own account worker (communal & resettlement farmer) 5. Own account worker (other) 6. Unpaid family worker	What were the main tasks or duties in (name)'s main job in the last 7 days? Describe in 2 to 4 words e.g "Communal Farming"/"Driving Bus".	For office use only	What is the name of the physical establishment where (name) works? Give the name in 2 or more words' e.g. "OK Bazaars, Mbare" "Petunia Laboratories"	What kind of economic activity is (name/ establishment) engaged in? Give description in 2 or more words' e.g. "Tobacco processing" "Gold Mining" "Tax Administration"	For office use only	In what Sector is this establishment? 1. Private 2. Central Government 3. Local Government 4. Parastatal 5. Co-operative 6. NGO's 7. Other (Specify) ----- ----- -----	Is the establishment operated in (name)'s or another household? 1. Yes, (name's) household 2. Yes, another household. 3. No	How many employees work in this establishment? 1. Zero 2. 1 to 4 3. 5 to 9 4. 10 or more	Is (name) /establishment 1. Registered only. 2. Licensed only with premises. 3. Licensed only without premises. 4. Registered and licensed. 5. Neither registered nor licensed.
a	q	r	s	t	u	v	w	x	y	z	aa	ab	ac	ad
1	1 2 3 4 5 6 7 8		1 2	1 2	1 2 3 4 5 6						1 2 3 4 5 6 7	1 2 3	1 2 4	1 2 3 4 5
2	1 2 3 4 5 6 7 8		1 2	1 2	1 2 3 4 5 6						1 2 3 4 5 6 7	1 2 3	1 2 4	1 2 3 4 5
3	1 2 3 4 5 6 7 8		1 2	1 2	1 2 3 4 5 6						1 2 3 4 5 6 7	1 2 3	1 2 4	1 2 3 4 5
4	1 2 3 4 5 6 7 8		1 2	1 2	1 2 3 4 5 6						1 2 3 4 5 6 7	1 2 3	1 2 4	1 2 3 4 5
5	1 2 3 4 5 6 7 8		1 2	1 2	1 2 3 4 5 6						1 2 3 4 5 6 7	1 2 3	1 2 4	1 2 3 4 5
6	1 2 3 4 5 6 7 8		1 2	1 2	1 2 3 4 5 6						1 2 3 4 5 6 7	1 2 3	1 2 4	1 2 3 4 5
7	1 2 3 4 5 6 7 8		1 2	1 2	1 2 3 4 5 6						1 2 3 4 5 6 7	1 2 3	1 2 4	1 2 3 4 5
8	1 2 3 4 5 6 7 8		1 2	1 2	1 2 3 4 5 6						1 2 3 4 5 6 7	1 2 3	1 2 4	1 2 3 4 5
9	1 2 3 4 5 6 7 8		1 2	1 2	1 2 3 4 5 6						1 2 3 4 5 6 7	1 2 3	1 2 4	1 2 3 4 5
10	1 2 3 4 5 6 7 8		1 2	1 2	1 2 3 4 5 6						1 2 3 4 5 6 7	1 2 3	1 2 4	1 2 3 4 5



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G	Employment continued		Hours worked: For Persons age 5 years and above.				H	Unemployment: For Persons age 15 years and above.						
	If Code 1 in Q25	If "Yes" in Q19 or Q20			If "Yes" in Q32					If Code 1 in Q35	If Code 1 in Q38			
	29	30	31	32	33	34		35	36	37	38	39	40	
p e r s o n N u m b e r	Where is the Establishment located?	What is (name)'s skill category?	How many hours, (including overtime) in all jobs (if more than one) did (name) work for in the last 7 days?	Did (name) want to work more hours during the last 7 days?	How many more hours would (name) have preferred to work during the last 7 days?	Why didn't (name) work more hours in the last 7 days? 01 Cannot find more work, lack of business. 02 Lack of finance, raw materials. 03 Breakdown of machinery, electrical fault, etc 04 Off- season, inactivity. 05 Industrial disputes, strike, laid -off. 06 Other involuntary reason, (Specify) ----- 07 Have sufficient work. 08 Household duties. 09 Student, unpaid training. 10 Illness, disability. 11 Vacation, family reason 12 Other voluntary reason, (Specify) ----- Go to Q.44	If code 2 in Q. 20 (not employed), Was (name) available for work in the last 7 days?	Did (name) look for work in the last 30 days?	If code 1 in Q.36, How did (name) mainly look for work in the last 30 days?	Has (name) ever worked before whether for pay or family or in (name)'s own business?	What were the main tasks or duties in (name)'s last job?	For Office use only	What is the name of the physical establishment where (name) last worked?	
	1. On a footpath, street or open space. 2. At a market. 3. In (name)'s home 4. In someone else's home. 5. In another permanent building/fixd location. 6. No fixed location. 7. Other (Specify) -----	1. Professional 2. Skilled 3. Semi-skilled 4. Unskilled 5. Not known	Record rounded number of hours, e.g 74.5 to 75 hrs 78.4 to 78 hrs	1. Yes (ask Q.33) 2. No (ask Q.44)	Record rounded number of hours, e.g 4.5 to 5 hrs.		1. Yes (ask Q. 36) 2. No. (ask Q. 43)	1. Yes (ask Q. 37) 2. No. (ask Q. 38)	1. Registered or checked at any employment agency. 2. Applied to employers, responded or placed advertisements. 3. Enquired at farms, factories or work sites. 4. Asked friends or relatives about work. 5. Looked for work by other means, (Specify) -----	1. Yes (ask Q. 39) 2. No (skip to Q. 44).	Describe in not more than 4 words e.g., "Communal Farming" / "Driving Bus".		Give the name in two or more words' e.g. "OK Bazaars, Mbare" "Petunia Laboratories"	
	a	ae	af	ag	ah	ai	aj	ak	al	am	an	ao	ap	aq
	1	1 2 3 4 5 6 7	1 2 3 4 5		1 2		1 2 3 4 5 6 7 8 9 10 11 12	1 2	1 2	1 2 3 4 5	1 2			
	2	1 2 3 4 5 6 7	1 2 3 4 5		1 2		1 2 3 4 5 6 7 8 9 10 11 12	1 2	1 2	1 2 3 4 5	1 2			
	3	1 2 3 4 5 6 7	1 2 3 4 5		1 2		1 2 3 4 5 6 7 8 9 10 11 12	1 2	1 2	1 2 3 4 5	1 2			
	4	1 2 3 4 5 6 7	1 2 3 4 5		1 2		1 2 3 4 5 6 7 8 9 10 11 12	1 2	1 2	1 2 3 4 5	1 2			
	5	1 2 3 4 5 6 7	1 2 3 4 5		1 2		1 2 3 4 5 6 7 8 9 10 11 12	1 2	1 2	1 2 3 4 5	1 2			
	6	1 2 3 4 5 6 7	1 2 3 4 5		1 2		1 2 3 4 5 6 7 8 9 10 11 12	1 2	1 2	1 2 3 4 5	1 2			
	7	1 2 3 4 5 6 7	1 2 3 4 5		1 2		1 2 3 4 5 6 7 8 9 10 11 12	1 2	1 2	1 2 3 4 5	1 2			
8	1 2 3 4 5 6 7	1 2 3 4 5		1 2		1 2 3 4 5 6 7 8 9 10 11 12	1 2	1 2	1 2 3 4 5	1 2				
9	1 2 3 4 5 6 7	1 2 3 4 5		1 2		1 2 3 4 5 6 7 8 9 10 11 12	1 2	1 2	1 2 3 4 5	1 2				
10	1 2 3 4 5 6 7	1 2 3 4 5		1 2		1 2 3 4 5 6 7 8 9 10 11 12	1 2	1 2	1 2 3 4 5	1 2				



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J	Child Questions (cont'd)				K Work Related Safety for Persons 5 years and above									
	<i>If "Yes" in Q51</i>	<i>If "Yes" in Q19 or Q20</i>			<i>If "Yes" in Q56</i>	<i>If "Yes" in Q13</i>		<i>If "Yes" in Q58 or Q59</i>						
	52	53	54	55	56	57	58	59	60	61	62	63	64	
p e r s o n n u m b e r	At what age did (name) start to work for the first time? <i>Enter age in completed years</i>	During which time of the day does (name) usually work? 1. Morning 2. Afternoon 3. Evening 4. Night <i>(More than one answer is acceptable)</i>	For how many hours does (name) usually work per day? <i>(Record to the nearest hour)</i>	What does (name) do for fun? <i>(more than one answer acceptable)</i> 1. Playing with friends, sisters/brothers. 2. Watching TV 3. Listening to the Radio. 4. Reading 5. Nothing 6. Other <i>(Specify)</i> ----- -----	<i>If "Yes" in Q. 19 or Q20. Is there an aspect of (name)'s work environment that is dangerous or harmful to (name)'s physical or mental health?</i> 1. Yes 2. No 3. Don't know	What is the most dangerous feature? 1. Mechanical/Physical 2. Electrical 3. Chemical/Biological 4. Ergonomic 5. Psychosocial 6. Lack of personal protective equipment/clothing. 7. Other (Specify) ----- -----	Has (name) ever been injured at work-place in the last 12 months? 1. Yes 2. No	Has (name) ever suffered illness due to the work conditions at any time in the last 12 months? 1. Yes 2. No <i>If "No" to Q.58 and Q.59 go to Q.65.</i>	To what feature of (name)'s working environment was the accident/illness/injury related? 1. Mechanical/Physical 2. Electrical 3. Chemical/Biological 4. Ergonomic 5. Psychosocial 6. Lack of personal protective equipment/clothing. 7. Other (Specify) ----- -----	What was/were the nature of (name)'s illnesses/injuries? <i>(More than one answer is acceptable)</i> 1. Wounds, Fractures, Dislocations 2. Internal Injuries 3. Dermatitis and other skin diseases 4. Effects of radiation (welders flash, ionising radiation, etc). 5. Repetitive strain injuries or overuse injuries. 6. Physical stress factors e.g noise, induced vibrations. 7. Lung and respiratory tract diseases. 8. Foreign bodies (e.g. in the eye/ear). 9. Chemical poisoning. 10. Multiple Injuries 11. Other (Specify)----- -----	What was the occupation or job held by (name) when the accident happened or from which (name) suffered illness in the last 12 months? 1. Agricultural labourer 2. Mine labourer 3. Manufacturing labourer 4. Domestic worker 5. Transport labourer 6. Construction labourer 7. Vendor/Trader 8. Other (Specify)---- ----- -----	Referring to the most serious injury/illness, how was it treated? 1. Did not need any medical treatment 2. Medically treated at the work place and released immediately. 3. Medically treated at a clinic and released immediately. 4. Medically treated at a hospital outpatient and discharged immediately. 5. Hospitalised without vocational rehabilitation. 6. Hospitalised with vocational rehabilitation. <i>If code 1 go to Q.65</i>	Who finally paid for the medical treatment <i>(more than one answer is acceptable)</i> . 1. Workers Compensation Insurance Fund (WCIF). 2. Employer. 3. Parents/guardian 4. Self/Medical aid. 5. Free 6. Other (Specify) ----- -----	
a	bd	be	bf	bg	bh	bi	bi	bk	bl	bm	bn	bo	bp	
1	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4 5 6	1 2 3	1 2 3 4 5 6 7	1 2	1 2	1 2 3 4 5 6 7	1 2 3 4 5 6 7 8 9 10 11	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2 3 4 5 6	
2	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4 5 6	1 2 3	1 2 3 4 5 6 7	1 2	1 2	1 2 3 4 5 6 7	1 2 3 4 5 6 7 8 9 10 11	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2 3 4 5 6	
3	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4 5 6	1 2 3	1 2 3 4 5 6 7	1 2	1 2	1 2 3 4 5 6 7	1 2 3 4 5 6 7 8 9 10 11	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2 3 4 5 6	
4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4 5 6	1 2 3	1 2 3 4 5 6 7	1 2	1 2	1 2 3 4 5 6 7	1 2 3 4 5 6 7 8 9 10 11	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2 3 4 5 6	
5	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4 5 6	1 2 3	1 2 3 4 5 6 7	1 2	1 2	1 2 3 4 5 6 7	1 2 3 4 5 6 7 8 9 10 11	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2 3 4 5 6	
6	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4 5 6	1 2 3	1 2 3 4 5 6 7	1 2	1 2	1 2 3 4 5 6 7	1 2 3 4 5 6 7 8 9 10 11	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2 3 4 5 6	
7	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4 5 6	1 2 3	1 2 3 4 5 6 7	1 2	1 2	1 2 3 4 5 6 7	1 2 3 4 5 6 7 8 9 10 11	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2 3 4 5 6	
8	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4 5 6	1 2 3	1 2 3 4 5 6 7	1 2	1 2	1 2 3 4 5 6 7	1 2 3 4 5 6 7 8 9 10 11	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2 3 4 5 6	
9	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4 5 6	1 2 3	1 2 3 4 5 6 7	1 2	1 2	1 2 3 4 5 6 7	1 2 3 4 5 6 7 8 9 10 11	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2 3 4 5 6	
10	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4 5 6	1 2 3	1 2 3 4 5 6 7	1 2	1 2	1 2 3 4 5 6 7	1 2 3 4 5 6 7 8 9 10 11	1 2 3 4 5 6 7 8	1 2 3 4 5 6	1 2 3 4 5 6	



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		K Work Related Safety for Persons 5 years and above. <i>If "Yes" in Q13 or Q19 or Q20</i>			L Health: All Persons			M Housing Characteristics							
1		65	66	67	68	69	70	71	72	73	74	75	76		
p e r s o n n u m b e r	Write down the names of all adults, children and babies, starting with the head of household. <i>Include usual members who are temporarily absent.</i> <i>Note that visitors are not usual members.</i>	What type of protective wear does /did (name) use while working? <i>(more than one answer is acceptable).</i> 1. Glasses 2. Helmet 3. Earplugs 4. Special shoes 5. Gloves 6. Nose Bag/Gas Mask 7. Overall 8. None 9. <i>Other (Specify)</i> ----- -----	What type of protective wear is /was (name) supposed to have? <i>(more than one answer is acceptable).</i> 1. Glasses 2. Helmet 3. Earplugs 4. Special shoes 5. Gloves 6. Nose Bag/Gas Mask 7. Overall 8. None 9. <i>Other (Specify)</i> ----- -----	If protective wear is/was used, who provided? 1. Self 2. Employer	Was (name) ill/sick in the last 30 days? <i>If "No", Go to Q.71.</i> 1. Yes 2. No	If "Yes" in Q.68, What was the main health facility visited? 1. Government / Mission/ Council 2. Private 3. None	If code 3 in Q.69, What was the main reason why (name) did not visit a health facility? 1. Facility too far away 2. Cannot afford 3. Home treatment 4. Treatment not necessary 5. Traditional Healer. 6. Prophets/Faith/Spiritual Healers. 7. Other Healers	What is the tenure status of the household? 1. Owner/purchaser 2. Tenant 3. Lodger 4. Tied accommodation 5. Parents'/Guardian's/Relative's House. 6. Other (Specify) ----- -----	Type of dwelling unit 1. Traditional 2. Mixed 3. Detached/semi-detached 4. Flat/Townhouse 5. Shacks 6. Other (Specify) ----- -----	Does the household have access to electricity? 1. Yes 2. No	What is the household's main source of water for drinking and cooking? 1. Piped water inside house 2. Piped water outside house (on premise) 3. Communal tap 4. Well/borehole protected 5. Well unprotected 6. River/Stream/Dam 7. Other (Specify) ----- -----	What type of toilet facility is used most by this household? 1. Flush toilet 2. Blair toilet 3. Pit toilet 4. None ----- -----	What is the household's main source of energy for cooking? 1. Wood 2. Paraffin 3. Electricity 4. Gas 5. Coal 6. Jelly 7. Other (Specify) ----- -----		
	a	bq	br	bs	bt	bu	bv	N Total number of persons in household		Comments					
	1	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2	1 2	1 2 3	1 2 3 4 5 6 7	Male	bw						
	2	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2	1 2	1 2 3	1 2 3 4 5 6 7							Female	bx
	3	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2	1 2	1 2 3	1 2 3 4 5 6 7								
	4	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2	1 2	1 2 3	1 2 3 4 5 6 7	Physical address of the household		Enumerator's Name	Date				
	5	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2	1 2	1 2 3	1 2 3 4 5 6 7								
	6	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2	1 2	1 2 3	1 2 3 4 5 6 7								
	7	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2	1 2	1 2 3	1 2 3 4 5 6 7								
	8	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2	1 2	1 2 3	1 2 3 4 5 6 7			Team Leader's Name	Date				
9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2	1 2	1 2 3	1 2 3 4 5 6 7									
10	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2	1 2	1 2 3	1 2 3 4 5 6 7			Supervisor's Name	Date					

If the household continues on another set, tick here