

HOUSEHOLD BUDGET SURVEY - IOF 2008/9
FAMILY HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION																																												
PROVINCE _____ DISTRICT _____ ADMINISTRATIVE POST _____ LOCALITY _____ NAME OF TOWN/NEIGHBORHOOD _____ COMMUNITY UNIT _____ URBAN / RURAL (URBAN = 1, RURAL = 2) _____ NAME OF CENSUS AREA _____ NUMBER OF CENSUS AREA IOF-ID _____ NUMBER OF FAMILY UNIT _____ NAME OF HEAD OF HOUSEHOLD _____	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																																											
VISITS OF THE INTERVIEWER																																												
	1	2	3	FINAL VISIT																																								
DATE	____/____ <small>DAY / MONTH</small>	____/____ <small>DAY / MONTH</small>	____/____ <small>DAY / MONTH</small>	DAY MONTH YEAR CODE RESULTS																																								
NAME OF INTERVIEWER				<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																																								
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NEXT VISIT: DATE				TOTAL NUMBER OF VISITS																																								
TIME				<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																																								
* CODES FOR RESULTS OF FAMILY HOUSEHOLD QUESTIONNAIRE 01 COMPLETE 02 INCOMPLETE 03 ENTIRE FAMILY HOUSEHOLD ABSENT 04 REFUSAL DURING VISIT 05 TOTAL REFUSAL 96 OTHER (SPECIFY)				TOTAL OF MEMBERS IN HH: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> RELIGION OF HEAD OF HOUSEHOLD: _____ <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																																								
	CONTROLLER	SUPERVISOR:	REVIEWED IN OFFICE BY:	ENTERED BY:																																								
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CONFIDENTIALITY AND STATISTICAL AUTHORITY ----- LAW 7/96 (July 5)

ART. 6: STATISTICAL AUTHORITY - The principle of statistical authority consists of the power given to the National Statistics Institute, in the conduct of statistical activities, to do surveys with compulsory responses in the periods established, and to take necessary steps for the production of statistics.

ART. 14: STATISTICAL CONFIDENTIALITY -- All statistical information of an individual nature that is collected by the official statistics producing agencies in the framework of the National Statistics Institute, is highly confidential.

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FAMILY HOUSEHOLD MODULE

Now I'd like to get some information about the people who usually live in your house.

ORDER N°	HABITUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	AGE	NATIONALITY	DISTRICT WHERE BORN	FOR PERSONS BORN OUTSIDE THE DISTRICT OF THE INTERVIEW			
	Please give me the names of the people who usually live in this house, starting with the head of the household.	What is the relationship between (NAME) and the head of the household?	Is (NAME) a man or a woman?	How old was (NAME) on the last birthday?	What is the nationality of (NAME)?	In which District was (NAME) born?	How many years has (NAME) lived in this District? ENTER "00" IF LESS THAN 1 YEAR ENTER 98 IF LIVED HERE ALWAYS AND SKIP TO 10A	In which District did (NAME) live before moving here?	What was the main reason why (NAME) came to live in this District?	In the last 12 months did (NAME) travel or sleep away from the usual location?
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(10A)
01		0 1	M F 1 2	IN YEARS [][]	[]	[][][][]	[][]	[][][][]	[][]	YES NO 1 2
02		[][]	1 2	[][]	[]	[][][][]	[][]	[][][][]	[][]	1 2
03		[][]	1 2	[][]	[]	[][][][]	[][]	[][][][]	[][]	1 2
04		[][]	1 2	[][]	[]	[][][][]	[][]	[][][][]	[][]	1 2
05		[][]	1 2	[][]	[]	[][][][]	[][]	[][][][]	[][]	1 2
06		[][]	1 2	[][]	[]	[][][][]	[][]	[][][][]	[][]	1 2
07		[][]	1 2	[][]	[]	[][][][]	[][]	[][][][]	[][]	1 2
08		[][]	1 2	[][]	[]	[][][][]	[][]	[][][][]	[][]	1 2
09		[][]	1 2	[][]	[]	[][][][]	[][]	[][][][]	[][]	1 2
10		[][]	1 2	[][]	[]	[][][][]	[][]	[][][][]	[][]	1 2

CODES FOR Q.3: RELATIONSHIP TO THE HEAD OF HOUSEHOLD

- 01 = HEAD
- 02 = HUSBAND/WIFE
- 03 = SON/DAUGHTER
- 04 = FATHER OR MOTHER
- 05 = STEPCHILD
- 06 = SON- OR DAUGHTER-IN-LAW
- 07 = GRANDSON/GRANDDAUGHTER
- 08 = BROTHER/SISTER
- 09 = BROTHER- OR SISTER-IN-LAW
- 10 = NIECE/NEPHEW
- 11 = OTHER RELATIVE
- 12 = UNRELATED

CODES FOR Q.6

- 1. MOZAMBICAN
- 2. FOREIGNER

CODES FOR Q.10

- 1 = FOR WORK
- 2 = FOR MARRIAGE
- 3 = TO STUDY
- 4 = TO JOIN THE FAMILY
- 5 = OTHERS (specify)

Reference number

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ONLY FOR PERSONS AT LEAST FIVE YEARS OLD

ORDER NUMBER	MARITAL STATUS	MIGRATION IN LAST 5 YEARS	TIME OF LAST MIGRATION	MONTHS ABROAD	DESTINATION COUNTRY	REASON FOR MIGRATION	PRINCIPAL OCCUPATION ABROAD	REASON RETURNED TO COUNTRY
	ONLY FOR PERSONS AT LEAST 12 YEARS OLD What is your marital status?	In the last 5 years was (NAME) abroad for longer than one month?	In what year did (NAME) go abroad the last time?	That last time how many months did (NAME) stay abroad? ENTER 99 IF STILL ABROAD	That last time what country was (NAME) in?	What was the main reason why (NAME) went abroad? IF 1 TO 6 SKIP TO Q.17	What was his or her main occupation in that country? That is, (What was the principal job in the workplace?) <i>INTERVIEWER: DESCRIBE THE JOB IN AT LEAST 2 WORDS. DO NOT WRITE IN THE BOXES</i>	What was the main reason why (NAME) returned to the country?
(1)	(11)	(12)	(13)	(14)	(15)	(15A)	(16)	(17)
01	<input type="text"/>	Y N 1 2 Q.18	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> INTERNAL USE	<input type="text"/>
02	<input type="text"/>	1 2 Q.18	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> INTERNAL USE	<input type="text"/>
03	<input type="text"/>	1 2 Q.18	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> INTERNAL USE	<input type="text"/>
04	<input type="text"/>	1 2 Q.18	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> INTERNAL USE	<input type="text"/>
05	<input type="text"/>	1 2 Q.18	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> INTERNAL USE	<input type="text"/>
06	<input type="text"/>	1 2 Q.18	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> INTERNAL USE	<input type="text"/>
07	<input type="text"/>	1 2 Q.18	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> INTERNAL USE	<input type="text"/>
08	<input type="text"/>	1 2 Q.18	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> INTERNAL USE	<input type="text"/>
09	<input type="text"/>	1 2 Q.18	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> INTERNAL USE	<input type="text"/>
10	<input type="text"/>	1 2 Q.18	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> INTERNAL USE	<input type="text"/>

CODES FOR Q.11

- 1. SINGLE
- 2. MARRIED
- 3. MONOGAMOUS MARITAL UNION
- 4. POLYGAMOUS MARITAL UNION
- 5. DIVORCED/ SEPARATED
- 6. WIDOWED

CODES FOR Q.15

- 01 = SOUTH AFRICA
- 02 = SWAZILAND
- 03 = ZIMBABWE
- 04 = MALAWI
- 05 = TANZANIA
- 06 = ZAMBIA
- 07 = LESOTHO
- 08 = NAMIBIA
- 09 = BOTSWANA
- 10 = OTHER

CODES FOR Q.15A

- 1 = MARRIAGE
- 2 = TO LOOK FOR WORK
- 3 = VACATION
- 4 = STUDIES
- 5 = MEDICAL TREATMENT
- 6 = TO VISIT FAMILY
- 7 = WORK

CODES FOR Q.17

- 1 = DID NOT FIND WORK
- 2 = TEMPORARY WORK
- 3 = FAMILY REASONS
- 4 = DID NOT PLAN TO STAY
- 5 = FOR MARRIAGE
- 6 = FOR STUDIES
- 7 = REMAINS ABROAD
- 8 = OTHERS (specify)

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OR- DER Nº	SURVIVAL OF PARENTS AND RESIDENCE OF MINORS UNDER 18 YEARS OLD		EDUCATION					
			ONLY FOR PERSONS AT LEAST FIVE YEARS OLD					
	Where does the biological mother of (NAME) live? IF IN THIS HH, RECORD MOTHER'S ORDER NUMBER	Where does the biological father of (NAME) live? IF IN THIS HH, RECORD FATHER'S ORDER NUMBER	Can (NAME) read and write?	Did (NAME) ever go to school?	ONLY FOR PERSONS AGED 5 TO 24 How old was (NAME) when starting school? IF NOT KNOWN, ENTER "98"	What was the highest level of education attended by (NAME)? What was the highest class that (NAME) finished? What was the highest grade that (NAME) finished at that level?	Is (NAME) currently studying?	During the current academic year, what level and class/grade does (NAME) attend?
(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	
	CODE NUM. Mother	CODE NUM. Father	Y N NR	YES NO 1 2 Q.32	YEARS COMPLETED	LEVEL CLASS/GRADE	YES NO 1 2 Q.29	LEVEL CLASS/GRADE
01	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	1 2 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CODES FOR Q.18 AND Q.19

1 = IN THIS FAMILY HOUSEHOLD
2 = OUTSIDE THIS FAMILY HOUSEHOLD
3 = DECEASED

CODES FOR Q.23**EDUCATIONAL LEVEL**

00 = LITERACY
01 = PRIMARY EP1 (1ST/5TH GRADE)
02 = PRIMARY EP2 (6TH/7TH GRADE)
03 = SECONDARY ESG1 (8TH/10TH GRADE)
04 = SECONDARY ESG2 (11TH/12TH GRADE)
05 = ELEMENTARY TECHNICAL
06 = BASIC TECHNICAL
07 = MEDIUM TECHNICAL
08 = NORMAL SCHOOL
09 = UNIVERSITY
98 = NOT KNOWN, ...

CLASS OR GRADE: Q.25

00 = LESS THAN 1ST CLASS/GRADE:
(ONLY FOR Q.23 . THIS CODE
IS NOT VALID FOR Q.25)
98 = NOT KNOWN

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OR- DER Nº									
	In what year did (NAME) start to attend this level?	Who operates the school where (NAME) is now studying?	Does (NAME) currently have any of the following problems with school? SKIP TO Q. 30 (ALLOW MULTIPLE ANSWERS)	Why is (NAME) not studying at present?	Did (NAME) attend school in the last 12 months?	In the past 12 months, how much did (NAME) spend on:			
						Tuition and tips (In Mt)	Textbooks (In Mt)	School uniform (In Mt)	School transport. (In Mt)
(26)	(27)	(28)	(29)	(30)	(31A)	(31B)	(31C)	(31D)	
01	<input type="text"/>	<input type="text"/>	N LM LB BF B LU T O 01 02 03 05 06 07 08 96	<input type="text"/>	YES NO 1 2 Q.32 ←				
02	<input type="text"/>	<input type="text"/>	01 02 03 05 06 07 08 96	<input type="text"/>	1 2 Q.32 ←				
03	<input type="text"/>	<input type="text"/>	01 02 03 05 06 07 08 96	<input type="text"/>	1 2 Q.32 ←				
04	<input type="text"/>	<input type="text"/>	01 02 03 05 06 07 08 96	<input type="text"/>	1 2 Q.32 ←				
05	<input type="text"/>	<input type="text"/>	01 02 03 05 06 07 08 96	<input type="text"/>	1 2 Q.32 ←				
06	<input type="text"/>	<input type="text"/>	01 02 03 05 06 07 08 96	<input type="text"/>	1 2 Q.32 ←				
07	<input type="text"/>	<input type="text"/>	01 02 03 05 06 07 08 96	<input type="text"/>	1 2 Q.32 ←				
08	<input type="text"/>	<input type="text"/>	01 02 03 05 06 07 08 96	<input type="text"/>	1 2 Q.32 ←				
09	<input type="text"/>	<input type="text"/>	01 02 03 05 06 07 08 96	<input type="text"/>	1 2 Q.32 ←				
10	<input type="text"/>	<input type="text"/>	01 02 03 05 06 07 08 96	<input type="text"/>	1 2 Q.32 ←				

CODES FOR Q.25**EDUCATIONAL LEVEL**

00 = LITERACY
 01 = PRIMARY EP1
 02 = PRIMARY EP2
 03 = SECONDARY ESG1
 04 = SECONDARY ESG2
 05 = ELEMENTARY TECHNICAL
 06 = BASIC TECHNICAL
 07 = MEDIUM TECHNICAL
 08 = NORMAL SCHOOL
 09 = UNIVERSITY
 98 = NOT KNOWN

CODES FOR Q.27

1 = GOVERNMENT
 2 = CHURCH
 3 = PRIVATE
 4 = COMMUNITY/NGO
 6 = OTHERS

CODES FOR Q.28

01 = NONE (N)
 02 = LACK OF MATERIAL (LM)
 03 = LACK OF BOOKS (LB)
 04 = LACK OF TEACHERS (LT)
 05 = BETTER PHYSICAL FACILITIES (BF)
 06 = BRIBERY (B)
 07 = LACK OF UNIFORM (LU)
 08 = TIPS (T)
 96 = OTHER PROBLEMS (O)

CODES FOR Q.29

01 = REACHED DESIRED LEVEL
 02 = NEXT LEVEL NONEXISTENT
 03 = NO ROOM
 04 = THE SCHOOL IS TOO FAR
 05 = IT'S VERY EXPENSIVE
 06 = IT'S VERY NEW
 07 = WORKING (AT HOME OR IN SERVICE)
 08 = NOT WORTH IT/LACK OF INTEREST
 09 = FAILED
 10 = MARRIED
 11 = PREGNANCY
 12 = OTHERS

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OR- DER Nº	HEALTH																														
	Does (NAME) have any of the following handicaps? (ALLOW MULTIPLE ANSWERS)		Has (NAME) been ill or been injured in the last 2 weeks?		How many days did (NAME) miss work or school because of the illness or injury?		Did (NAME) visit a health practitioner/ institution or healer in the last 2 weeks?		What type of practitioner did (NAME) see?		Did (NAME) have any of the following problems during the visit? (ALLOW MULTIPLE ANSWERS)		Why didn't (NAME) visit a doctor in the last two weeks? (ALLOW MULTIPLE ANSWERS)																		
	(32)		(33)		(34)		(35)		(36)		(37)		(38)																		
	N	B	M	DM	MR	P	AA	AL	O	Y	N	DAYS		Y	N		N	LH	WT	QP	TE	LY	UT	C	O	N	TE	TF	LT	O	
	01	02	03	04	05	06	07	08	96	1	2	<input type="text"/>	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>	01	02	03	04	05	06	07	08	96	1	2	3	4	5
01										Q.39		<input type="text"/>	<input type="text"/>	Q.38		<input type="text"/>	<input type="text"/>														
02										Q.39		<input type="text"/>	<input type="text"/>	Q.38		<input type="text"/>	<input type="text"/>														
03										Q.39		<input type="text"/>	<input type="text"/>	Q.38		<input type="text"/>	<input type="text"/>														
04										Q.39		<input type="text"/>	<input type="text"/>	Q.38		<input type="text"/>	<input type="text"/>														
05										P39		<input type="text"/>	<input type="text"/>	Q.38		<input type="text"/>	<input type="text"/>														
06										Q.39		<input type="text"/>	<input type="text"/>	Q.38		<input type="text"/>	<input type="text"/>														
07										Q.39		<input type="text"/>	<input type="text"/>	Q.38		<input type="text"/>	<input type="text"/>														
08										Q.39		<input type="text"/>	<input type="text"/>	Q.38		<input type="text"/>	<input type="text"/>														
09										Q.39		<input type="text"/>	<input type="text"/>	Q.38		<input type="text"/>	<input type="text"/>														
10										Q.39		<input type="text"/>	<input type="text"/>	Q.38		<input type="text"/>	<input type="text"/>														

CODES FOR Q.32

01 = NONE (N)
 02 = BLIND (B)
 03 = MUTE (M)
 04 = DEAF MUTE (DM)
 05 = MENTAL RETARDATION (MR)
 06 = PARALYTIC (P)
 07 = AMPUTATED/ATROPHIED ARM (AA)
 08 = AMPUTATED/ATROPHIED LEG (AL)
 96 = OTHER (O), SPECIFY

CODES FOR Q.36

01 = GOVERNMENT HEALTH POST
 02 = GOVERNMENT HEALTH CENTER
 03 = HOSPITAL (RURAL, CENTRAL, GEN., PROV.)
 04 = PRIVATE CLINIC
 05 = PHARMACY
 06 = DOCTOR/DENTIST/PRIVATE OFFICE
 07 = HEALER
 8. CHURCH

CODES FOR Q.37

01 = NONE(N)
 02 = LACK OF HYGIENE (LH)
 03 = LONG WAITING TIME (WT)
 04 = LACK OF QUALIFIED PERSONS (QP)
 05 = TOO EXPENSIVE (TE)
 06 = LACK OF MEDICINE (LM)
 07 = UNSUCCESSFUL TREATMENT (UT)
 08 = CORRUPTION (C)
 96 = OTHER (O), SPECIFY

CODES FOR Q.38

1 = WAS NOT NECESSARY(NN)
 2 = TOO EXPENSIVE (TE)
 3 = TOO FAR (TF)
 4. LACK OF TRANSPORTATION (LT)
 5 = OTHER (O), SPECIFY.

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OR- DER Nº	HEALTH					
	How many times did you visit a doctor or health technicians in the public sector in the last 30 days? IF NO VISIT SKIP TO Q.39B	How much did you pay for the public sector health visit in the last 30 days? (In Mts)	How many times did you visit a doctor or health technicians in the private sector in the last 30 days? IF NO VISIT SKIP TO Q.39B	How much did you pay for the private sector health visit in the last 30 days? (In Mts)	How many times did you visit a traditional doctor (healer) in the last 30 days? IF NO VISIT SKIP TO Q.40	How much did you pay for the healer visit in the last 30 days? (In Mts)
	(39)	(39A)	(39B)	(39C)	(39D)	(39E)
01	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
02	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
03	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
04	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
05	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
06	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
07	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
08	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
09	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
10	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

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OR- DER Nº	ONLY FOR PERSONS AT LEAST 7 YEARS OLD						
	Did (NAME) work in the last 7 days? (worked on the small farm, sold some product, or did some other economic activity in the last 7 days?)	Even if (NAME) did not work in the last 7 days, does he or she have some job, farm, company, or business where he or she did not work in the last 7 days, and to which he or she will return to work?	Was (NAME) available for work in the last 7 days?	Why was (NAME) not available for work in the last 7 days?	In the last 30 days did (NAME) do something to look for work?	What did (NAME) do to look for work in the last 30 days?	In the last 12 months did (NAME) work on the small farm, fetch wood/water, help some household member with their business or do any work that was paid for with money or in kind?
	(40)	(41)	(42)	(43)	(44)	(45)	(45A)
01	Y 1 N 2 P.46	Y 1 N 2 P.46	S 1 N 2 Q.44	<input type="text"/>	Y 1 N 2 Unk 3 Q.45A	<input type="text"/>	Y 1 N 2 NEXT PERSON
02	1 2 P.46	1 2 P.46	1 2 Q.44	<input type="text"/>	1 2 3 Q.45A	<input type="text"/>	1 2 NEXT PERSON
03	1 2 P.46	1 2 P.46	1 2 Q.44	<input type="text"/>	1 2 3 Q.45A	<input type="text"/>	1 2 NEXT PERSON
04	1 2 P.46	1 2 P.46	1 2 Q.44	<input type="text"/>	1 2 3 Q.45A	<input type="text"/>	1 2 NEXT PERSON
05	1 2 P.46	1 2 P.46	1 2 Q.44	<input type="text"/>	1 2 3 Q.45A	<input type="text"/>	1 2 NEXT PERSON
06	1 2 P.46	1 2 P.46	1 2 Q.44	<input type="text"/>	1 2 3 Q.45A	<input type="text"/>	1 2 NEXT PERSON
07	1 2 P.46	1 2 P.46	1 2 Q.44	<input type="text"/>	1 2 3 Q.45A	<input type="text"/>	1 2 NEXT PERSON
08	1 2 P.46	1 2 P.46	1 2 Q.44	<input type="text"/>	1 2 3 Q.45A	<input type="text"/>	1 2 NEXT PERSON
09	1 2 P.46	1 2 P.46	1 2 Q.44	<input type="text"/>	1 2 3 Q.45A	<input type="text"/>	1 2 NEXT PERSON
10	1 2 P.46	1 2 P.46	1 2 Q.44	<input type="text"/>	1 2 3 Q.45A	<input type="text"/>	1 2 NEXT PERSON

CODES FOR Q.43

- 01. WENT TO SCHOOL
- 02. NOT PREPARED TO PAY HOUSEHOLD HELP
- 03. CARING FOR PEOPLE WHO NEEDED HELP
- 04. FORBIDDEN TO WORK BY HUSBAND
- 05. FORBIDDEN TO WORK BY WIFE
- 06. TOO YOUNG
- 07. TOO OLD
- 08. WAS SICK
- 09. WAS HANDICAPPED
- 10. REFORMED
- 11. COMPULSORY MILITARY SERVICE
- 12. OTHER (SPECIFY)

CODES FOR Q.45

- 01. REGISTERED AT EMPLOYMENT CENTERS
- 02. CONTACTED FARM OWNERS
- 03. CONTACTED FACTORIES OR OTHER SERVICES
- 04. CONTACTED FRIENDS AND FAMILY MEMBERS
- 05. CHECKED NEWSPAPER ADS
- 06. SOUGHT FINANCING
- 07. OTHER (SPECIFY)

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OR- DER Nº	ONLY FOR PERSONS AT LEAST 7 YEARS OLD			
	What is your primary occupation? (That is, what is your main job where you work?)	Who did (NAME) work for at his or her main occupation?	Is (NAME) a permanent, seasonal, or occasional worker?	Describe the principal economic activity at the place where (NAME) works.
	(46)	(47)	(48)	(49)
01	_____ _____ INTERNAL USE	_____ _____ INTERNAL USE	_____ _____ INTERNAL USE	_____ _____ INTERNAL USE
02	_____ _____ INTERNAL USE	_____ _____ INTERNAL USE	_____ _____ INTERNAL USE	_____ _____ INTERNAL USE
03	_____ _____ INTERNAL USE	_____ _____ INTERNAL USE	_____ _____ INTERNAL USE	_____ _____ INTERNAL USE
04	_____ _____ INTERNAL USE	_____ _____ INTERNAL USE	_____ _____ INTERNAL USE	_____ _____ INTERNAL USE
05	_____ _____ INTERNAL USE	_____ _____ INTERNAL USE	_____ _____ INTERNAL USE	_____ _____ INTERNAL USE
06	_____ _____ INTERNAL USE	_____ _____ INTERNAL USE	_____ _____ INTERNAL USE	_____ _____ INTERNAL USE
07	_____ _____ INTERNAL USE	_____ _____ INTERNAL USE	_____ _____ INTERNAL USE	_____ _____ INTERNAL USE
08	_____ _____ INTERNAL USE	_____ _____ INTERNAL USE	_____ _____ INTERNAL USE	_____ _____ INTERNAL USE
09	_____ _____ INTERNAL USE	_____ _____ INTERNAL USE	_____ _____ INTERNAL USE	_____ _____ INTERNAL USE
10	_____ _____ INTERNAL USE	_____ _____ INTERNAL USE	_____ _____ INTERNAL USE	_____ _____ INTERNAL USE

CODES FOR Q.47

01. GOVERNMENT
02. PUBLIC SECTOR
03. PRIVATE SECTOR
04. SELF-EMPLOYED WITH EMPLOYEES
05. SELF-EMPLOYED WITHOUT EMPLOYEES
06. UNPAID FAMILY WORKER
07. PRIVATE PERSON/GROUP
08. COOPERATIVE SECTOR
09. NGO AND OTHER ASSOCIATIONS

CODES FOR Q.48

01. PERMANENT WORKER
02. SEASONAL WORKER
03. OCCASIONAL WORKER

Reference number

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OR- DER Nº	ONLY FOR PERSONS AT LEAST 7 YEARS OLD					
	Is (NAME) a salaried worker?	How many hours does (NAME) work per week?	How many months did (NAME) work in the last 12 months?	How much did (NAME) get in his last pay? (In Mts)	Is this salary daily, weekly, or monthly?	In addition to the salary, what was the value (of rent, food, transportation, etc.) received by (NAME) in the last month?
	(50)	(51)	(52)	(53)	(54)	(55)
01	Y N 1 2 Q.56 ←	HOURS [][]	MONTHS [][]	_____	[]	_____
	1 2 Q.56 ←	[][]	[][]	_____	[]	_____
02	1 2 Q.56 ←	[][]	[][]	_____	[]	_____
	1 2 Q.56 ←	[][]	[][]	_____	[]	_____
03	1 2 Q.56 ←	[][]	[][]	_____	[]	_____
	1 2 Q.56 ←	[][]	[][]	_____	[]	_____
04	1 2 Q.56 ←	[][]	[][]	_____	[]	_____
	1 2 Q.56 ←	[][]	[][]	_____	[]	_____
05	1 2 Q.56 ←	[][]	[][]	_____	[]	_____
	1 2 Q.56 ←	[][]	[][]	_____	[]	_____
06	1 2 Q.56 ←	[][]	[][]	_____	[]	_____
	1 2 Q.56 ←	[][]	[][]	_____	[]	_____
07	1 2 Q.56 ←	[][]	[][]	_____	[]	_____
	1 2 Q.56 ←	[][]	[][]	_____	[]	_____
08	1 2 Q.56 ←	[][]	[][]	_____	[]	_____
	1 2 Q.56 ←	[][]	[][]	_____	[]	_____
09	1 2 Q.56 ←	[][]	[][]	_____	[]	_____
	1 2 Q.56 ←	[][]	[][]	_____	[]	_____
10	1 2 Q.56 ←	[][]	[][]	_____	[]	_____
	1 2 Q.56 ←	[][]	[][]	_____	[]	_____

CODES FOR Q.54

- 1 DAILY
- 2 WEEKLY
- 3 MONTHLY

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OR- DER Nº	ONLY FOR PERSONS AT LEAST 7 YEARS OLD					
	In that other activity:					
	Is (NAME) a salaried worker?	How many hours does (NAME) work per week?	How many months did (NAME) work in the last 12 months?	How much did (NAME) get in his last pay? (In Mts)	Is this salary daily, weekly, or monthly?	In addition to the salary, what was the value (of rent, food, transportation, etc.) received by (NAME) in the last month?
	(62)	(63)	(64)	(65)	(65A)	(66)
01	Y N 1 2 Q.67A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	1 2 Q.67A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	1 2 Q.67A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	1 2 Q.67A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	1 2 Q.67A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06	1 2 Q.67A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07	1 2 Q.67A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08	1 2 Q.67A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09	1 2 Q.67A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	1 2 Q.67A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CODES FOR Q.65A

- 1 DAILY
- 2 WEEKLY
- 3 MONTHLY

Reference number

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OR- DER Nº	ONLY FOR PERSONS AT LEAST 7 YEARS OLD					
	In the last 7 days, how many hours did (NAME)					How many hours did (NAME) spend yesterday cooking, doing laundry, house cleaning or other similar activities?
	(a) Work on the farm, including livestock or fishing, both for sale and for household consumption?	(b) Fetch firewood or water for the household?	(c) Engage in any economic activity besides self-employed farming or fishing?	(d) Help some household member in their activity besides self-employed farming or fishing?	(e) Do any work paid in money or in kind, including occasional work?	
(67A)	(67B)	(67C)	(67D)	(67E)	(68)	
01	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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HOUSING CHARACTERISTICS AND CONDITIONS

No	QUESTIONS AND FILTERS	CODE OF THE CATEGORIES	SKIP TO
70	Type of housing	CONVENTIONAL HOUSE 1 FLAT/APARTMENT 2 STRAW HOUSE..... 3 MIXED HOUSE 4 IMPROVISED HOUSE 5 BASIC HOUSE 6 PART OF COMMERCIAL BUILDING 7 OTHER (SPECIFY) 8	
71	The house is:	OWNED 1 RENTED 2 → Q.73 LENT, BORROWED TEMPORARILY 3 → Q.73 OTHER 4	
72	If house is owned, how was it obtained?	SELF CONSTRUCTION..... 1 BOUGHT FROM APIE [state housing agency]..... 2 BOUGHT FROM OTHERS 3 INHERITED..... 4 OTHER (specify) 6	
73	The house walls are made of:	CEMENT BLOCKS 1 BRICKS 2 WOOD/ZINC 3 ADOBE BLOCKS 4 CANE/STICKS/BAMBOO/PALM..... 5 WATTLE..... 6 TIN/CARDBOARD/PAPER/SACK/SHELL..... 7 OTHER (specify) 8	
74	The house is covered with:	CONCRETE SLABS 1 STRAW..... 2 LUSALITE SHEETS 3 ZINC SHEETS..... 4 GRASS/THATCH/PALM..... 5 OTHER (specify) 6	
75	The floor of the house (excluding kitchen and bath) is made of:	WOOD/PARQUET..... 1 MARBLE/GRANULITE..... 2 CEMENT..... 3 MOSAIC/TILE..... 4 ADOBE(BEATEN EARTH)..... 5 UNCOVERED..... 6 OTHERS (specify) 7	
76	How many rooms does the house have (excluding kitchen and bath):	ROOMS <input type="text"/> <input type="text"/>	
77	Of these rooms, how many are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>	
78	What is the primary source of drinking water for this household?	PIPED WATER IN THE HOUSE..... 01 PIPED WATER OUTSIDE THE HOUSE/YARD..... 02 SPRINGWATER..... 03 WELL WATER WITH HAND PUMP 04 WELL WATER WITHOUT PUMP 05 WATER FROM RIVER/LAKE/POND..... 06 RAINWATER..... 07 MINERAL WATER/BOTTLED WATER..... 08 OTHER (specify) 09	
79	Does this household treat water before drinking it?	YES..... 1 NO 2 → Q.81 NOT KNOWN..... 3 → Q.81	
80	How does this household treat water for drinking? ALLOW MULTIPLE ANSWERS	BOILING..... 1 ADDING BLEACH, CHLORINE, SODA..... 2 FILTERING WITH A CLOTH..... 3 ADDING CERTEZA 4 OTHERS (specify) 5	

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HOUSING CHARACTERISTICS AND CONDITIONS

No	QUESTIONS AND FILTERS	CODE OF THE CATEGORIES	SKIP TO
81	What is the distance you travel on foot to the source where you get water, and how long does it take to get there, draw water, and return?	IT IS ON SITE..... 0 METERS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW (DISTANCE IN METERS)..... 99998 MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW (TIME IN MINUTES) 998	
82	How much time in minutes does it take to walk from your house to the nearest (NAME OF FACILITY)? INTERVIEWER: IF INTERVIEWEE DOES NOT KNOW THE TIME ENTER CODE 998. AND IF FACILITY DOES NOT EXIST USE CODE 999.	A. Drinking water source <input type="text"/> <input type="text"/> <input type="text"/> B. Market, grocery <input type="text"/> <input type="text"/> <input type="text"/> C. Bus stop <input type="text"/> <input type="text"/> <input type="text"/> D. Primary school <input type="text"/> <input type="text"/> <input type="text"/> C. Health unit <input type="text"/> <input type="text"/> <input type="text"/> E. Police post <input type="text"/> <input type="text"/> <input type="text"/>	
83	A casa tem:	TOILET CONNECTED TO SEPTIC FIELD..... 1 IMPROVED LATRINE..... 2 IMPROVED TRADITIONAL LATRINE..... 3 UNIMPROVED LATRINE..... 4 NO TOILET/LATRINE..... 5	
84	What is the primary source of energy or fuel that the family household uses for cooking? (For example: charcoal, wood, gas, etc.)	ELECTRICITY..... 01 GAS 02 OIL/PARAFFIN/KEROSENE 03 CHARCOAL 04 COAL 05 WOOD..... 06 ANIMAL FECES..... 07 OTHER (SPECIFY) 96	
85	What is the primary source of energy used for lighting this house?	ELECTRICITY..... 01 GENERATOR/SOLAR PANEL..... 02 GAS..... 03 OIL/PARAFFIN/KEROSENE 04 CANDLES..... 05 BATTERY..... 06 WOOD..... 07 OTHER (SPECIFY) 08	

FARMING AND LIVESTOCK RAISING

Reference number

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A. Area of farms

86. Did some member of this household have their own or leased farms, orchards, or plantations in the 2007/2008 season? 1-Yes 2-No >> Q.109 | _____ |

	(87)	(88)	(89)	(90)	(91)	(92)	(93)	CODES FOR Q.88 (HOW YOU GOT THE FARM) 1 Given by traditional authorities 2 Given by formal authorities 3 Given by relatives 4 Leased 5 Borrowed 6 Occupied 7 Purchased with title 8 Purchased without title 9 Inherited 10 Others (specify)
	Location of the farms, plantations, orchards	How did you get this farm? SEE CODES	Total hectares in this farm? HECTARES	Total cultivated area in the farm? IF CULTIVATED AREA EQUALS TOTAL AREA >> 92 HECTARES	Why did you not cultivate this farm or cultivate less than the total area? 1. Rent to others 2. Left fallow 3. Lacked labor 4. Lack of resources 5. Others (specify)	Is the farm in the upper or lower zone? 1. UPPER 2. LOWER	Does this farm use an irrigation system? 1. yes, manual 2. yes, mechanized 3. yes, gravity 4. yes, simple pump 5. No	
1								
2								
3								
4								
5								

Agricultural production

Interviewer : The information we want to collect refers to the last full farm season.

No.	(94) Please list all of the crops raised in this last full farm season.	(95)	(97) HARVEST VOLUME			(99)	(100) Did you sell the crop? 1 Yes 2 No >> next crop	(101) VOLUME SOLD			(104) Value of the sale	(105) Price for unit sold
			Quantity	Unit	Condition			Quantity	Unit	Condit.		
	CODE											
Basic food crops and cash crops												
1												
2												
3												
4												
5												
6												
7												
Vegetables and fruit												
1												
2												
3												
4												
5												

ANNUAL BASIC CROPS	CODE	CASH CROPS	CODE	VEGETABLES	CODE	FRUIT	CODE
Corn		Cotton		Tomato		Orange	
Rice		Tobacco		Kale		Mango	
Sorghum		Sugar cane		Pumpkin		Banana	
Millet		Sunflower		Lettuce		Avocado	
Large peanuts		Sesame		Garlic		Jackfruit	
Small peanuts				Eggplant		Guava	
Butter beans				Onion		Lemon	
<i>Nhemba</i> beans				Carrot		Litchi	
<i>Jugo</i> beans				Peas		Apple	
Boer beans				Yam/Taro		Indian apple	
Manioc				Watermelon		Mafura	
Sweet potatoes				Paprika		Mango	
				Cucumber		Passionfruit	
				Pimento		Papaya	
				Piripri (birdseye)		Pear	
						Peach	

UNITS OF MEASURE				ESTADO	
	11. Bag-100kg	21. Can-25L	40. 300ml		5 Shelled
	12. Bag-90kg	22. Can-20L	41. 500ml	1 Fresh	6 Flour
1. Kg	13. Bag-70kg	23. Can-10L	42. 750ml	2 On the ear	7 Dry in pod
2. Unit	14. Bag-60kg	24. Can-5L	43. Liter	3 Grain	8 Dry
	15. Bag-50 kg	25. Can-1L	44. Gallon	4 With shell	9 Tapioca

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FARMING AND LIVESTOCK RAISING

INPUTS, LABOR, AND MEANS OF PRODUCTION

	(106)	(107)	(108)
cod		In the last full farm season did you use ...? 1. Yes 2. No >> next	Total amount of payment
1	Manure		
2	Chemical fertilizers		
3	Pesticide, herbicide		
4	Labor		
5	Draft animals		
6	Tractors		
7	Fuel/transportation		
8	Wagons/carts		
9	Thresher		
10	Electrical pumps		
11	...		
12	...		

Livestock raising in the last 12 months

	(109)	(110)	(111)	(112)	(113)	(114)	(115)
		In the last 12 months has this household raised [ANIMAL]? 1. Yes 2. No >> next animal	How many (ANIMAL) does this household have today?	How many (ANIMAL) were sold live in the last 12 months? If 0 >> next animal	Sales price METICAIS	Did you vaccinate animals in the meses? 1. Yes 2. No >> next	Cost of vaccinations? METICAIS
81	Cattle						
82	Goats						
83	Sheep						
84	Pigs						
85	Chickens						
86	Ducks						
	Other*						

* Might be: Geese, turkeys, guinea fowl, rabbits, etc. (do not include dogs, cats, horses, and wild animals)

PRODUCTS AND BYPRODUCTS

AREA

	(116)	(117)	(118)	(119)	(120)
		In the last 12 months did you sell ...? 1. Yes 2. No >> Next	Value of sale METICAIS	In the last farm season did you get at least one visit from the extension agent? 1. Yes 2. No	Does this household know the times and places to sell farm products? 1. Yes 2. No
1	Eggs				
2	Milk				
3	Hides				
4	Beef				
5	Pork				
6	Goat meat				
7	Chicken				
8	Charcoal				
9	Honey				
10	Homemade beverages				
11	Chestnuts				
12	Almonds				
13	Coconut				
14	Copra				
15	Meat from hunting				

Reference number

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RECENT CALAMITIES AND SHOCKS EXPERIENCED BY THE HOUSEHOLD

				ONLY FOR THE 3 MAIN EVENTS				
COD	(121)		(122)	(123)		(124)		
	In the last 5 years was this household negatively affected by one of the following events? COVER THE LIST BEFORE CONTINUING.		Rank 3 events that were most relevant: 1 = MOST RELEVANT 2 = RELEVANT 3 = LEAST RELEVANT	How long ago did this event occur		What did you do in response or to resume your normal life? [LIST ONLY THREE IN ORDER OF IMPORTANCE.]		
		YES1 NO.....2 (»NEXT LINE)		YEARS	MONTHS	1ST	2ND	3RD
1	Flood							
2	Drought							
3	Cyclone							
4	Agricultural pests (plague)							
5	Epidemic							
6	Death or theft of cattle							
7	Bankruptcy of HH business							
8	Loss of salaried worker							
9	Low producer prices							
10	Increased prices for food							
11	Illness or accident of HH member							
12	Death of head of household							
13	Death of a worker member							
14	Death of another HH member							
15	Theft, robbery							
16								

CODES FOR Q.124

- RECEIVED HELP FROM GOVERNMENT..... 1
 REDUCED THE AMOUNT OF FOOD..... 2
 LOWERED THE QUALITY OF FOOD..... 3
 CUT NON-FOOD EXPENSES..... 4
 DIDN'T DO ANYTHING..... 5
 OTHER (SPECIFY)..... 6

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No	QUESTIONS AND FILTERS	CODES FOR THE CATEGORIES	
125	How many meals did this household have yesterday?	NONE	1
		ONE	2
		TWO	3
		THREE	4
126	In which months did this household have problems with food in the last 12 months? (ALLOW MULTIPLE REPOSSES)	JANUARY	1
		FEBRUARY	2
		MARCH	3
		APRIL	4
		MAY	5
		JUNE	6
		JULY	7
		AUGUST	8
		SEPTEMBER	9
		OCTOBER	10
		NOVEMBER	11
		DECEMBER	12
		NO MONTH	13
127	During the past month, the food in this household was:	INSUFFICIENT	1
		SUFFICIENT	2
		MORE THAN SUFFICIENT	3
128	How is the household's economic condition in comparison with what it was a year ago?	MUCH WORSE NOW	1
		WORSE NOW	2
		THE SAME	3
		A LITTLE BETTER NOW	4
		MUCH BETTER NOW	5
		DON'T KNOW	6

MONETARY SECTION

No		CATEGORY CODES	SKIP TO
129	Does some member of this household have a bank account?	YES NO	1 → 131 2
130	Why don't they have a bank account?	DON'T TRUST THE BANK THE BANK IS TOO FAR DON'T NEED IT OTHER (SPECIFY)	1 2 3 4
131	Does this household have any of the obsolete series of Metical bills and coins?	YES..... NO	1 2 → 133
132	What is the value of these obsolete Metical bills and coins that the household owns?	VALUE OF BILLS <input type="text"/> <input type="text"/> VALUE OF COINS..... <input type="text"/> <input type="text"/> DON'T KNOW.....	98
133	Which of the following bills of the new Metical series do you prefer to use for transactions? (ALLOW MULTIPLE ANSWERS)	1,000.00..... 500.00..... 200.00..... 100.00..... 50.00..... 20.00.....	1 2 3 4 5 6
134	Which of the following coins of the new Metical series do you prefer to use for transactions? (ALLOW MULTIPLE ANSWERS)	10.00..... 5.00..... 2.00..... 1.00..... 50CT..... 20CT..... 10CT..... 5CT..... 1CT.....	1 2 3 4 5 6 7 8 9

Reference number

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SECTION OF HEIGHT AND WEIGHT OF CHILDREN UNDER FIVE YEARS OF AGE

COMPARE LIST OF HOUSEHOLD MEMBERS AND NOTE THE ORDER NUMBER, NAME, AND AGE OF ALL CHILDREN UNDER FIVE YEARS OF AGE

CHILDREN UNDER 5										
ORDER N°	NAME	AGE	What is the date of birth of (NAME)?			WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED PRONE OR STANDING	RESULT	Did (NAME) sleep under a mosquito net last night?
FROM LINE 1	FROM COLUMN 2	FROM COLUMN 5							1. MEASURED 2. MISSING 3. REFUSED 6. OTHER	
	(135)	(136)	(137)			(138)	(139)	(140)	(141)	(142)
			DAY	MONTH	YEAR			PRONE STANDING		YES NO
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	1 2
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	1 2
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	1 2
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	1 2
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	1 2
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	1 2
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<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>	1 2
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FOR CHILDREN 0 TO 2 YEARS OF AGE

ORDER N°	How soon after birth did (NAME) start nursing? IF LESS THAN ONE HOUR ENTER "00" IF NEVER NURSED CONCLUDE INTERVIEW	How many months did (NAME) only drink breast milk? IF LESS THAN ONE MONTH ENTER "00" IF NEVER GIVEN BREAST MILK ENTER "96"	Does (NAME) still drink only breast milk?	At how many months of age did (NAME) stop nursing? de mamar? IF LESS THAN ONE MONTH, ENTER "00"
	(143)	(144)	(145)	(146)
	CODE HOURS/DAYS	MONTHS	YES NO	MONTHS
<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 Terminate	<input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 Terminate	<input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	1 2 Terminate	<input type="text"/>

CODES FOR Q.143

- 01. IMMEDIATELY
- 02. HOURS
- 03. DAYS
- 96. NEVER
- 98. DOESN'T KNOW/DOESN'T REMEMBER

