

**STRICTLY CONFIDENTIAL**

CENTRAL STATISTICAL OFFICE,  
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LUSAKA.

TEL No. 251377/251380  
251381  
251385

REPUBLIC OF ZAMBIA

QUESTIONNAIRE SERIAL NO:

FORM 

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FAX No. 252575

**LIVING CONDITIONS MONITORING SURVEY I (1996)  
HOUSEHOLD QUESTIONNAIRE**

HOUSEHOLD QUESTIONNAIRE IDENTIFICATION	CODE NUMBER
1. PROVINCE NAME	<input style="width: 20px; height: 20px;" type="text"/>
2. DISTRICT NAME	<input style="width: 20px; height: 20px;" type="text"/>
3. CSA NUMBER	<input style="width: 20px; height: 20px;" type="text"/>
4. SEA NUMBER	<input style="width: 20px; height: 20px;" type="text"/>
5. RURAL..1 URBAN..2	<input style="width: 20px; height: 20px;" type="text"/>
6. STRATUM      RURAL: 1. Small Scale    2. Medium Scale    3. Large Scale    4. Non Agric URBAN: 5. Low Cost            6. Medium Cost    7. High Cost	<input style="width: 20px; height: 20px;" type="text"/>
7. CENTRALITY	<input style="width: 20px; height: 20px;" type="text"/>
8. PANEL NUMBER	<input style="width: 20px; height: 20px;" type="text"/>
9. SURVEY BUILDING NUMBER (SBN)	<input style="width: 20px; height: 20px;" type="text"/>
10. HOUSING UNIT NUMBER (HUN)	<input style="width: 20px; height: 20px;" type="text"/>
11. HOUSEHOLD NUMBER (HHN)	<input style="width: 20px; height: 20px;" type="text"/>
12. VILLAGE OR LOCALITY NAME	
13. CHIEF'S AREA (RURAL AREAS ONLY) FOR URBAN = 888 (NOT APPLICABLE)	<input style="width: 20px; height: 20px;" type="text"/>
14. CONSTITUENCY NAME	<input style="width: 20px; height: 20px;" type="text"/>
15. HOUSEHOLD SELECTION STATUS: 1. ORIGINALLY SELECTED HOUSEHOLD    2. REPLACEMENT HOUSEHOLD	<input style="width: 20px; height: 20px;" type="text"/>
16. ENUMERATED HOUSEHOLD NAME OF THE HEAD _____ RESIDENTIAL ADDRESS _____ SAMPLING SERIAL NO. OF HOUSEHOLD _____	<input style="width: 20px; height: 20px;" type="text"/>
17. NAME OF RESPONDENT _____ SERIAL No. FROM HOUSEHOLD ROSTER _____	<input style="width: 20px; height: 20px;" type="text"/>
18. NUMBER OF VISITS UNTIL COMPLETED INTERVIEW	<input style="width: 20px; height: 20px;" type="text"/>

19. DATA COLLECTION:	HOUR      MIN.	HOUR      MIN.	DURATION (MINUTES)
TIME STARTED INTERVIEW	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
INTERVIEWER.....	DATE.....		
SUPERVISOR.....	CHECKING DATE.....		
20. TOTAL NUMBER OF COMPLETED QUESTIONNAIRES FOR THIS HOUSEHOLD			
HOUSEHOLD <input style="width: 20px; height: 20px;" type="text"/>	INDIVIDUAL <input style="width: 20px; height: 20px;" type="text"/>	CHILD <input style="width: 20px; height: 20px;" type="text"/>	





**SECTION 2A: DEMOGRAPHY**

1. Has there been any changes in the household size in the last 12 months due to:-

		1 YES
		2 NO
		<b>CODE</b>
1 Marriage	>> SECTION 2B	<input type="checkbox"/>
1 Births		<input type="checkbox"/>
1 Divorces/separation		<input type="checkbox"/>
1 Person moving into the household permanently (MARRIAGE EXCLUDED)		<input type="checkbox"/>
1 Persons moving out of the household permanently (MARRIAGE EXCLUDED)		<input type="checkbox"/>
1 Death >> QUESTION 2		<input type="checkbox"/>

2. How many people died in the last 12 months?

NUMBER OF DEATHS

3. How old was the deceased? RECORD AGE IN COMPLETED YEARS  
(ENTER 00 IF LESS THAN 1 YEAR)

	AGE
DECEASED 1	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
DECEASED 2	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
DECEASED 3	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
DECEASED 4	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
DECEASED 5	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
DECEASED 6	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

**SECTION 2B: MIGRATION**

1. Where was the household residing 12 months ago?

1 SAME DWELLING \_\_\_\_\_ } >> QUESTION 4  
 2 DIFFERENT DWELLING, SAME LOCALITY/VILLAGE }  
 3 DIFFERENT LOCALITY/ VILLAGE, SAME DISTRICT  
 4 DIFFERENT DISTRICT, SAME PROVINCE  
 5 DIFFERENT PROVINCE  
 6 DIFFERENT COUNTRY  
 7 HOUSEHOLD DID NOT EXIST 12 MONTHS AGO >> QUESTION 4

CODE

2. Was this area you were residing in 12 months ago in a rural or urban area?

1 RURAL  
 2 URBAN

CODE

3. What was the main reason for moving?

1 JOB TRANSFER OF HEAD OF HOUSEHOLD  
 2 SEEKING JOB/BUSINESS OPPORTUNITY/GREENER PASTURE  
 3 FOUND NEW JOB/BUSINESS  
 4 DECIDED TO RESETTLE  
 5 COULD NOT COPE WITH THE HIGH COST OF LIVING  
 6 ACQUIRED OWN/DIFFERENT ACCOMODATION  
 7 RETIRED/RETRENCHED  
 8 DUE TO THE DROUGHT  
 9 OTHER (SPECIFY) .....

CODE

4. Has any member of your household been away for more than 3 months to look for or take a job/business in the last 12 months?

1 YES  
 2 NO >> SECTION 3

CODE

5. How many household members?

NUMBER OF MEMBERS

FOR THOSE PERSONS WHO HAVE GONE AWAY, ASK THE FOLLOWING QUESTIONS PERSON BY PERSON

6. What is the sex of .....	Person 1	Person 2	Person 3	Person 4
	1 MALE 2 FEMALE	1 MALE 2 FEMALE	1 MALE 2 FEMALE	1 MALE 2 FEMALE
7. How old is this person?	AGE	AGE	AGE	AGE
	<input type="text"/> <input type="text"/>			

**SECTION 28: MIGRATION (Cont'd)**

8. Where did ..... go?	Person 1	Person 2	Person 3	Person 4
1 RURAL AREA WITHIN ZAMBIA	1	1	1	1
2 URBAN AREA WITHIN ZAMBIA	2	2	2	2
3 BOTSWANA	3	3	3	3
4 SWAZILAND	4	4	4	4
5 RSA	5	5	5	5
6 ZIMBABWE	6	6	6	6
7 NAMIBIA	7	7	7	7
8 LESOTHO	8	8	8	8
9 ZAIRE	9	9	9	9
10 TANZANIA	10	10	10	10
11 MALAWI	11	11	11	11
12 OTHER AFRICA	12	12	12	12
13 OUTSIDE AFRICA	13	13	13	13
	CODE <input type="text"/> <input type="text"/>			
9. What was ..... profession/ skill/occupa- tion before he/she left?	SPECIFY.....  CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SPECIFY.....  CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SPECIFY.....  CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SPECIFY.....  CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**SECTION 3: HOUSEHOLD AMENITIES AND HOUSING CONDITIONS**

**INTRODUCTION:** I am now going to ask you questions about the house/dwelling in which you live

1. What kind of dwelling does your household live in?

- 1 HUT/TRADITIONAL HOUSE
- 2 DETACHED HOUSE
- 3 FLAT/APPARTMENT/MULTI-UNIT
- 4 SEMI-DETACHED HOUSE/FLAT
- 5 SERVANTS QUARTERS
- 6 HOUSE ATTACHED TO/ON TOP OF SHOP, ETC
- 7 GUEST HOUSE/WING
- 8 HOSTEL
- 9 NON-RESIDENTIAL BUILDING (E.G. SCHOOL CLASSROOMS, ETC)
- 10 OTHER SPECIFY .....

CODE

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2. How many rooms are occupied by this household excluding bathrooms and toilets (FOR RURAL AREAS COUNT THE NUMBER OF ROOMS IN EACH HUT BELONGING TO THE HOUSEHOLD COLLECTIVELY)

NUMBER OF ROOMS

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3. What kind of building materials is/are the ..... of this dwelling made of? (IF A MULTI-STOREY/UNIT BUILDING RECORD BUILDING MATERIALS OF THE OUTER ROOF (ROOFTOP) AND OUTER WALL).

(A) ROOF	(B) WALLS	(C) FLOOR
1 ASBESTOS SHEETS	1 KIMBERLY BRICK	1 CONCRETE ONLY
2 ASBESTOS TILES	2 CONCRETE BRICK	2 COVERED CONCRETE
3 IRON SHEETS	3 MUDBRICK	3 MUD
4 GRASS/STRAW	4 POLE	4 WOODEN ONLY
5 OTHER (SPECIFY)	5 POLE & DAGGA	5 OTHER (SPECIFY)
.....	6 MUD	.....
.....	7 GRASS/STRAW	.....
	8 IRON SHEETS	
	9 HARDBOARD	
	10 OTHER (SPECIFY)	
	.....	
	.....	

CODE

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CODE

--	--

CODE

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**SECTION 3: HOUSEHOLD AMENITIES AND HOUSING CONDITIONS (Cont'd)**

4. On what basis does your household occupy the dwelling now? Is it .....

1 Owned >> <b>QUESTION 7</b>	
2 Rented from Local government	
3 Rented from Central government	
4 Rented from Private company	
5 Rented from Parastatal	
6 Rented from private persons (landlords)	CODE <input type="checkbox"/>
7 House owned by employer	} >> <b>QUESTION 7</b>
8 Other free housing	
9 Other specify .....	

5. How is the rent paid? Is it.....

1 Deducted from salary	
2 Paid directly by the household	CODE <input type="checkbox"/>
3 Paid by employer >> <b>QUESTION 7</b>	

6. How much do you pay for rent per month?

AMOUNT IN KWACHA

7. What is the main source of drinking water for this household during the wet season and dry season?

(A) WET SEASON	(B) DRY SEASON
1 RIVER, LAKE	1 RIVER, LAKE
2 UNPROTECTED WELL	2 UNPROTECTED WELL
3 PROTECTED WELL	3 PROTECTED WELL
4 BOREHOLE	4 BOREHOLE
5 PUBLIC TAP	5 PUBLIC TAP
6 OWN TAP	6 OWN TAP >> <b>Question 10</b>
7 OTHER (SPECIFY).....	7 OTHER (SPECIFY).....
CODE <input type="checkbox"/>	CODE <input type="checkbox"/>

8. How far is this source of drinking water during the wet season and dry season?  
[IF LESS THAN ONE KILOMETRE ENTER 00]

(A) WET SEASON	KM	<input type="text"/> <input type="text"/>
(B) DRY SEASON	KM	<input type="text"/> <input type="text"/>

9. How long does it take to reach (one way only) this source of drinking water during the wet season and dry season?

(A) WET SEASON	MINUTES	<input type="text"/> <input type="text"/> <input type="text"/>
(B) DRY SEASON	MINUTES	<input type="text"/> <input type="text"/> <input type="text"/>

10. Does this household boil or treat drinking water during the wet season and dry season?

(A) WET SEASON	CODE	(B) DRY SEASON	CODE
1 YES	<input type="checkbox"/>	1 YES	<input type="checkbox"/>
2 NO		2 NO	

**SECTION 3: HOUSEHOLD ACTIVITIES AND LIVING CONDITIONS (Cont'd)**

11. How much on average do you pay for water per month? (ENTER '00' IF THEY DON'T PAY)  
 AMOUNT IN KWACHA

12. What is the main type of energy used for lighting in your household?

- 1 KEROSENE/PARAFFIN
- 2 ELECTRICITY
- 3 CANDLE
- 4 OPEN FIRE
- 5 TORCH
- 6 DIESEL
- 7 OTHER (SPECIFY).....
- 8 NONE

CODE

13. What is the main type of energy that your household uses for cooking?

- 1 COLLECTED FIREWOOD
- 2 PURCHASED FIREWOOD
- 3 CHARCOAL OWN PRODUCED
- 4 CHARCOAL PURCHASED
- 5 KEROSENE/PARAFFIN
- 6 GAS
- 7 ELECTRICITY
- 8 CROP/LIVESTOCK RESIDUES
- 9 OTHER (SPECIFY) .....

CODE

14. How much on average do you pay for electricity per month?  
 (ONLY FOR THOSE WHOSE ANSWER WAS ELECTRICITY IN QUESTIONS 12 AND/OR 13)  
 (ENTER '00' IF THEY DON'T PAY)  
 AMOUNT IN KWACHA

15. What is the main toilet facility for this household?

- 1 OWN FLUSH TOILET INSIDE THE HOUSE
- 2 OWN FLUSH TOILET OUTSIDE THE HOUSE
- 3 COMMUNAL FLUSH TOILET
- 4 OWN PIT LATRINE
- 5 COMMUNAL PIT LATRINE
- 6 NEIGHBOUR'S/ANOTHER HOUSEHOLD'S PIT LATRINE
- 7 BUCKET
- 8 AQUA PRIVY
- 9 OTHER (SPECIFY).....
- 10 NONE

CODE

16. What is the main method of garbage disposal that this household uses?

- 1 REFUSE COLLECTED
- 2 PIT
- 3 DUMPING
- 4 OTHER (SPECIFY).....

CODE

**SECTION 4: HOUSEHOLD ACCESS TO FACILITIES**

**INTRODUCTION:** I am now going to ask you questions about distances to and use of various facilities

FACILITIES	1. How far is the nearest..... (READ OUT FACILITY)  GIVE DISTANCE IN KM. IF LESS THAN A KILOMETRE ENTER 00  IF MORE THAN 90KM ENTER 90. IF DON'T KNOW ENTER 99. IF NOT APPLICABLE ENTER 98	2. Is the nearest .... accessible all year round or during the dry season only?  1 ALL YEAR ROUND 2 DRY SEASON ONLY	3. Has any member of this household used the nearest ..... in the last 12 months?  1 YES >> NEXT FACILITY 2 NO	4. What is the main reason for not using this facility?  1 EXPENSIVE 2 TOO FAR 3 POOR QUALITY SERVICE 4 FACILITY DOES NOT OFFER FULL SERVICE 5 NOT RELEVANT/NOT APPLICABLE 6 OTHER (SPECIFY)  (WHEN ANSWERED CONTINUE WITH NEXT FACILITY)
A. Food market	KM <input type="text"/> <input type="text"/>	CODE <input type="text"/>	CODE <input type="text"/>	CODE <input type="text"/>
B. Post office	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Primary school	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Secondary school	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. Health centre/ clinic	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F. Hospital	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G. Bank	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**SECTION 4: HOUSEHOLD ACCESS TO FACILITIES (Cont'd)**

FACILITIES	1. How far is the nearest..... (READ OUT FACILITY)  GIVE DISTANCE IN KM. IF LESSTHAN A KILOMETRE ENTER 00  IF MORE THAN 90KM ENTER 90. IF DON'T KNOW ENTER 99. IF NOT APPLICABLE ENTER 98	2. Is the nearest ..... year round or during the dry season only?  1 ALL YEAR ROUND 2 DRY SEASON ONLY	3. Has any member of this household used the nearest ..... facility in the last 12 months?  1 YES >> NEXT FACILITY 2 NO	4. What is the main reason for not using this facility?  1 EXPENSIVE 2 TOO FAR 3 POOR QUALITY SERVICE 4 FACILITY DOES NOT OFFER FULL SERVICE 5 NOT RELEVANT/NOT APPLICABLE 6 OTHER (SPECIFY)  (WHEN ANSWERED CONTINUE WITH NEXT FACILITY)
H. Agricultural extension service	KM <input type="text"/> <input type="text"/>	CODE <input type="checkbox"/>	CODE <input type="checkbox"/>	CODE <input type="checkbox"/>
I. Tarred road	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Untarred main road	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Feeder road	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Public telephone	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Hammermill	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Input market (for seeds, fertilizer, agricultural implements)	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Police post/station	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Community storage facility for seeds/grain	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 4: HOUSEHOLD ACCESS TO FACILITIES (Cont'd)**

**FOR DISTANCES**

IF LESS THAN A KILOMETRE ENTER 00.  
 IF MORE THAN 99KM ENTER 90.  
 IF DON'T KNOW ENTER 99.

5. How far away is the nearest road transport station from your household?  
KM

6. How far away is the nearest railway station from your household?  
KM

7. How far away is the nearest water transport station/harbour from your household?  
KM

8. How far away is the nearest airstrip/airport from your household?  
KM

9. Which one of the above does your household usually use?

1 ROAD TRANSPORT	CODE <input type="text"/>
2 RAILWAY	
3 WATER TRANSPORT	
4 AIR TRANSPORT	
5 NONE >> SECTION 5	

10. Is this public transport accessible all year round or during the dry season only?

1 ALL YEAR ROUND	CODE <input type="text"/>
2 DRY SEASON ONLY	

**SECTION 5: HOUSEHOLD ASSETS**

**INTRODUCTION:** I am now going to ask you questions about whether or not your household owns the following items.

ASSET	1. Does this household own a/an ..... now?  1 YES 2 NO	ASSET	1. Does this household own a/an ..... now?  1 YES 2 NO
A. Plough	CODE <input type="checkbox"/>	N. Radio	CODE <input type="checkbox"/>
B. Crop sprayer	<input type="checkbox"/>	O. Refridgerator/ Deep freezer	<input type="checkbox"/>
C. Handgrinding mill	<input type="checkbox"/>	P. Telephone	<input type="checkbox"/>
D. Hammermill	<input type="checkbox"/>	Q. Sewing/knitting machine	<input type="checkbox"/>
E. Fishing boat	<input type="checkbox"/>	R. Stove/cooker	<input type="checkbox"/>
F. Canoe	<input type="checkbox"/>	S. Non-residential building	<input type="checkbox"/>
G. Fishing net	<input type="checkbox"/>	T. Residential house	<input type="checkbox"/>
H. Bicycle	<input type="checkbox"/>	U. Scotch cart	<input type="checkbox"/>
I. Motor cycle	<input type="checkbox"/>	V. Oxen	<input type="checkbox"/>
J. Motor vehicle	<input type="checkbox"/>	W. Donkeys	<input type="checkbox"/>
K. Tractor	<input type="checkbox"/>		
L. Television (T.V.)	<input type="checkbox"/>		
M. Video player	<input type="checkbox"/>		

**SECTION 6: HOUSEHOLD DEPENDENCY AND COPING STRATEGIES**

**INTRODUCTION:** Now, I am going to ask you questions on whether your household has experienced any hardships and how you have managed to cope

1. During the last 12 months did your household get any assistance in cash or in kind from any of the following:-

	1 YES 2 NO
	CODE
1 Household of parents of head	<input type="checkbox"/>
1 Household of parents of spouse	<input type="checkbox"/>
1 Household of your children	<input type="checkbox"/>
1 Household of other relative	<input type="checkbox"/>
1 Household of friends	<input type="checkbox"/>
1 Other household (SPECIFY) .....	<input type="checkbox"/>

2. During the last 12 months did your household give any assistance, in cash or kind to any of the following:-

	1 YES 2 NO
	CODE
1 Household of parents of head	<input type="checkbox"/>
1 Household of parents of spouse	<input type="checkbox"/>
1 Household of your children	<input type="checkbox"/>
1 Household of other relative	<input type="checkbox"/>
1 Household of friends	<input type="checkbox"/>
1 Other household (SPECIFY) .....	<input type="checkbox"/>

3. Are there any members of this household who have gone to live elsewhere because you have been unable to cater for them during the last 12 months?

1 YES	CODE
2 NO	<input type="checkbox"/>

4. Are there any persons living or have lived in this household because their own households have been unable to cater for them during the last 12 months?

1 YES	CODE
2 NO	<input type="checkbox"/>

5. Were there any times in the last 12 months when this household had to starve or had no or little food?

1 YES	CODE
2 NO >> QUESTION 7	<input type="checkbox"/>

6. For how long?  
[IF SEVERAL SPELLS ADD UP TO TOTAL NUMBER OF DAYS OR WEEKS]

DAYS

WEEKS

7. Do you consider your household to be very poor, moderately poor or not poor?

- 1 VERY POOR
- 2 MODERATELY POOR
- 3 NOT POOR >> **QUESTION 9**

CODE

8. What do you think has lead your household to be in poverty? [ASK FOR MAIN REASON]

- 1 CANNOT AFFORD/LACK OF AGRICULTURAL INPUTS SUCH AS FERTILISERS, SEEDS, ETC OR PRICES OF AGRICULTURAL INPUTS TOO HIGH
- 2 AGRICULTURAL INPUTS (SUCH AS FERTILIZERS, SEEDS, ETC) ARE NOT AVAILABLE FOR BUYING IN THIS AREA
- 3 BECAUSE OF THE DROUGHT
- 4 LOW PRICES FOR THEIR AGRICULTURAL PRODUCE - THE PRICES AT WHICH THEY SELL THEIR AGRICULTURAL OUTPUT
- 5 DEATH OF CATTLE/OXEN OR CATTLE DISEASES
- 6 LACK OF CAPITAL TO START OWN BUSINESS OR TO EXPAND
- 7 LACK OF CREDIT FACILITIES TO START BUSINESS/BUY AGRICULTURAL INPUTS OR TO EXPAND BUSINESS/SCALE OF AGRICULTURE
- 8 LACK OF EMPLOYMENT OPPORTUNITIES/CANNOT FIND A JOB
- 9 SALARY/WAGE TOO LITTLE/BAD WORKING CONDITIONS
- 10 RETRENCHMENT
- 11 PRICES OF COMMODITIES TOO HIGH
- 12 HARD ECONOMIC TIMES/ECONOMIC DECLINE OF OUR COUNTRY
- 13 BUSINESS NOT DOING FINE/LOW PROFIT/TOO MUCH COMPETITION
- 14 OTHER (SPECIFY) .....

CODE

9. Do you consider your household's living standards to have improved, remained the same or deteriorated during the last 5 years?

- 1 IMPROVED
- 2 REMAINED THE SAME
- 3 DETERIORATED
- 4 DON'T KNOW
- 5 NOT APPLICABLE

CODE

10. Finally, there are a number of ways people can cope in times of need. Did your household have to rely on any of the following during the last 12 months:-

1 YES  
2 NO

CODE

- |   |                          |
|---|--------------------------|
| 1 Piecework on farms belonging to other households  | <input type="checkbox"/> |
| 1 Other piecework   | <input type="checkbox"/> |
| 1 Working on 'food-for-work' program  | <input type="checkbox"/> |
| 1 Relief food, free food from the government and other bodies   | <input type="checkbox"/> |
| 1 Eating wild food only   | <input type="checkbox"/> |
| 1 Substituting ordinary meals with mangoes, pumpkin, sweet potatoes, etc  | <input type="checkbox"/> |
| 1 Reducing food in-take/meals   | <input type="checkbox"/> |
| 1 Reducing other household items e.g. soap, tissue, detergent   | <input type="checkbox"/> |
| 1 Informal borrowing (e.g. kaloba, borrowing from friends, etc)   | <input type="checkbox"/> |
| 1 Formal borrowing in cash or kind (e.g. borrowing from bank, employers, financing company, ZCF, etc)                                 | <input type="checkbox"/> |
| 1 Church charity  | <input type="checkbox"/> |
| 1 NGO charity e.g. assistance from Care International, World Vision, Save the Children, Cindi, Oxfam, Hope foundation, PAM, PUSH, etc | <input type="checkbox"/> |
| 1 Pulling children out of school  | <input type="checkbox"/> |
| 1 Sale of assets, such as cattle, fridge, car   | <input type="checkbox"/> |
| 1 Petty vending   | <input type="checkbox"/> |
| 1 Begging from friends, neighbours, relatives   | <input type="checkbox"/> |
| 1 Begging from the streets  | <input type="checkbox"/> |
| 1 Other (specify) .....   | <input type="checkbox"/> |

**SECTION 7: HOUSEHOLD EXPENSES**

**INTRODUCTION:** I would now like to find out how much money this household spends on different items, as well as how much food that is consumed. I will start with expenditure on education.

NO.	QUESTIONS	GIVE THE AMOUNT IN KWACHA 0.....FOR NONE	
1.	How much was spent on the following during the first and the second school terms this year (1996)? - School fees including examinations fees - School uniforms including shoes, socks, ties, etc - Contributions to school/PTA - Private tuition - Books and stationery - Other school expenses	TERM 1 (ONE) <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"/>	TERM 2 (TWO) <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"/>
<b>QUESTIONS 2-13 REFER TO THE LAST 1 MONTH. PLEASE MAKE SURE THAT THIS IS CLEAR TO THE RESPONDENT</b>			
2.	How much was spent on the following items during the last 1 month. I will start with medical expenses. How much was spent on the following during the last 1 month? - Medicines - Fees to Doctor/Health Assistant/Midwife/Nurse - Fees to Traditional healer - Payments to hospital/health centre - Pre-payment scheme	AMOUNT IN KWACHA <input type="text"/> <input type="text"/> AMOUNT IN KWACHA <input type="text"/> <input type="text"/> AMOUNT IN KWACHA <input type="text"/> <input type="text"/> AMOUNT IN KWACHA <input type="text"/> <input type="text"/> AMOUNT IN KWACHA <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"/>
3.	How much was spent on clothing and footwear, excluding school uniforms during the last 1 month?	AMOUNT IN KWACHA <input type="text"/>	<input type="text"/>
4.	How much was spent on the following housing expenses during the last 1 (one) month? - Rent - Water - Electricity - Candles - Paraffin - Charcoal - Firewood - Housing maintenance	AMOUNT IN KWACHA <input type="text"/> <input type="text"/> AMOUNT IN KWACHA <input type="text"/> <input type="text"/> AMOUNT IN KWACHA <input type="text"/> <input type="text"/> AMOUNT IN KWACHA <input type="text"/> <input type="text"/> AMOUNT IN KWACHA <input type="text"/> <input type="text"/> AMOUNT IN KWACHA <input type="text"/> <input type="text"/> AMOUNT IN KWACHA <input type="text"/> <input type="text"/> AMOUNT IN KWACHA <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5.	How much own produced charcoal did you consume during the last one (1) month?	UNIT _____ QUANTITY <input type="text"/> <input type="text"/> . <input type="text"/> PRICE/UNIT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	









**SECTION 8: HOUSEHOLD VICTIMIZATION**

**INTRODUCTION:** I am now going to ask you questions on whether or not your household has experienced a break-in.

1. Has this household experienced any break-in during the last 12 months?

1 YES CODE  
2 NO >> END OF HOUSEHOLD QUESTIONNAIRE

2. Were any members of the household present at the time of the break-in?  
(IF MORE THAN ONE, PICK THE MOST RECENT)

1 YES CODE  
2 NO >> QUESTION 7

3. Did the break-in take place during the day or night?

1 DAY CODE  
2 NIGHT

4. During the break-in, was the household threatened in any way?

1 YES CODE  
2 NO

5. During the break-in, did the assailants use a gun, other weapons or no weapon? (RECORD MOST LEATHAL WEAPON)

1 GUN CODE  
2 OTHER WEAPON   
3 NO WEAPON  
4 DON'T KNOW

6. Was any member of the household injured during the break-in?

1 YES CODE  
2 NO

7. Did the household lose anything during the break-in?

1 YES CODE  
2 NO >> QUESTION 9

8. What were the major items stolen?

1 YES  
2 NO

CODE

- 1 TELEVISION SET (T.V.)
- 1 VIDEO PLAYER
- 1 RADIO/STEREO/CASSETTE/CD PLAYER
- 1 FRIDGE (REFRIGERATOR)/DEEP FREEZER
- 1 STOVE
- 1 MOTOR VEHICLE (CAR, TRUCK, TRACTOR)
- 1 FURNITURE
- 1 CLOTHES
- 1 MOTOR CYCLE
- 1 KITCHEN WARE (POTS, PANS, BLENDER, ETC)
- 1 MONEY
- 1 JEWELLERY
- 1 BICYCLE
- 1 CATTLE
- 1 POULTRY
- 1 CROPS
- 1 OTHER (SPECIFY).....

  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  

9. Was the break-in reported to some authority?

- 1 YES
- 2 NO >> QUESTION 11

CODE

10. To which type of authority was the break-in reported?

1 YES  
2 NO

CODE

- 1 POLICE
- 1 NEIGHBOURHOOD WATCH
- 1 TRADITIONAL HEADMAN/CHIEF
- 1 NG'ANGA (WITCHDOCTOR/TRADITIONAL HEALER)
- 1 OTHER AUTHORITY, SPECIFY .....

11. Has the household taken any safety precautions because of the break-in?

1 YES

2 NO >> END OF HOUSEHOLD QUESTIONNAIRE

CODE

12. What safety precautions have been taken?

1 YES  
2 NO

CODE

1 PUT UP BURGLAR BARS IN THE WINDOWS AND/OR DOORS

1 BUILT WALL FENCE AROUND THE HOUSE

1 EMPLOYED A SECURITY GUARD

1 HIRED SECURITY SERVICES FROM A SECURITY COMPANY

1 INSTALLED A CB RADIO

1 MOVED TO A DIFFERENT LOCALITY

1 JOINED THE LOCAL NEIGHBOURHOOD WATCH ASSOCIATION

1 JOINED AS A POLICE RESERVE

1 BOUGHT A GUN FOR PROTECTION

1 BOUGHT OTHER WEAPON FOR PROTECTION

1 STARTED KEEPING WATCH DOGS

1 PARK THE CAR ELSEWHERE AT SOME SAFER PLACE

1 TAKE ALL VALUABLES SUCH AS T.V. INSIDE THE BEDROOM AT NIGHT

1 ASKED THE POLICE FOR PROTECTION/NIGHT PATROLS

1 MORE CAREFUL TO OPEN FOR VISITOR

1 SOUGHT PROTECTION FROM A TRADITIONAL HEALER/WITCHDOCTOR

1 OTHER (SPECIFY).....

RECORD TIME ENDED THE INTERVIEW:

HOUR

MINUTES

-- T H E E N D --