

**.STRICTLY CONFIDENTIAL**



REPUBLIC OF ZAMBIA

QUESTIONNAIRE NO:  OF

CENTRAL STATISTICAL OFFICE

P.O. BOX 31908, LUSAKA, ZAMBIA

TEL Nos. 251377/251380/252575/ 250195

253609/251385/253908/253468/226087

FAX Nos. 253609/250195/253468/253908/226087 email: Censtat @Zamnet.zm

FORM

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## LIVING CONDITIONS MONITORING SURVEY III (LCMS III) - 2002-2003

### MAIN QUESTIONNAIRE – PART I

HOUSEHOLD IDENTIFICATION PARTICULARS	CODE NUMBER						
1. PROVINCE NAME	<input type="text"/>						
2. DISTRICT NAME	<input type="text"/> <input type="text"/> <input type="text"/>						
3. CONSTITUENCY NAME	<input type="text"/> <input type="text"/> <input type="text"/>						
4. WARD NAME	<input type="text"/> <input type="text"/>						
5. CSA NUMBER	<input type="text"/> <input type="text"/>						
6. SEA NUMBER	<input type="text"/>						
7. RURAL.....1 URBAN.....2	<input type="text"/>						
8. 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 type="text"/>						
9. HOUSEHOLD NUMBER (HHN)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
10. CENTRALITY	<input type="text"/> <input type="text"/>						
11. PANEL NUMBER	<input type="text"/> <input type="text"/>						
12. VILLAGE OR LOCALITY NAME							
13. CHIEF'S/CHIEFTAINNESS' AREA (RURAL AREAS ONLY) FOR URBAN= 888 (NOT APPLICABLE)	<input type="text"/> <input type="text"/> <input type="text"/>						
14. HOUSEHOLD STATUS: 1 = Originally selected household, 2 = Replacement household	<input type="text"/>						
15. IF REPLACEMENT HOUSEHOLD, REASON FOR REPLACING: 1. Refusal 2. Non-contact 3. Dwelling cannot be found 4. Other (Specify).....	<input type="text"/>						
16. ENUMERATED HOUSEHOLD Residential Sampling Serial Name of Head.....Address..... Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
17. NAME OF MAIN RESPONDENT SERIAL NUMBER FROM HOUSEHOLD ROSTER	<input type="text"/> <input type="text"/>						
18. TOTAL NUMBER OF PERSONS WHO LIVE IN THIS HOUSEHOLD	<input type="text"/> <input type="text"/>						
19. ENUMERATOR'S NAME.....DATE OF FIRST INTERVIEW	<table border="1"><tr><td>DD</td><td>MM</td><td>YY</td></tr><tr><td><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/></td></tr></table>	DD	MM	YY	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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20. SUPERVISOR'S NAME..... DATE OF CHECKING	<table border="1"><tr><td>DD</td><td>MM</td><td>YY</td></tr><tr><td><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/></td></tr></table>	DD	MM	YY	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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## SECTION 1: HOUSEHOLD ROSTER

**INTRODUCTION: I would like to start the interview by asking you questions about yourself and other usual members of the household**

1	2	3
<b>SERIAL NUMBER OF HOUSEHOLD MEMBERS (PID)</b>	Please give me the names of all persons who usually live in this household. Start with the head of the household and exclude visitors. Include usual members, who are away visiting, in hospital, at boarding schools or college or university etc. Also include visitors who have lived in the household for <b>six months or more.</b>	How old is.....now? <b>RECORD EXACT AGE IN COMPLETED MONTHS FOR THOSE 0-59 MONTHS OLD,</b>  <b>USE UNDER FIVE CLINIC CARD IF AVAILABLE. FOR THOSE AGED below 5 YEARS ,</b> <b>RECORD AGE IN COMPLETED YEARS</b>  (SPECIFY AGE BELOW) 1     YEARS 2     MONTHS
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**SECTION 1: HOUSEHOLD ROSTER (Continued)**

	<b>4</b>	<b>5</b>	<b>6</b>
<b>PID</b>	What is the relationship of .....to the head of the household? HEAD.....01 SPOUSE.....02 OWN CHILD.....03 STEP CHILD.....04 GRAND CHILD.....05 BROTHER/SISTER.....06 NIECE/NEPHEW.....07 BROTHER/SISTER-IN LAW.....08 PARENT.....09 PARENT-IN-LAW.....10 OTHER RELATIVE.....11 MAID/NANNY/HOUSE-SERVANT.....12 NON-RELATIVE.....13	Is ..... male or female?  MALE.....1 FEMALE.....2	Is..... blind, partially sighted, deaf, dumb, crippled, mentally retarded, mentally ill , ex-mental or has multiple disabilities?  BLIND.....1 PARTIALLY SIGHTED.....2 DEAF.....3 DUMB.....4 CRIPPLED.....5 MENTALLY RETARDED.....6 MENTALLY ILL.....7 EX-MENTAL.....8 NONE.....9
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## SECTION 1: HOUSEHOLD ROSTER (Continued)

[illegible]

## SECTION 2: MARITAL STATUS AND ORPHANHOOD

**INTRODUCTION: I am now going to ask you about your marital status and orphan hood**

	1	2	3
PID	FOR THOSE AGED 12 YEARS AND ABOVE ONLY	FOR THOSE AGED 0-20 YEARS	
	What is your marital status?  NEVER MARRIED.....1 MARRIED.....2 SEPARATED.....3 DIVORCED.....4 WIDOWED.....5	Is the biological mother of ..... still alive?  YES.....1 NO.....2 DON'T KNOW.....3	Is the biological father of ..... still alive?  YES.....1 NO.....2 DON'T KNOW.....3
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### SECTION 3: HEALTH FOR ALL PERSONS

**INTRODUCTION: I am now going to ask about the health status of the members of the household.....**

	1	2	3
PID	Has ..... been sick or injured during the last two weeks?  YES SICK.....1 YES INJURED.....2 YES BOTH.....3 NO.....4 >> NEXT SECTION	What was ... mainly suffering from? FEVER/MALARIA.....01 COUGH/COLD/CHEST INFECTION.....02 TUBERCULOSIS (TB).....03 ASTHMA.....04 BRONCHITIS.....05 PNEUMONIA/CHEST PAIN.....06 DIARRHOEA WITHOUT BLOOD.....07 DIARRHOEA WITH BLOOD.....08 DIARRHOEA AND VOMITTING.....09 VOMITING.....10 ABDOMINAL PAINS.....11 CONSTIPATION/STOMACH UPSET.....12 LIVER INFECTION/SIDE PAIN.....13 LACK OF BLOOD/ANEAMIA.....14 BOILS.....15 SKIN RASH/SKIN INFECTION.....16 PILES/HAEMORRHOIDS.....17 SHINGLES/HERPES ZOSTER.....18 PARALYSIS OF ANY KIND.....19 STROKE.....20 HYPERTENSION.....21 DIABETES/SUGAR DISEASE.....22 EYE INFECTION.....23 EAR INFECTION.....24 TOOTHACHE/MOUTH INFECTION.....25 HEADACHE.....26 MEASLES.....27 JAUNDICE/YELLOWNESS.....28 OTHER (SPECIFY ).....29	Did ..... consult any health or other institution/personnel for this illness/injury or did he/she only use self-administered medicine?  CONSULTED.....1 USED SELF ADMINISTERED MEDICINE ONLY.....2 NONE.....3 >> NEXT SECTION
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### SECTION 3: HEALTH (CONT'D)



### SECTION 3: HEALTH (CONT'D)

PID	9	10	11	12	13	14
	What was the method used for paying for the services of the facility on this visit?  PRE-PAYMENT SCHEME LOW COST.....1 PRE-PAYMENT SCHEME HIGH COST.....2 PAID FOR BY EMPLOYER.....3 PAID BY INSURANCE.....4 PAID PART AND THE OTHER PART PAID BY OTHER e.g. EMPLOYER.....5 PAID DIRECTLY.....6 DIDN'T PAY.....7 PAID FOR BY OTHER (SPECIFY).....8	Did ..... make a second visit to this or another institution/personnel for the same illness/injury?  YES, RETURNED TO THE SAME INSTITUTION.....1 >> <b>Q 13</b> YES, REFERRED TO ANOTHER INSTITUTION.....2 YES, CHANGED INSTITUTION ON OWN DECISION.....3 NO.....4 >> <b>Q 13</b>	Which health or other institution/personnel did .. visit next for this illness/injury?  GOVERNMENT HOSPITAL.....1 GOVERNMENT HEALTH CENTRE/CLINIC.....2 GOVERNMENT HEALTH POST.....3 MISSION INSTITUTION.....4 INDUSTRIAL INSTITUTION.....5 PRIVATE INSTITUTION.....6 INSTITUTION OUTSIDE ZAMBIA.....7 MEDICAL PERSONNEL.....8 TRADITIONAL HEALER.....9 SPIRITUAL HEALER.....10 CHURCH HEALER.....11 OTHER (SPECIFY).....12	Who attended to ..... during this visit?  MEDICAL DOCTOR.....1 CLINICAL OFFICER.....2 NURSE / MIDWIFE.....3 COMM. HEALTH WORKER.....4 TRADITIONAL HEALER.....5 SPIRITUAL HEALER.....6 CHURCH HEALER.....7 OTHER (SPECIFY).....8	Where did you get the medicine from?  GOVERNMENT INSTITUTION.....1 MISSION INSTITUTION.....2 INDUSTRIAL INSTITUTION.....3 PRIVATE INSTITUTION.....4 PHARMACY.....5 RELATIVES.....6 NEIGHBOURS.....7 FRIENDS.....8 TRADITIONAL HEALERS.....9 OTHER (SPECIFY)...10	How much did you pay out of your pocket for consultation/medication?
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## SECTION 4: EDUCATION – FOR ALL PERSONS AGED 5 YEARS AND ABOVE

**INTRODUCTION: I am now going to ask you about the education status of members of the household**

[illegible]

#### SECTION 4: EDUCATION (CONT'D)

	6	7	8	9	10
<b>PID</b>	Was..... attending school last year?  [INCLUDING THOSE IN COLLEGES, UNIVERSITIES]  YES, NURSERY/PRE-SCHOOL.....1 >> <b>NEXT SECT</b> YES, OTHER GRADES.....2 YES COMM. SCHOOL.....3 YES ADULT LITERACY CLASS.....4 >> <b>Q8</b> NO.....5 >> <b>Q9</b>	What grade was.... attending last year?  <b>[INDICATE GRADE BELOW]</b>	What was the highest grade..... attained?  <b>[INDICATE GRADE BELOW]</b> >> <b>NEXT SECTION</b>	What was the main reason for.... leaving school at the time?  STARTED WORKING/BUSINESS.....01 EXPENSIVE.....02 TOO FAR.....03 NOT SELECTED/FAILED.....04 PREGNANCY.....05 MADE GIRL PREGNANT.....06 COMPLETED STUDIES/SCHOOL.....07 GOT MARRIED.....08 NO NEED TO CONTINUE SCHOOL.....09 SCHOOL NOT IMPORTANT.....10 UNSAFE TO TRAVEL TO SCHOOL....11 EXPELLED.....12 LACK OF FINANCIAL SUPPORT.....13 NEEDED TO HELP OUT AT HOME.....14 ILLNESS/INJURY/DISABLED.....15 OTHER (SPECIFY).....16  <b>NEXT SECTION</b>	Why has..... never attended school?  UNDER-AGE.....01 WAS NEVER ENROLLED.....02 COULDN'T GET A PLACE.....03 EXPENSIVE.....04 NO FINANCIAL SUPPORT.....05 SCHOOL TOO FAR.....06 ILLNESS/INJURY.....07 SCHOOL NOT IMPORTANT...08 UNSAFE TO TRAVEL TO SCHOOL.....09 OTHER REASONS (SPECIFY).....10
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## SECTION 5: ECONOMIC ACTIVITY – FOR ALL PERSONS AGED 5 YEARS AND ABOVE

**INTRODUCTION:** I am now going to ask you about the economic activity status of some members of the household

[illegible]

SECTION 5: ECONOMIC ACTIVITY (CONT'D)						
	4	5	6	7	8	
PID	What is your employment status? SELF EMPLOYED.....01 CENTRAL GOVT EMPLOYEE..... 02 LOCAL GOVT EMPLOYEE.....03 PARASTATAL EMPLOYEE.....04 PRIVATE SECTOR EMPLOYEE...05 NGO EMPLOYEE.....06 INTERNATIONAL ORGANISATION/ EMBASSY EMPLOYEE.....07 EMPLOYER/PARTNER.....08 HOUSEHOLD EMPLOYEE.....09 UNPAID FAMILY WORKER.....10 PIECE WORKER.....11 OTHER SPECIFY).....12	In your main job/business, are you entitled to pension, gratuity or social security?  YES.....1 NO.....2	Are you entitled to paid leave in your main job/business?  YES.....1 NO.....2	Are there five (5) or more people working in this company/business including the owner?  YES.....1 NO.....2  <b>[INCLUDE ALL            WORKERS IN ALL            BRANCHES OF THE            SAME            COMPANY/BUSINESS]</b>	During the last 12 months, have you changed employment/businesses?  YES.....1 NO.....2 >> <b>Q10</b>	
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SECTION 5: ECONOMIC ACTIVITY (CONT'D)					
	9	10	11	12	
PID	What was the main reason for leaving that job/business?  LOW WAGE./SALARY.....01 FIRED.....02 ENTERPRISE CLOSED.....03 ENTERPRISE PRIVATISED.....04 ENTERPRISE LIQUIDATED.....05 RETRENCHED/DECLARED REDUNDANT.....06 GOT ANOTHER JOB.....07 BANKRUPTCY.....08 LACK OF PROFIT.....09 WAS A TEMPORARY JOB.....10 RETIRED.....11 OTHER (SPECIFY ).....12	Do you have another job/business?  YES.....1 NO.....2 >> NEXT SECT	What type of job/business is this?  [GIVE OCCUPATION BELOW IN BOTH WORDS AND CODE NUMBER]  [IF MORE THAN ONE SECONDARY JOB/BUSINESS RECORD THE MAIN ONE]	What sort of business/service is carried out by your employer/establishment/business in this job/business?  [RECORD INDUSTRY OF SECONDARY JOB/BUSINESS IN BOTH WORDS AND CODE NUMBER]	
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SECTION 5: ECONOMIC ACTIVITY (CONT'D)					
	13	14	15	16	17
<b>PID</b>	What is your employment status in this job/business?  SELF EMPLOYED.....01 CENTRAL GOVT EMPLOYEE.....02 LOCAL GOVT EMPLOYEE.....03 PARASTATAL EMPLOYEE.....04 PRIVATE SECTOR EMPLOYEE.....05 NGO EMPLOYEE.....06 INTERNATIONAL ORGANISATION/ EMBASSY EMPLOYEE.....07 EMPLOYER/PARTNER.....08 HOUSEHOLD EMPLOYEE.....09 UNPAID FAMILY WORKER.....10 PIECEWORKER.....11 OTHER (SPECIFY).....12	In this job/business, are you entitled to pension, gratuity or social security?  YES.....1 NO.....2	Are you entitled to paid leave in this job/business?  YES.....1 NO.....2	Are there five (5) or more people working in this company/business including the owner?  YES.....1 NO.....2  <b>[NEXT SECTION]</b>	Did you have a job or business in the last 12 months?  YES.....1 NO.....2 >> <b>Q19</b>
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SECTION 5: ECONOMIC ACTIVITY (CONT'D)				
	18	19	20	
PID	What was the main reason for leaving that job/business?	Are you currently engaged in any income generating activities or farming?	What is the main income generating activity or type of farming you are engaged in?	
	LOW WAGE./SALARY.....01	YES.....1	[CHECK RELEVANT APPENDIX FOR CODES]	
	FIRED.....02	NO.....2 >> NEXT SECTION		
	ENTERPRISE CLOSED.....03			
	ENTERPRISE PRIVATISED.....04			
	ENTERPRISE LIQUIDATED.....05			
	RETRENCHED/DECLARED REDUNDANT...06			
	GOT ANOTHER JOB.....07			
	BANKRUPTCY.....08			
	LACK OF PROFIT.....09			
	WAS A TEMPORARY JOB.....10			
	RETIRED.....11			
	OTHER (SPECIFY).....12			
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## SECTION 6: HOUSEHOLD AMENITIES AND HOUSING CONDITIONS

**INTRODUCTION: I am now going to ask you about various amenities and housing conditions**

No.	QUESTION	CATEGORY AND CODE	CODE
1	What kind of dwelling does your household live in?	TRADITIONAL HUT.....01 IMPROVED TRADITIONAL HOUSE.....02 DETACHED HOUSE.....03 FLAT/APARTMENT/MULTI-UNIT.....04 SEMI-DETACHED HOUSE.....05 SERVANT QUARTERS.....06 GUEST HOUSE/WING.....07 HOUSE ATTACHED TO/ON TOP OF SHOP, ETC.....08 HOSTEL.....09 NON-RESIDENTIAL BUILDING (E.G. SCHOOL CLASSROOM, ETC).....10 UNCONVENTIONAL (E.G. KANTEMBA, STORAGE CONTAINER, ETC).....11 OTHER (SPECIFY).....12	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>
2.	On what basis does your household occupy the dwelling you live in? Is it.....	Owner-occupied .....1 >> <b>Q5B</b> Rented from local Government (District council)?....2 Rented from Central Government?.....3 Rented from Private Company?.....4 Rented from Parastatal (e.g. ZSIC, NAPSA, NHA, INDECO, etc).....5 Rented from private persons (landlord).....6 House owned and provided free by employer.....7 Other free housing?.....8 Other (Specify).....9	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>
3	How is the rent paid? Is it.....	Deducted from salary but paid in full.....1 Deducted from salary and subsidized by employer...2 Paid directly by the household.....3 Paid by employer.....4 >> <b>Q6</b>	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>
4	How much rent are you charged per month?	AMOUNT IN KWACHA	
5A.	In what installments or period do you pay your rent? Is it.....	Monthly.....1 Every two (2) months.....2 Every three (3) months.....3 Every six (6) months.....4 Yearly.....5 Other (Specify).....6	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>
5B.	How much do you pay for ground rates per quarter?		
5C.	Do you pay mortgage for your dwelling?	YES.....1 NO.....2 >> <b>QUESTION 5E</b>	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>
5D.	How much do you pay for mortgage?	<b>GO TO QUESTION 6</b>	
5E.	How much would you pay if you were to rent your home?		



## SECTION 6: HOUSEHOLD AMENITIES AND HOUSING CONDITIONS ( Cont'd)

6	What kind of building materials is/are the .....of this dwelling made of ? <b>[IF A MULTI-STOREY/UNIT BUILDING RECORD BUILDING MATERIALS OF THE OUTER ROOF (ROOF TOP) AND OUTER WALL].</b>	<div style="text-align: center;"><b>(A) ROOF</b></div> <div style="text-align: left;">           ASBESTOS SHEETS.....1            ASBESTOS TILES.....2            IRON SHEETS.....3            GRASS/STRAW.....4            OTHER (SPECIFY).....5         </div> <div style="text-align: center;"><b>(B) WALLS</b></div> <div style="text-align: left;">           PAN BRICK.....01            CONCRETE BRICK.....02            MUD BRICK.....03            MUD BURNT BRICK.....04            POLE.....05            POLE &amp; DAGGA.....06            MUD.....07            GRASS/STRAW.....08            IRON SHEETS.....09            HARDBOARD.....10            A MIXTURE OF HARDBOARD, TIN SHEET, PLASTIC, ETC.....11            OTHER (SPECIFY).....12         </div> <div style="text-align: center;"><b>(C) FLOOR</b></div> <div style="text-align: left;">           CONCRETE ONLY.....1            COVERED CONCRETE.....2            MUD.....3            WOODEN ONLY.....4            OTHER (SPECIFY).....5         </div>	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto; display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>																														
7.	What is the main source of water supply for this household during the <b>wet</b> and <b>dry</b> seasons?	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: left;">Wet Season</th><th style="width: 50%; text-align: left;">Dry Season</th></tr> <tr> <td>DIRECTLY FROM THE RIVER/ LAKE/STREAM/DAM.....01</td><td>DIRECTLY FROM THE RIVER/ LAKE/STREAM/DAM.....01</td></tr> <tr> <td>UNPROTECTED WELL.....02</td><td>UNPROTECTED WELL.....02</td></tr> <tr> <td>PUMPED (PIPED) FROM THE RIVER/LAKE/DAM.....03</td><td>PUMPED (PIPED) FROM THE RIVER/LAKE/DAM.....03</td></tr> <tr> <td>PROTECTED WELL.....04</td><td>PROTECTED WELL.....04</td></tr> <tr> <td>BOREHOLE.....05</td><td>BOREHOLE.....05</td></tr> <tr> <td>PUBLIC TAP.....06</td><td>PUBLIC TAP.....06</td></tr> <tr> <td>OWN TAP.....07</td><td>OWN TAP.....07</td></tr> <tr> <td>OTHER TAP (E.G. FROM.....08</td><td>OTHER TAP.....08</td></tr> <tr> <td>NEAR BY BUILDING)</td><td></td></tr> <tr> <td>BOUGHT FROM WATER</td><td>BOUGHT FROM WATER</td></tr> <tr> <td>VENDOR.....09</td><td>VENDOR.....09</td></tr> <tr> <td>OTHER (SPECIFY).....10</td><td>OTHER (SPECIFY).....10</td></tr> </table>	Wet Season	Dry Season	DIRECTLY FROM THE RIVER/ LAKE/STREAM/DAM.....01	DIRECTLY FROM THE RIVER/ LAKE/STREAM/DAM.....01	UNPROTECTED WELL.....02	UNPROTECTED WELL.....02	PUMPED (PIPED) FROM THE RIVER/LAKE/DAM.....03	PUMPED (PIPED) FROM THE RIVER/LAKE/DAM.....03	PROTECTED WELL.....04	PROTECTED WELL.....04	BOREHOLE.....05	BOREHOLE.....05	PUBLIC TAP.....06	PUBLIC TAP.....06	OWN TAP.....07	OWN TAP.....07	OTHER TAP (E.G. FROM.....08	OTHER TAP.....08	NEAR BY BUILDING)		BOUGHT FROM WATER	BOUGHT FROM WATER	VENDOR.....09	VENDOR.....09	OTHER (SPECIFY).....10	OTHER (SPECIFY).....10	<div style="margin-bottom: 10px;"> <b>WET SEASON</b>  <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> </div> <div> <b>DRY SEASON</b>  <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> </div>				
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8.	How far is this source of water supply during the <b>wet</b> and <b>dry</b> seasons?  <b>[IF LESS THAN ONE KILOMETRE ENTER 00]</b>	<div style="text-align: right; margin-bottom: 10px;"> <b>Wet Season</b>  <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> </div> <div style="text-align: right;"> <b>Dry Season</b>  <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> </div>	<div style="margin-bottom: 10px;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>           KM         </div> <div> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>           KM         </div>																														
9.	What is the main source of <b>drinking water</b> for this household during the wet and dry seasons?	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: left;">Wet Season</th><th style="width: 50%; text-align: left;">Dry Season</th></tr> <tr> <td>DIRECTLY FROM THE RIVER/ LAKE/STREAM/DAM.....01</td><td>DIRECTLY FROM THE RIVER/ LAKE/STREAM/DAM.....01</td></tr> <tr> <td>UNPROTECTED WELL.....02</td><td>UNPROTECTED WELL.....02</td></tr> <tr> <td>PUMPED (PIPED) FROM THE RIVER/LAKE/DAM.....03</td><td>PUMPED (PIPED) FROM THE RIVER/LAKE/DAM.....03</td></tr> <tr> <td>PROTECTED WELL.....04</td><td>PROTECTED WELL.....04</td></tr> <tr> <td>BOREHOLE.....05</td><td>BOREHOLE.....05</td></tr> <tr> <td>PUBLIC TAP.....06</td><td>PUBLIC TAP.....06</td></tr> <tr> <td>OWN TAP.....07</td><td>OWN TAP.....07</td></tr> <tr> <td>OTHER TAP (E.G. FROM.....08</td><td>OTHER TAP.....08</td></tr> <tr> <td>NEAR BY BUILDING)</td><td></td></tr> <tr> <td>BOUGHT FROM WATER</td><td>BOUGHT FROM WATER</td></tr> <tr> <td>VENDOR.....09</td><td>VENDOR.....09</td></tr> <tr> <td>MINERAL/BOTTLED</td><td>MINERAL BOTTLED</td></tr> <tr> <td>WATER.....10 &gt;&gt; Q 11</td><td>WATER.....10&gt;&gt;Q 11</td></tr> <tr> <td>OTHER (SPECIFY).....11</td><td>OTHER (SPECIFY).....11</td></tr> </table>	Wet Season	Dry Season	DIRECTLY FROM THE RIVER/ LAKE/STREAM/DAM.....01	DIRECTLY FROM THE RIVER/ LAKE/STREAM/DAM.....01	UNPROTECTED WELL.....02	UNPROTECTED WELL.....02	PUMPED (PIPED) FROM THE RIVER/LAKE/DAM.....03	PUMPED (PIPED) FROM THE RIVER/LAKE/DAM.....03	PROTECTED WELL.....04	PROTECTED WELL.....04	BOREHOLE.....05	BOREHOLE.....05	PUBLIC TAP.....06	PUBLIC TAP.....06	OWN TAP.....07	OWN TAP.....07	OTHER TAP (E.G. FROM.....08	OTHER TAP.....08	NEAR BY BUILDING)		BOUGHT FROM WATER	BOUGHT FROM WATER	VENDOR.....09	VENDOR.....09	MINERAL/BOTTLED	MINERAL BOTTLED	WATER.....10 >> Q 11	WATER.....10>>Q 11	OTHER (SPECIFY).....11	OTHER (SPECIFY).....11	<div style="margin-bottom: 10px;"> <b>WET SEASON</b>  <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> </div> <div> <b>DRY SEASON</b>  <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> </div>
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## SECTION 6: HOUSEHOLD AMENITIES AND HOUSING CONDITIONS ( Cont'd)

10	Does this household boil or treat drinking water during the wet and dry seasons?	YES.....1 NO.....2	<b>Wet Season</b>  <b>Dry Season</b>	<input type="checkbox"/>  <input type="checkbox"/>							
11	How much on average are you charged for water per month ? [ENTER '00' IF THEY DON'T PAY]	AMOUNT IN KWACHA <table border="1" style="display: inline-table; vertical-align: middle;"> <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> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									
12	What is the <b>main</b> type of energy used for lighting in your household?	KEROSINE/PARAFFIN.....1 ELECTRICITY.....2 CANDLE.....3 DIESEL.....4 OPEN FIRE.....5 TORCH.....6 SOLAR PANEL.....7 OTHER (SPECIFY).....8 NONE.....9		<input type="checkbox"/>							
13	What is the <b>main</b> type of energy that your household uses for cooking?	COLLECTED FIREWOOD.....01 PURCHASED FIREWOOD.....02 CHARCOAL OWN PRODUCED.....03 CHARCOAL PURCHASED.....04 COAL.....05 KEROSINE/PARAFFIN.....06 GAS.....07 ELECTRICITY.....08 CROP/LIVESTOCK RESIDUES.....09 OTHER (SPECIFY).....10		<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>							
14	What type of cooking device is used by your household?	STOVE/COOKER.....1 BRAZIER (MBAULA).....2 CLAY STOVE (MBAULA).....3 BRICK/STONE STAND ON OPEN FIRE .....4 METAL STAND ON OPEN FIRE.....5 VEHICLE TYRE RIM.....6 HOT PLATE WITHOUT STAND.....7 WELDED STAND WITH HOT PLATE/S ON.....8 OTHER DEVICE (SPECIFY).....9		<input type="checkbox"/>							
15	How much on average are you charged 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 <table border="1" style="display: inline-table; vertical-align: middle;"> <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> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									
16	What is the <b>main</b> type of toilet facility for this household?	OWN FLUSH TOILET INSIDE THE HOUSE.....01 OWN FLUSH TOILET OUTSIDE THE HOUSE.....02 COMMUNAL/SHARED FLUSH TOILET.....03 OWN PIT LATRINE.....04 COMMUNAL PIT LATRINE.....05 NEIGHBOUR'S/ANOTHER HOUSEHOLD'S PIT LATRINE.....06 BUCKET/TIN/OTHER CONTAINER.....07 AQUA PRIVY.....08 OTHER (SPECIFY).....09 NONE.....10		<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>							
17.	What is the main method of garbage disposal that this household uses?	REFUSE COLLECTED.....1 PIT.....2 DUMPING.....3 BURNING.....4 OTHER (SPECIFY).....5		<input type="checkbox"/>							

## SECTION 7: HOUSEHOLD ACCESS TO FACILITIES

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

		1	2	3	4	5
		How far is it to the nearest.....? <b>[READ OUT FACILITIES]</b>  <b>GIVE DISTANCE IN KM.</b> <b>IF LESS THAN A KILOMETRE ENTER 00</b> <b>IF MORE THAN 90 KM ENTER 90</b> <b>IF DON'T KNOW ENTER 99</b>	Do you use this facility?  YES.....1 NO.....2 >>Q 5	Normally how long does it take you to get there?  LESS THAN 10 MIN.....1 BETWEEN 10 - 20 MIN.....2 BETWEEN 20 - 30 MIN.....3 BETWEEN 30 - 1 HOUR.....4 ABOVE 1 HOUR.....5	By what means?  ON FOOT.....1 BICYCLE.....2 MOTORBIKE.....3 SCOTCH CART.....4 PUBLIC TRANSPORT.....5 PERSONAL VEHICLE.....6 OTHER (SPECIFY).....7	What is the reason for not using the facility?  TOO EXPENSIVE.....1 TOO FAR.....2 POOR ADMINISTRATION.....3 POOR QUALITY.....4 CORRUPTION.....5 DID NOT NEED.....6 OTHER SPECIFY.....7
1.1	Food Market	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Post Office/postal agency	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3	Community School	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4	Lower Basic School (1 – 4)	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5	Middle Basic School (1 – 7)	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.6	Upper Basic School (1 – 9)	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.7	High School	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.8	Secondary School	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.9	Health Facility (Health post/center/clinic/hospital)	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.10	Hammer mill	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.11	Input market (for seeds, fertilizer, agricultural implements)	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.12	Police station/post	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.13	Bank	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.14	Public transport (road, or rail, or water transport)	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.15	Public Phone	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.16	Internet Cafe	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION 8: HOUSEHOLD ASSETS

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

	ASSETS	1.Does this household own a/an .....now 1.... YES 2....NO	2.How long ago was.....obtained? IF LESS THAN ONE YEAR PUT ZERO	3. What was the value of ..... at the time of purchase? IF GIFTS PUT ZERO	4. For how much would you sell ..... now?
1	Plough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Crop sprayer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Fishing boat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Canoe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Brazier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Fishing net	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Motor cycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Motor vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Tractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Video player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Grinding/Hammer Mill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Electric Iron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Non-electric Iron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Refrigerator /Deep freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Land telephone line (operating)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Cellular phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Satellite Dish/Decoder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Sewing machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Knitting machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Electric or gas stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Non-residential building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Residential house/building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Scotch cart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Donkeys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Hoe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Axe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Hunting gun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>SECTION 9: SELF ASSESSED POVERTY AND HOUSEHOLD COPING STRATEGIES</b>					
<b>No.</b>	<b>QUESTION</b>	<b>CATEGORY AND CODE</b>	<b>CODE</b>		
1	Do you consider your household to be not poor, moderately poor or very poor?	NOT POOR.....1 >> <b>QUESTION 3</b> MODERATELY POOR.....2 VERY POOR.....3	<div style="width: 80px; height: 70px;"></div>		
2	What do you think has led your household to be in poverty? <b>[ASK FOR THREE MAIN REASON].</b>  <b>[STARTING WITH THE MOST IMPORTANT]</b>	CANNOT AFFORD/LACK OF AGRICULTURAL INPUTS SUCH AS FERTILIZERS, SEED, ETC OR PRICES OF AGRICULTURAL INPUTS TOO HIGH.....01 AGRICULTURAL INPUTS (SUCH AS FERTILIZERS, SEEDS, ETC) ARE NOT AVAILABLE FOR BUYING IN THIS AREA .....02 LACK OF AGRICULTURAL INPUTS (SUCH AS FERTILIZERS, SEEDS, ETC) DUE TO OTHER REASONS e.g. SWINDLED/NOT DELIVERED BY SUPPLIER, ETC.....03 LOW AGRICULTURAL PRODUCTION.....04 DROUGHT.....05 FLOODS.....06 LACK OF ADEQUATE LAND.....07 LOW PRICES FOR THEIR AGRICULTURAL PRODUCE.....08 LACK OF MARKET/BUYERS FOR OUR AGRICULTURAL PRODUCE.....09 LACK OF CATTLE/OXEN.....10 DEATH OF CATTLE DUE TO DISEASES.....11 LACK OF CAPITAL (MONEY) TO START/EXPAND AGRICULTURAL OUTPUT.....12 LACK OF CAPITAL (MONEY) TO DIVERSIFY INTO CASH CROPS.....13 LACK OF CREDIT FACILITIES TO START AGRICULTURAL PRODUCTION OR TO EXPAND OR TO BUY AGRICULTURAL INPUTS.....14 LACK OF CAPITAL (MONEY) TO START OWN BUSINESS OR TO EXPAND.....15 LACK OF CREDIT FACILITIES TO START BUSINESS OR TO EXPAND.....16 LACK OF EMPLOYMENT OPPORTUNITIES/CANNOT FIND A JOB.....17 SALARY/ WAGE TOO LOW.....18 PENSION PAYMENT TOO LOW.....19 RETRENCHMENT/REDUNDANCY.....20 PRICES OF COMMODITIES TOO HIGH.....21 HARD ECONOMIC TIMES/ECONOMIC DECLINE OF OUR COUNTRY.....22 BUSINESS NOT DOING WELL.....23 TOO MUCH COMPETITION.....24 DUE TO DISABILITY.....25 DEATH OF BREAD WINNER.....26 DEBTS.....27 OTHER (SPECIFY).....28	<p align="center"><b>1ST</b></p> <div style="width: 80px; height: 70px;"></div> <p align="center"><b>2ND</b></p> <div style="width: 80px; height: 70px;"></div> <p align="center"><b>3RD</b></p> <div style="width: 80px; height: 70px;"></div>		
3	Compared to last year, do you consider your household to be ..... today?	Better off.....1 >> <b>Q 5</b> The same.....2 Worse off.....3	<div style="width: 80px; height: 70px;"></div>		
4	Why do you think you are the same or worse off?	<b>[GET THE CODES FROM QUESTION 2]</b>  <b>ASK FOR THE MAIN THREE REASONS, STARTING WITH THE MOST IMPORTANT</b>	<p align="center"><b>1ST</b></p> <div style="width: 80px; height: 70px;"></div> <p align="center"><b>2ND</b></p> <div style="width: 80px; height: 70px;"></div> <p align="center"><b>3RD</b></p> <div style="width: 80px; height: 70px;"></div>		
5	How much money do you think is needed in a month to have an adequate/ minimum standard of living?				

## SECTION 9: SELF ASSESSED POVERTY AND HOUSEHOLD COPING STRATEGIES (Cont'd)

No.	QUESTION	CATEGORY AND CODE	CODE
6.	How many meals excluding snacks do you normally have in a day?	ONE.....1 TWO..... 2 THREE.....3 MORE THAN THREE.....4	<input type="checkbox"/>
7.	How many times in a month do you eat meat, fish, chicken, beef, pork, etc?	ZERO.....1 ONCE.....2 TWICE.....3 THRICE.....4 FOUR TIMES.....5 FIVE TIMES.....6 MORE THAN FIVE TIMES.....7	<input type="checkbox"/>
8	Finally, there are a number of ways people can cope <b><u>in times of hardship.</u></b>  Did your household have to rely on any of the following during the last 12 months?	YES.....1 NO.....2	
		5.1. Piecework on farms belonging to other households.....	<input type="checkbox"/>
		5.2. Other piecework.....	<input type="checkbox"/>
		5.3. Working on ‘food-for-work’ or ‘food-for-assets’ program.....	<input type="checkbox"/>
		5.4. Relief food, free food from government and other bodies.....	<input type="checkbox"/>
		5.5. Eating wild food only.....	<input type="checkbox"/>
		5.6. Substituting ordinary meals with mangoes, pumpkin, sweet potatoes, etc.....	<input type="checkbox"/>
		5.7. Reducing number of meals or food-in-take.....	<input type="checkbox"/>
		5.8. Reducing other household items e.g. soap, tissue, detergent.....	<input type="checkbox"/>
		5.9. Informal borrowing (e.g. kaloba, borrowing from friends, etc).....	<input type="checkbox"/>
		5.10. Formal borrowing in cash or kind (e.g. borrowing from bank, employers, financing company, etc)..	<input type="checkbox"/>
		5.11. Church charity.....	<input type="checkbox"/>
		5.12. NGO charity e.g. assistance from Care International, World Vision, Save the Children, Cindi, Oxfam, MMCI, PAM, PUSH, etc.....	<input type="checkbox"/>
		5.13. Pulling children out of school.....	<input type="checkbox"/>
		5.14. Sale of assets, such as cattle, fridge, car, etc.....	<input type="checkbox"/>
		5.15. Petty vending.....	<input type="checkbox"/>
		5.16. Asking from friends, neighbours, relatives.....	<input type="checkbox"/>
		5.17. Begging from the streets.....	<input type="checkbox"/>
5.18. Other (Specify).....	<input type="checkbox"/>		

## SECTION 10: AGRICULTURAL PRODUCTION

**INTRODUCTION: I am now going to ask you questions about Agricultural Production**

NO.	QUESTION	CATEGORY AND CODE	CODE
1.	Did any member of this household grow any food crops in the last agriculture season?	YES.....1 NO.....2 >> <b>QUESTION 7</b>	<input style="width: 30px; height: 20px;" type="text"/>
2.	<p>How much land was cultivated in total in the last agriculture season for all food crops by all members of this household?</p> <p><b>[IF HOUSEHOLD HAS CULTIVATED SEVERAL FIELDS, ADD AND GIVE TOTAL]</b></p>	<p>LIMA    <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>ACRE    <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>HA        <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p>	

### PRODUCTION

	3	4	5	6
<b>CROPS</b>	<p>Did any member of this household or anybody grow on their behalf any..... during the last agriculture season?</p> <p>YES .....1 NO.....2 &gt;&gt; <b>NEXT CROP</b></p>	How many .... kg bags of ..... did all the members of the household harvest?	How many.....kg bags of..... did the household sell?	<p>At what price did the household sell their ..... per.... kg bag?</p> <p style="text-align: center;"><b>[KWACHA]</b></p>
<b>A Local Maize</b>	<input style="width: 30px; height: 20px;" type="text"/>	50Kg <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> bags	50Kg <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> bags	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
<b>B Hybrid maize</b>	<input style="width: 30px; height: 20px;" type="text"/>	50Kg <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> bags	50Kg <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> bags	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
<b>C Cassava (Flour)</b>	<input style="width: 30px; height: 20px;" type="text"/>	90Kg <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> bags	90Kg <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> bags	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
<b>D Millet (Threshed)</b>	<input style="width: 30px; height: 20px;" type="text"/>	90Kg <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> bags	90Kg <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> bags	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
<b>E Rice (Paddy)</b>	<input style="width: 30px; height: 20px;" type="text"/>	80Kg <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> bags	80Kg <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> bags	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
<b>F Mixed beans</b>	<input style="width: 30px; height: 20px;" type="text"/>	90Kg <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> bags	90Kg <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> bags	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
<b>G Soya Beans</b>	<input style="width: 30px; height: 20px;" type="text"/>	90Kg <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> bags	90Kg <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> bags	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
<b>H Sweet Potatoes</b>	<input style="width: 30px; height: 20px;" type="text"/>	25Kg <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> Pkt	25Kg <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> Pkt	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
<b>I Irish Potatoes</b>	<input style="width: 30px; height: 20px;" type="text"/>	10Kg <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> Pkt	10Kg <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> Pkt	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
<b>J Groundnuts (Shelled)</b>	<input style="width: 30px; height: 20px;" type="text"/>	80Kg <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> bags	80Kg <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> bags	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
<b>K Sorghum</b>	<input style="width: 30px; height: 20px;" type="text"/>	50Kg <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> bags	50Kg <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> bags	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>

SECTION 10: AGRICULTURAL PRODUCTION (Cont'd)					
7		8			
Did any member of this household grow any ..... during the last agriculture season?		How much land was cultivated in total in the last agriculture season for all non-food crops by all members of the household? <b>[IF THE HOUSEHOLD CULTIVATED SEVERAL FIELDS ADD AND RECORD TOTAL]</b>			
NON-FOOD CROPS	YES.....1 NO.....2>>NEXT CROP	LIMA	ACRE	HECTARE	
Cotton	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Tobacco	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Sunflower	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Paprika	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Flowers (Horticulture)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
LIVESTOCK		CATEGORY AND CODE			
9.	Does anybody in this household own any.....?	YES.....1 NO.....2 >> NEXT TYPE OF LIVESTOCK			
A	Cattle.....	<input type="checkbox"/>	NUMBER OF CATTLE	<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	Goats.....	<input type="checkbox"/>	NUMBER OF GOATS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
C	Pigs.....	<input type="checkbox"/>	NUMBER OF PIGS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
D	Sheep.....	<input type="checkbox"/>	NUMBER OF SHEEP	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
10.	Does anybody in this household own any.....?	YES.....1 NO.....2 >> NEXT TYPE OF POULTRY			
A	Chickens.....	<input type="checkbox"/>	NUMBER OF CHICKENS	<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	Ducks & geese.....	<input type="checkbox"/>	NUMBER OF DUCKS & GEESE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
C	Guinea fowls.....	<input type="checkbox"/>	NUMBER OF GUINEA FOWLS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
D	Any other poultry (e.g. turkey, rabbits, pigeons).....	<input type="checkbox"/>	NUMBER OF OTHER POULTRY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
11.	Are you engaged in fish farming?.....	YES.....1 NO.....2 >> Quest 12		<input type="checkbox"/>	
11.1	NUMBER OF FISH PONDS			<input type="text"/> <input type="text"/>	
11.2	NUMBER OF OPERATIONAL PONDS			<input type="text"/> <input type="text"/>	
11.3	QUANTITY OF FISH (KILOGRAMS) HARVESTED IN THE LAST 12 MONTHS			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	



SECTION 10: AGRICULTURAL PRODUCTION (Cont'd)	
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**I am now going to ask you questions about production of non-food crops, livestock and fish by the household**

LIVESTOCK PRODUCTION	12	13	14	15	16
	Did you use ..... during the last agriculture season?  YES.....1 NO.....2>> <b>Next Item</b>	What was the source of .....?  PRIVATE SECTOR.....1 COOPERATIVES.....2 MIN OF AGRICULTURE.....3 NGOs.....4 OTHER SPECIFY.....5	How much was spent in cash and in kind on..... during the Last agriculture season?	Was.....Unobtainable at any time during the year when needed?  YES SOMETIMES...1 YES ALL THE TIME.....2 NO.....3	Why was .....unobtainable?  TOO EXPENSIVE...1 INPUT MARKET TOO FAR.....2 INPUTS GIVEN NOT ENOUGH.....3 LATE DELIVERY OF INPUTS.....4 OTHER SPECIFY.....5
A. Animal Feed including salt	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Veterinary services including vaccination and medicine	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Paid Labour for herding	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Maintenance of pens, stables	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Transports of animal feed	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Commission on sale of animals	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Compensation for damage caused by animals	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Other Livestock costs	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Hired Labour	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FISH PRODUCTION</b>					
A. Fuel	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Hired Labour	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Spare Parts	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Repairs and Maintenance	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Mining of Equipments	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Other Inputs	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

# SECTION 10: AGRICULTURAL PRODUCTION (Cont'd)

I am now going to ask you questions about costs and expenses incurred over the last agriculture season for the production of crops

	17	18	19	20	21
<b>CROP PRODUCTION</b>	Did you use ..... during the last agriculture season ?  YES.....1 NO.....2>> <b>Next Item</b>	What was the source of .....?  PRIVATE SECTOR.....1 COOPERATIVES.....2 MIN OF AGRICULTURE.....3 NGOs.....4 OTHER SPECIFY.....5	How much was spent in cash and in kind on..... during the last agriculture season?	Was..... unobtainable at any time during the year when needed?  YES SOMETIMES.....1 YES ALL THE TIME.....2 NO.....3	Why was ..... unobtainable?  TOO EXPENSIVE.....1 INPUT MARKET TOO FAR.....2 INPUTS GIVEN NOT ENOUGH.....3 LATE DELIVERY OF INPUTS.....4 OTHER SPECIFY.....5
A. Fertilizer (Inorganic)	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Organic Fertilizer	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Insecticides	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Herbicides	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Storage of crops	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Purchased seed, seedlings etc	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Irrigation	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Bags, containers, string	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Petrol/ diesel/ oil	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Spare parts	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Hired labour	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Transport crops	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Renting animals	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Renting equipment	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Local hand tools	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Imported hand tools	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Repairs/ maintenance	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION 11: ANTHROPOMETRY

[TO BE COMPLETED FOR CHILDREN AGED 0 MONTHS TO 59 MONTHS]

[IF THERE ARE MORE THAN FIVE CHILDREN IN THIS AGE CATEGORY 0-59 MONTHS IN ONE HOUSEHOLD

USE A CONTINUATION QUESTIONNAIRE]

1	2	3	4	5	6											
PID OF CHILD  [FROM HOUSE - HOLD ROSTER]	PID FOR CHILD'S BIOLOGICAL MOTHER  [FROM HHOLD ROSTER]  IF THE BIOLOGICAL MOTHER IS NOT A MEMBER OF THE HOUSEHOLD ENTER 881	NAME OF CHILD  [FROM THE HOUSEHOLD ROSTER]	DATE OF BIRTH OF CHILD  <div style="display: flex; justify-content: space-between;"> <div>DAY <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div></div> <div>MONTH <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div></div> <div>YEAR <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div></div> </div>	Is..... being breastfed now?          YES...1 NO.....2>>Q7	In addition to breast milk is .... fed on any of the following? <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 15%;">6.1 Bottled milk</td> <td style="width: 15%;">6.2 Water</td> <td style="width: 15%;">6.3 Other liquids</td> <td style="width: 55%;">6.4 Solids (e.g. custard, porridge, cereal, nshima, etc)</td> </tr> <tr> <td>YES....1 NO.....2</td> <td>YES...1 NO.....2</td> <td>YES....1 NO.....2</td> <td>YES...1 &gt;&gt;Q8 NO.....2&gt;&gt;Q10</td> </tr> </table>				6.1 Bottled milk	6.2 Water	6.3 Other liquids	6.4 Solids (e.g. custard, porridge, cereal, nshima, etc)	YES....1 NO.....2	YES...1 NO.....2	YES....1 NO.....2	YES...1 >>Q8 NO.....2>>Q10
6.1 Bottled milk	6.2 Water	6.3 Other liquids	6.4 Solids (e.g. custard, porridge, cereal, nshima, etc)													
YES....1 NO.....2	YES...1 NO.....2	YES....1 NO.....2	YES...1 >>Q8 NO.....2>>Q10													
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## SECTION 11: ANTHROPOMETRY

**[TO BE COMPLETED FOR CHILDREN AGED 0 MONTHS TO 59 MONTHS] (Continued)**

	7	8	9	10				
<b>PID OF CHILD</b>  <b>[FROM HOUSE - HOLD ROSTER]</b>	Has ..... ever been breastfed?     YES.....1 NO.....2>> <b>Q9</b>	At what age (in months) did you first give..... water or other fluids or food?  <b>MON THS [IF LESSTHAN ONE MONTH ENTER 00]</b>	How many times is ..... currently given solids foods in a day (nshima, rice, potatoes, porridge, cereal, custard, etc)?  ONCE.....1 TWICE.....2 THRICE.....3 FOUR TIMES.....4 FIVE TIMES.....5 MORE THAN FIVE TIMES.....6 NOT YET STARTED ON SOLIDS.....7	<b>[INDICATE SOURCE OF INFORMATION ]</b>  INFORMATION OBTAINED FROM:  UNDER FIVE CLINC CARD.....1 INTERVIEWEE.....2	How many times has..... received the following vaccinations?  <b>NUMBER OF TIMES RECEIVED VACCINATIONS</b>			
				BCG	DPT	POLIO	MEASLES	
<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<input type="checkbox"/>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<input type="checkbox"/>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<input type="checkbox"/>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<input type="checkbox"/>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<input type="checkbox"/>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION 11: ANTHROPOMETRY

**[TO BE COMPLETED FOR CHILDREN AGED 0 TO 59 MONTHS] (Cont'd)**

	11	12	13	14
<b>PID OF CHILD</b>  <b>[FROM HOUSEHOLD ROSTER]</b>	<b>IS THE BCG SCAR PRESENT ON THE CHILD'S ARM?</b>  YES.....1 NO.....2	<b>Who usually looks after..... in the absence of parents/guardians?</b>  NURSERY SCHOOL/DAYCARE.....1 >> Q14 NANNY/MAID.....2 MALE SERVANT.....3 OLDER SISTER/BROTHER OF CHILD.....4 OTHER RELATIVES.....5 NEIGHBOURS.....6 OTHER (SPECIFY).....7 NOT APPLICABLE (N/A).....8	<b>Is..... currently attending/being looked after by a nursery school/daycare/pre-school?</b>  <b>[FOR CHILDREN AGED 3 – 59 MONTHS]</b>  YES.....1 NO.....2	<b>WEIGHT OF THE CHILD</b>  <b>[FOR CHILDREN AGED 3 – 59 MONTHS]</b>
<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="text-align: left; margin-top: 5px;">KG</div>
<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="text-align: left; margin-top: 5px;">KG</div>
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SECTION 11: ANTHROPOMETRY				
[TO BE COMPLETED FOR CHILDREN AGED 0 TO 59 MONTHS] (Cont'd)				
	15	16	17	18
PID OF CHILD  [FROM HOUSEHOLD ROSTER]	LENGTH /HEIGHT OF THE CHILD [FOR CHILDREN AGED 3-59 MONTHS]  [IF CHILD IS AGED 3-23 MONTHS, MEASURE WHILE LYING DOWN]  [IF AGED 24-59 MONTHS, MEASURE WHILE STANDING]	[IF THE CHILD IS NOT MEASURED RECORD THE REASON WHY]  [FOR CHILDREN AGED 3-59 MONTHS]  CHILD CRIPPLED.....1 CHILD SICK.....2 CHILD ABSENT.....3 CHILD REFUSED.....4 MOTHER REFUSED.....5 OTHER (SPECIFY).....6	DATE WHEN THE CHILD IS WEIGHED	PRESENCE OF OEDEMA  [YOU NEED NOT TO ASK THIS QUESTION ]  YES ..... 1 NO .....2
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CENTIMETRES	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DAY MONTH YEAR	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CENTIMETRES	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DAY MONTH YEAR	<input type="text"/>
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