

**STRICTLY CONFIDENTIAL**

REPUBLIC OF ZAMBIA

QUESTIONNAIRE NO: OF

CENTRAL STATISTICAL OFFICE

P.O. BOX 31908, LUSAKA, ZAMBIA

TEL Nos. 251377/251370/253609/251385/253908/

253468/256520

FAX Nos. 253609/250195/253468/253908/256520

email: Info @Zamstats.gov.zm

Website: www.zamstats.gov.zm

FORM:

L	C	M	S	B
---	---	---	---	---

LIVING CONDITIONS MONITORING SURVEY IV (LCMS IV) - 2004**MAIN QUESTIONNAIRE**

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. Fish Farming 5. Non-Agric URBAN: 6. Low Cost 7. Medium Cost 8. High Cost	<input type="text"/>
9. HOUSEHOLD NUMBER (HHN)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10. VILLAGE OR LOCALITY NAME	
11. CHIEF'S/CHIEFTAINESS' AREA (RURAL AREAS ONLY) FOR URBAN AREAS RECORD 888	<input type="text"/> <input type="text"/> <input type="text"/>
12. HOUSEHOLD SELECTION STATUS: 1. Originally selected household 2. Replacement household	<input type="text"/>
13. IF REPLACEMENT HOUSEHOLD, REASON FOR REPLACING: 1. Refusal 2. Non-contact 3. Dwelling cannot be found 4. Other (Specify).....	<input type="text"/>
14. ENUMERATED HOUSEHOLD Residential Sampling Serial Name of Head.....Address..... Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
15. NAME OF MAIN RESPONDENT SERIAL NUMBER FROM HOUSEHOLD ROSTER	<input type="text"/> <input type="text"/>
16. TOTAL NUMBER OF PERSONS WHO LIVE IN THIS HOUSEHOLD (INCLUDE USUAL MEMBERS ABSENT)	<input type="text"/> <input type="text"/>
17. ENUMERATOR'S NAME..... DATE OF INTERVIEW	<div>DD MM YY</div> <div><input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/></div>
18. SUPERVISOR'S NAME..... DATE OF CHECKING	<div>DD MM YY</div> <div><input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/></div>

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
SERIAL NUMBER OF HOUSEHOLD MEMBERS (PID)	Please give me the names of all persons who usually live with 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 with the household for six months or more .	How old is.....now? RECORD EXACT AGE IN COMPLETED MONTHS FOR THOSE 0-59 MONTHS OLD. USE UNDER FIVE CLINIC CARD IF AVAILABLE. FOR THOSE AGED 5 YEARS AND ABOVE RECORD AGE IN COMPLETED YEARS. (SPECIFY AGE CODE BELOW) 1 YEARS 2 MONTHS
<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="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="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="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="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="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="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="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>

SECTION 1: HOUSEHOLD ROSTER (Continued)

	4	5	6	7
PID	What is the relationship ofto the head of the household?	Is male or female?	Does..... have any disability?	Is..... blind, partially sighted, deaf, dumb, crippled, mentally retarded, mentally ill , ex-mental?
	HEAD.....01			
	SPOUSE.....02	MALE.....1	YES.....1	BLIND.....1
	OWN CHILD.....03	FEMALE...2	NO.....2>> Q8	PARTIALLY SIGHTED.....2
	STEP CHILD.....04			DEAF.....3
	GRAND CHILD.....05			DUMB.....4
	BROTHER/SISTER.....06			PHYSICALLY DISABLED.....5
	COUSIN.....07			MENTALLY RETARDED.....6
	NIECE/NEPHEW.....08			MENTALLY ILL.....7
	BROTHER/SISTER-IN LAW.....09			EX-MENTAL.....8
	PARENT.....10			[RECORD UP TO THREE DISABILITIES]
	PARENT-IN-LAW.....11			
	OTHER RELATIVE.....12			
	MAID/NANNY/HOUSE-SERVANT.....13			
	NON-RELATIVE.....14			
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³

[illegible]

SECTION 2: MARITAL STATUS AND ORPHANHOOD

INTRODUCTION: I am now going to ask questions about marital status and orphan hood of household members

	1	2	3
PID	FOR THOSE AGED 12 YEARS AND ABOVE ONLY	FOR THOSE AGED 0-20 YEARS	
	What is the marital status of? 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
<div><div></div><div></div></div>	<div></div>	<div></div>	<div></div>
<div><div></div><div></div></div>	<div></div>	<div></div>	<div></div>
<div><div></div><div></div></div>	<div></div>	<div></div>	<div></div>
<div><div></div><div></div></div>	<div></div>	<div></div>	<div></div>
<div><div></div><div></div></div>	<div></div>	<div></div>	<div></div>
<div><div></div><div></div></div>	<div></div>	<div></div>	<div></div>
<div><div></div><div></div></div>	<div></div>	<div></div>	<div></div>
<div><div></div><div></div></div>	<div></div>	<div></div>	<div></div>
<div><div></div><div></div></div>	<div></div>	<div></div>	<div></div>
<div><div></div><div></div></div>	<div></div>	<div></div>	<div></div>
<div><div></div><div></div></div>	<div></div>	<div></div>	<div></div>
<div><div></div><div></div></div>	<div></div>	<div></div>	<div></div>
<div><div></div><div></div></div>	<div></div>	<div></div>	<div></div>
<div><div></div><div></div></div>	<div></div>	<div></div>	<div></div>
<div><div></div><div></div></div>	<div></div>	<div></div>	<div></div>
<div><div></div><div></div></div>	<div></div>	<div></div>	<div></div>
<div><div></div><div></div></div>	<div></div>	<div></div>	<div></div>
<div><div></div><div></div></div>	<div></div>	<div></div>	<div></div>
<div><div></div><div></div></div>	<div></div>	<div></div>	<div></div>

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 >> Q 3 YES BOTH.....3 NO.....4 DON'T KNOW..5 —>> Q15	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 OF THE ABOVE.....3 >> Q15
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>

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

PID	4	5	6	7	8
	How much in total was spent on.....'s medication/ consultation in the last two weeks? [GIVE AMOUNT IN KWACHA]	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 [FOR THOSE WHO USED SELF ADMINISTERED MEDICINE SKIP TO QUESTION 15]	Which health or other institution/personnel did visit first for this illness/injury? GOVT 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 COMMUNITY HEALTH WORKER.....4 TRADITIONAL HEALER.....5 SPIRITUAL HEALER.....6 CHURCH HEALER.....7 OTHER (SPECIFY).....8	Was admitted to the institution on this visit? YES...1 NO.....2 >> Q9
<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>

SECTION 3: HEALTH (CONT'D)

PID	9	10	11	12	13	14
	How many nights did he/she spend? [IF LESS THAN A NIGHT, RECORD '000']	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 >> Q 13 YES, REFERRED TO ANOTHER INSTITUTION.....2 YES, CHANGED INSTITUTION ON OWN DECISION.....3 NO.....4 >> Q 15	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	How much did you pay for consultation/medication in your second visit?
<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>

SECTION 3: HEALTH (CONT'D)

[illegible]

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]

Grade codes below:-

Grade 1 to 12..... CODES....01 TO 12

Grade 12 GCE (O-level)..... CODE.....12

Grade 12 GCE (A-level)..... CODE.....13

College students..... CODE.....14

Undergraduate University students.....CODE.....14

Post-graduate Diploma students..... CODE.....15

Masters Degree students..... CODE.....16

Doctoral level and above students..... CODE..... 17

SECTION 4: EDUCATION (CONT'D)					
	6	7	8	9	10
PID	Was..... attending school last year? [INCLUDING THOSE IN COLLEGES, UNIVERSITIES] YES, NURSERY/PRE-SCHOOL.....1 >> NEXT SECT YES, OTHER GRADES FULL TIME.....2 YES, OTHER GRADES PART TIME.....3 YES COMM. SCHOOL FULL TIME.....4 YES CORRESPONDENCE.....5 YES ADULT LITERACY CLASS.....6 >> Q8 NO.....7 >> Q8	What grade was..... attending last year? [INDICATE GRADE BELOW]	What was the highest grade..... attained? [INDICATE GRADE BELOW]	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 >> [NEXT SECTION]	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 (SPECIFY).....10
<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>

SECTION 5: ECONOMIC ACTIVITY – FOR ALL PERSONS AGED 5 YEARS AND ABOVE

INTRODUCTION: I am now going to ask 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 [INCLUDING ALL WORKERS IN ALL BRANCHES OF THE SAME COMPANY/BUSINESS]	During the last 12 months, have you changed employment/businesses? YES.....1 NO.....2 >> Q10
<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"/>
<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"/>
<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"/>
<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"/>
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 5: ECONOMIC ACTIVITY (CONT'D)					
	9	10	11	12	
PID	What was the main reason for leaving that job/business?	Do you have another job/business?	What type of job/business is this?	What sort of business/service is carried out by your employer/establishment/business in this job/business?	
	LOW WAGE./SALARY.....01	YES.....1	[GIVE OCCUPATION BELOW IN BOTH WORDS AND CODE NUMBER] [IF MORE THAN ONE SECONDARY JOB/BUSINESS RECORD THE MAIN ONE]	[RECORD INDUSTRY OF SECONDARY JOB/BUSINESS IN BOTH WORDS AND CODE NUMBER]	
	FIRE/DISMISSED.....02	NO.....2 >>			
	ENTERPRISE CLOSED.....03	NEXT SECT			
	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					
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div> <div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div>	
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div> <div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div>	
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div> <div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div>	
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div> <div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div>	
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div> <div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div>	
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div> <div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div>	
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div> <div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div>	
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div> <div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div>	
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div> <div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div>	
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div> <div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div>	
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div> <div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div>	
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div> <div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div>	
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div> <div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div>	

SECTION 5: ECONOMIC ACTIVITY (CONT'D)					
	13	14	15	16	17
PID	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 } >> Q17 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 [NEXT SECTION]	Did you have a job or business in the last 12 months? YES.....1 NO.....2 >> Q19
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<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 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] [RECORD ACTIVITY BOTH IN WORDS AND CODE]
	FIRED.....02	NO.....2 >> NEXT	
	ENTERPRISE CLOSED.....03	SECTION	
	ENTERPRISE PRIVATISED.....04	[IF YES, GO BACK TO	
	ENTERPRISE LIQUIDATED.....05	QUE STION 1 RE-INTERVIEW	
	RETRENCHED/DECLARED REDUNDANT...06	THE RESPONDENT]	
	GOT ANOTHER JOB.....07		
	BANKRUPTCY.....08		
	LACK OF PROFIT.....09		
	WAS A TEMPORARY JOB.....10		
	RETIRED.....11		
	OTHER (SPECIFY).....12		
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <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 6: INCOME FOR ALL PERSONS AGED 5 YEARS AND ABOVE INCLUDING AGRICULTURAL INCOME

How much income did all members of your household (**combined**) receive in the last 12 months from sale of own produced.....?

	FOOD CROPS	AMOUNT IN WORDS (KWACHA)	AMOUNT IN FIGURES (KWACHA)
1	Hybrid Maize		<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"/>
2	Local Maize		<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"/>
3	Cassava		<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"/>
4.	Groundnuts		<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.	Rice		<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"/>
6	Millet		<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"/>
7.	Sorghum		<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"/>
8.	Beans		<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"/>
9.	Soyabeans		<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"/>
10.	Sweet Potatoes		<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"/>
11.	Irish Potatoes		<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"/>
12.	Vegetables		<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"/>
13.	Other Food Crops		<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"/>
	NON-FOOD	AMOUNT IN WORDS (KWACHA)	AMOUNT IN FIGURES (KWACHA)
14.	Cotton		<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"/>
15.	Tobacco		<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"/>
16.	Sunflower		<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"/>
17.	Paprika		<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"/>
18.	Other non-food crops		<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"/>

**SECTION 6: INCOME FOR ALL PERSONS AGED 5 YEARS AND ABOVE INCLUDING AGRICULTURAL
INCOME (Cont'd)**

How much income did all members of your household (**combined**) receive from the following sources in the last twelve (12) months?

	LIVESTOCK	NUMBER SOLD/CONSUMED	INCOME FROM SALES OR VALUE OF CONSUMPTION [KWACHA]
19.1	Sale of own cattle (live)	<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"/> <input type="text"/> <input type="text"/>
19.2	Sale of own cattle (slaughtered)	<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"/> <input type="text"/> <input type="text"/>
19.3	Own cattle consumed	<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"/> <input type="text"/> <input type="text"/>
20.1	Sale of own goats (live)	<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"/> <input type="text"/> <input type="text"/>
20.2	Sale of own goats (slaughtered)	<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"/> <input type="text"/> <input type="text"/>
20.3	Own goats consumed	<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"/> <input type="text"/> <input type="text"/>
21.1	Sale of own sheep (live)	<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"/> <input type="text"/> <input type="text"/>
21.2	Sale of own sheep (slaughtered)	<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"/> <input type="text"/> <input type="text"/>
21.3	Own sheep consumed	<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"/> <input type="text"/> <input type="text"/>
22.1	Sale of own pigs (live)	<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"/> <input type="text"/> <input type="text"/>
22.2	Sale of own pigs (slaughtered)	<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"/> <input type="text"/> <input type="text"/>
22.3	Own pigs consumed	<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"/> <input type="text"/> <input type="text"/>
23	Sale of own produced livestock products such as milk, yoghurt, fat, cheese and hides, in the last 12 months?		<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"/>

**SECTION 6: INCOME FOR ALL PERSONS AGED 5 YEARS AND ABOVE INCLUDING AGRICULTURAL
INCOME (Cont'd)**

How much income did all members of your household (**combined**) receive from the following sources in the last twelve (12) months?

	POULTRY	NUMBER SOLD/CONSUMED	INCOME FROM SALES OR VALUE OF CONSUMPTION [KWACHA]
24.1	Sale of own chicken	<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"/> <input type="text"/> <input type="text"/>
24.2	Own chicken consumed	<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"/> <input type="text"/> <input type="text"/>
24.3	Sale of own 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"/> <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"/>
24.4	Own guinea fowls consumed	<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"/> <input type="text"/> <input type="text"/>
24.5	Sale of own ducks and 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"/> <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"/>
24.6	Own ducks and geese consumed	<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"/> <input type="text"/> <input type="text"/>
24.7	Sale of own turkeys	<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"/> <input type="text"/> <input type="text"/>
24.8	Own turkeys consumed	<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"/> <input type="text"/> <input type="text"/>
24.9	Sale of own rabbits	<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"/> <input type="text"/> <input type="text"/>
24.10	Own rabbits consumed	<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"/> <input type="text"/> <input type="text"/>
24.11	Sale of own pigeons	<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"/> <input type="text"/> <input type="text"/>
24.12	Own pigeons consumed	<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"/> <input type="text"/> <input type="text"/>
24.13	Sale of own eggs	<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"/> <input type="text"/> <input type="text"/>
24.14	Own eggs consumed	<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"/> <input type="text"/> <input type="text"/>
	OTHER FARMING INCOME		
25	Other farming income (lease of tractor, agricultural land, scotch cart, lease of transport for produce, etc.) in the last 12 months?		<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"/>

SECTION 6: INCOME FOR ALL PERSONS AGED 5 YEARS AND ABOVE (Cont'd)

I am now going to ask each member of the household separately about income earned individually, How much income did you receive from the following sources?

PID	26. Non farm main business in the last one month?	27. Non farm other businesses, in the last one month?	28. How much is your regular gross monthly salary/wage including regular allowances such as housing and transport allowances, regular overtime, retention allowance, from the main job?
<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"/> <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"/> <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"/>	<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"/> <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"/> <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"/>	<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"/> <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"/> <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"/>	<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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/>
<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"/> <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"/> <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"/>	<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"/> <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"/> <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"/>	<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"/> <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"/> <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"/>	<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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/>

SECTION 6: INCOME FOR ALL PERSONS AGED 5 YEARS AND ABOVE (Cont'd)[illegible]

[illegible]

SECTION 6: INCOME FOR ALL PERSONS AGED 5 YEARS AND ABOVE (Cont'd)[illegible]

SECTION 6: INCOME FOR ALL PERSONS AGED 5 YEARS AND ABOVE (Cont'd)[illegible]

SECTION 7: 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/annow 1... YES 2...NO >> NEXT ASSET	2. How many do you own?	3. How long ago was obtained? [IF LESSTHAN ONE MONTH PUT ZERO]	4.. What was the value of at the time of purchase? [IF GIFTS PUT ZERO]	5. For how much would you sell now? [ADD IF MORE THAN 1]
1	Plough	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Crop sprayer	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Boat	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Canoe	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Brazier/mbaula	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	Fishing net	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	Bicycle	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	Motor cycle	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	Motor vehicle	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	Tractor	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	Television	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	Video player	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13	Radio	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14	Grinding/Hammer Mill (powered)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15	Electric Iron	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16	Non-electric Iron	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17	Refrigerator	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18	Deep freezer	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19	Land telephone line (operating)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20	Cellular phone (active)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
21	Internet connection	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
22	Satellite dish/Decoders	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
23	Sewing machine	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
24	Knitting machine	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
25	Electric stove	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
26	Gas stove	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
27	Non-residential building	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
28	Residential building	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
29	Scotch cart	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 7: HOUSEHOLD ASSETS [Cont'd]

	ASSETS	1.Does this household own a/annow 1.... YES 2....NO	2. How many do you own?	3. How long ago was obtained? [IF LESS THAN ONE MONTH PUT ZERO]	4. What was the value of at the time of purchase? [IF GIFTS PUT ZERO]	5. For how much would you sell now? [ADD IF MORE THAN 1]
30	Donkeys	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
31	Oxen	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
32	Computer	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
33	Hoe	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
34	Axe	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
35	Hunting gun	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
36	Table (dinning)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
37	Sofa	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
38	Bed	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
39	Mattress	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
40	Pick	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
41	Hammer	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
42	Shovel/spade	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
43	Wheel barrow	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
44	Hand driven tractor	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
45	Water pumps	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
46	Hand hammermills	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
47	Shellers	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
48	Rump presses/oil expellers	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
49	Hand saw	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
50	Carpentry Plane	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
51	Others	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 8: 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-occupied1 >> Q5B 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 } >> Q6 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 >> Q6	<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 <div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></div> 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 } >> Q6	<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?	<div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></div>	
5C.	Do you pay mortgage for your dwelling?	YES.....1 NO.....2 >> QUESTION 5E	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>
5D.	How much do you pay for mortgage?	GO TO QUESTION 6 <div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></div>	
5E.	How much would you pay if you were to rent your home?	<div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></div>	

SECTION 8: HOUSEHOLD AMENITIES AND HOUSING CONDITIONS (Cont'd)

6	<p>What kind of building materials is/are theof this dwelling made of ? [IF A MULTI-STOREY/UNIT BUILDING RECORD BUILDING MATERIALS OF THE OUTER ROOF (ROOF TOP) AND OUTER WALL].</p>	<p align="center">(A) ROOF</p> <p>ASBESTOS SHEETS.....1 TILES.....2 IRON SHEETS.....3 GRASS/STRAW/THATCH.....4 CONCRETE.....5 OTHER (SPECIFY).....6</p> <p align="center">(B) WALLS</p> <p>PAN BRICK.....01 CONCRETE BRICK.....02 MUD BRICK.....03 BURNT BRICK.....04 POLE.....05 POLE & DAGGA.....06 MUD.....07 GRASS/STRAW.....08 IRON SHEETS.....09 HARDBOARD.....10 A MIXTURE OF HARDBOARD, TIN SHEET, PLASTIC, ETC.....11 OTHER (SPECIFY).....12</p> <p align="center">(C) FLOOR</p> <p>CONCRETE ONLY.....1 COVERED CONCRETE.....2 MUD.....3 WOOD ONLY.....4 OTHER (SPECIFY).....5</p>	<div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> </div>																														
7.	<p>What is the main source of water supply for this household during the wet and dry seasons?</p>	<table border="0"> <thead> <tr> <th align="left">Wet Season</th> <th align="left">Dry Season</th> </tr> </thead> <tbody> <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> </tbody> </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	<p align="center">WET SEASON</p> <div style="text-align: center;"> <input type="text"/> <input type="text"/> </div> <p align="center">DRY SEASON</p> <div style="text-align: center;"> <input type="text"/> <input type="text"/> </div>				
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																																
8.	<p>How far is this source of water during the wet and dry seasons?</p> <p>[IF LESS THAN ONE KILOMETRE ENTER 00]</p>	<p align="right">Wet Season</p> <p align="right">Dry Season</p>	<div style="text-align: center;"> <input type="text"/> <input type="text"/> </div>																														
9.	<p>What is the main source of drinking water for this household during the wet and dry seasons?</p>	<table border="0"> <thead> <tr> <th align="left">Wet Season</th> <th align="left">Dry Season</th> </tr> </thead> <tbody> <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 >> Q 11</td> <td>WATER.....10 >> Q 11</td> </tr> <tr> <td>OTHER (SPECIFY).....11</td> <td>OTHER (SPECIFY).....11</td> </tr> </tbody> </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	<p align="center">WET SEASON</p> <div style="text-align: center;"> <input type="text"/> <input type="text"/> </div> <p align="center">DRY SEASON</p> <div style="text-align: center;"> <input type="text"/> <input type="text"/> </div>
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																																

SECTION 8: HOUSEHOLD AMENITIES AND HOUSING CONDITIONS (Cont'd)			
10	How is water treated?	Boil.....1 Add chlorine.....2 Other treatment.....3 Don't treat.....4	<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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
12	What is the main 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 main 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	<input type="text"/> <input type="text"/>
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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
16	What is the main 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	<input type="text"/> <input type="text"/>
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 9: HOUSEHOLD ACCESS TO FACILITIES

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

		1	2	3	4	5	6
		Do you know where the nearest is located? YES....1 NO.....2 >> NEXT FACILITY	How far is it to the nearest.....? [READ OUT FACILITIES] [GIVE DISTANCE IN KM. IF LESS THAN A KILOMETRE ENTER 00 IF MORE THAN 90KM ENTER 90. IF DON'T KNOW ENTER 99]	Do you use this facility? YES...1 NO.....2 >> Q 6	Normally, by what means do you get there? ON FOOT.....1 BICYCLE.....2 MOTORBIKE.....3 SCOTCH CART..4 PUBLIC TRANSPORT.....5 PERSONAL VEHICLE.....6 OTHER (SPECIFY).....7 >>[NEXT SE CT]	Normally how long does it take you to get there? LESS THAN 10 MIN.....1 BETWEEN 10 - 19 MIN.....2 BETWEEN 20 - 29 MIN.....3 BETWEEN 30 – 59 MIN.....4 1 HOUR + ABOVE5	What is the reason for not using the facility? TOO EXPENSIVE.....1 TOO FAR.....2 POOR ADMINISTRATION...3 POOR QUALITY.....4 CORRUPTION5 DID NOT NEED.....6 OTHER SPECIFY.....7
1.1	Food Market	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Post Office/postal agency	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3	Community School	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4	Lower Basic School (1 – 4)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5	Middle Basic School (1 – 7)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.6	Upper Basic School (1 – 9)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.7	High School	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.8	Secondary School	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.9	Health Facility (Health post/center/clinic/hospital)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.10	Hammer mill	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.11	Input market (for seeds, fertilizer, agricultural implements)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.12	Police station/post	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.13	Bank	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.14	Public transport (road, or rail, or water transport)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.15	Public Phone	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.16	Internet Café	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 10: SELF ASSESSED POVERTY AND HOUSEHOLD COPING STRATEGIES

INTRODUCTION: I am now going to ask about your household welfare

No.	QUESTION	CATEGORY AND CODE	CODE
1	Do you consider your household to be not poor, moderately poor or very poor?	NOT POOR.....1 >> QUESTION 3 MODERATELY POOR.....2 VERY POOR.....3	<input type="checkbox"/>
2	What do you think has led your household to be in poverty? [ASK FOR THREE MAIN REASON]. [STARTING WITH THE MOST IMPORTANT] [IF ONLY TWO REASONS ARE GIVEN, ENTER 88 IN THE THIRD OPTION]	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 THE HOUSEHOLD'S 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	1ST <input type="text"/> <input type="text"/> 2ND <input type="text"/> <input type="text"/> 3RD <input type="text"/> <input type="text"/>
3	Compared to last year, do you consider your household to be today?	Better off.....1 } >>Q 5 The same.....2 } Worse off.....3	<input type="checkbox"/>
4	Why do you think you are worse off?	[GET THE CODES FROM QUESTION 2] ASK FOR THE MAIN THREE REASONS, STARTING WITH THE MOST IMPORTANT	1ST <input type="text"/> <input type="text"/> 2ND <input type="text"/> <input type="text"/> 3RD <input type="text"/> <input type="text"/>
5	How much money do you think is needed in a month to have an adequate/ minimum standard of living in kwacha?	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"/>	

SECTION 10: 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 fish, poultry or animal products?	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 <u>in times of hardship.</u> Did your household have to rely on any of the following during the last 12 months?		YES..1 NO...2
		8.1. Piecework on farms belonging to other households.....	<input type="checkbox"/>
		8.2. Other piecework.....	<input type="checkbox"/>
		8.3. Working on 'food-for-work' or 'food-for-assets' program.....	<input type="checkbox"/>
		8.4. Relief food, free food from government and other bodies.....	<input type="checkbox"/>
		8.5 Eating wild food only.....	<input type="checkbox"/>
		8.6. Substituting ordinary meals with mangoes, pumpkins, sweet potatoes, etc.....	<input type="checkbox"/>
		8.7. Reducing number of meals or food-in-take.....	<input type="checkbox"/>
		8.8. Reducing other household items e.g. soap, tissue, detergent.....	<input type="checkbox"/>
		8.9. Informal borrowing (e.g. kaloba, borrowing from friends, etc).....	<input type="checkbox"/>
		8.10. Formal borrowing in cash or kind (e.g. borrowing from bank, employers, financing company, etc).....	<input type="checkbox"/>
		8.11. Church charity.....	<input type="checkbox"/>
		8.12. NGO charity e.g. assistance from Care International, World Vision, Save the Children, Cindi, Oxfam, MMCI, PAM, PUSH, etc.....	<input type="checkbox"/>
		8.13. Pulling children out of school.....	<input type="checkbox"/>
		8.14. Sale of assets, such as cattle, fridge, car, etc.....	<input type="checkbox"/>
		8.15. Petty vending.....	<input type="checkbox"/>
		8.16. Asking from friends, neighbours, relatives.....	<input type="checkbox"/>
		8.17. Begging from the streets.....	<input type="checkbox"/>
		8.18. Other (Specify).....	<input type="checkbox"/>

SECTION 11: 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 (2003/4) season?	YES.....1 NO.....2 >> QUESTION 7	<input type="checkbox"/>

PRODUCTION

	2	3	4	5	6
CROPS	Did any member of this household or anybody grow on their behalf any..... during the last agriculture season? YES ..1 NO...2 >> NEXT CROP	Area under crop? LIMA.....1 ACRE.....2 HECTARE.....3	How many kg bags of did all the members of the household harvest?	How many.....kg bags of..... did the household sell?	At what price did the household sell their per.... kg bag? [KWACHA]
A.Local Maize	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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.Hybrid Maize	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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. Cassava (flour)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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. Millet (Threshed)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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. Sorghum	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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. Rice (Paddy)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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. Mixed beans	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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. Soya beans	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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. Sweet Potatoes	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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. Irish Potatoes	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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. Groundnuts (shelled)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

KEY (RESPECTIVE UNITS)

1. Local maize, Hybrid maize, and Sorghum..... 50kg bag
2. Cassava (flour), Millet (Threshed), Rice (Paddy), Mixed beans and Soya beans..... 90kg bag
3. Sweet Potatoes..... 25kg bag
4. Irish Potatoes..... 10kg pkt
5. Groundnuts (shelled) 80kg bag

SECTION 11: AGRICULTURAL PRODUCTION (Cont'd)			
I am now going to ask you questions about production of agricultural non-food crops, ownership of livestock and fish by the household			
7		8	
Did any member of this household grow any during the last agriculture season?		How much land was cultivated in each non-food crop by all members of the household? [IF THE HOUSEHOLD CULTIVATED SEVERAL FIELDS ADD AND RECORD TOTAL]	
NON-FOOD CROPS	YES.....1 NO.....2>>NEXT CROP	Area under crop? LIMA.....1 ACRE.....2 HECTARE.....3	How many kg bags of did all the members of the household harvest?
Cotton (Kgs)	<input type="checkbox"/>	<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"/>
Tobacco (Kgs)	<input type="checkbox"/>	<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"/>
Sunflower	<input type="checkbox"/>	<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"/>
Paprika	<input type="checkbox"/>	<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"/>
Flowers (Horticulture)	<input type="checkbox"/>	<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"/>
LIVESTOCK OWNERSHIP		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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>	

SECTION 11: 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

	12	13	14	15	16
CROP PRODUCTION	Did you use /pay..... during the last agriculture season ? YES.....1 NO.....2>> Next Item	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..... obtainable at any time during the year when needed? YES SOMETIMES.....1 YES ALL THE TIME.....2 >> NEXT ITEM 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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Crop storage facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Transport 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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 11: AGRICULTURAL PRODUCTION (Cont'd)					
	17	18	19	20	21
LIVESTOCK PRODUCTION	Did you use during the last agriculture season? YES.....1 NO.....2>> Next Item	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="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Veterinary services including vaccination and medicine	<input type="checkbox"/>	<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="checkbox"/>	<input type="checkbox"/>
C. Paid Labour for herding	<input type="checkbox"/>	<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="checkbox"/>	<input type="checkbox"/>
D. Maintenance of pens, stables	<input type="checkbox"/>	<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="checkbox"/>	<input type="checkbox"/>
E. Transports of animal feed	<input type="checkbox"/>	<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="checkbox"/>	<input type="checkbox"/>
F. Commission on sale of animals	<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"/>		
G. Compensation for damage caused by animals	<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"/>		
H. Other Livestock costs	<input type="checkbox"/>	<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="checkbox"/>	<input type="checkbox"/>
I. Hired Labour	<input type="checkbox"/>	<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="checkbox"/>	<input type="checkbox"/>
FISH PRODUCTION					
A. Fuel	<input type="checkbox"/>	<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="checkbox"/>	<input type="checkbox"/>
B. Hired Labour	<input type="checkbox"/>	<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="checkbox"/>	<input type="checkbox"/>
C. Spare Parts	<input type="checkbox"/>	<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="checkbox"/>	<input type="checkbox"/>
D. Repairs and Maintenance	<input type="checkbox"/>	<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="checkbox"/>	<input type="checkbox"/>
E. Mining of Equipments	<input type="checkbox"/>	<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="checkbox"/>	<input type="checkbox"/>
F. Other Inputs	<input type="checkbox"/>	<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="checkbox"/>	<input type="checkbox"/>

SECTION 12: HOUSEHOLD EXPENDITURE

INTRODUCTION: I would now like to find out how much money this household spends on different items, as well as how much food is consumed.

No. 1	How much was spent on the following during the first, second and third school terms this year (2004)	[GIVE AMOUNT IN KWACHA , IF NONE ENTER ZEROS]																							
		TERM 1 (ONE)								TERM 2 (TWO)								TERM 3 (THREE)							
	- School fees including examination fees..	<input type="text"/>								<input type="text"/>								<input type="text"/>							
	- School uniforms including shoes, socks, ties, etc...	<input type="text"/>								<input type="text"/>								<input type="text"/>							
	- Contributions to school / PTA.....	<input type="text"/>								<input type="text"/>								<input type="text"/>							
	- Private tuition.....	<input type="text"/>								<input type="text"/>								<input type="text"/>							
	- Books and stationery.....	<input type="text"/>								<input type="text"/>								<input type="text"/>							
	- Other school expenses.....	<input type="text"/>								<input type="text"/>								<input type="text"/>							
2	How much was spent on the following during the?	[AMOUNT IN KWACHA] last one month								[AMOUNT IN KWACHA] last 12 months															
	- Medicines	<input type="text"/>								<input type="text"/>															
	- Fees to Doctor / Health Assistant / Midwife / Nurse / Dentist, etc.	<input type="text"/>								<input type="text"/>															
	- Fees to Traditional healer	<input type="text"/>								<input type="text"/>															
	- Payments to hospital / health centre / surgery	<input type="text"/>								<input type="text"/>															
	- Pre-payment scheme	<input type="text"/>								<input type="text"/>															
CLOTHING AND FOOTWEAR																									
3	How much was spent during the on the following, excluding school uniform?	[AMOUNT IN KWACHA] last one month								[AMOUNT IN KWACHA] last 12 months															
	- Chitenges	<input type="text"/>								<input type="text"/>															
	- Clothing	<input type="text"/>								<input type="text"/>															
	- Fabric/material	<input type="text"/>								<input type="text"/>															
	- Tailoring charges	<input type="text"/>								<input type="text"/>															
	- Footwear (shoes, sandals, slippers, patapata, sofias, etc)	<input type="text"/>								<input type="text"/>															

SECTION 12: HOUSEHOLD EXPENDITURE (CONT'D)

4.	How much was spent on the following housing expenses during the?	[AMOUNT IN KWACHA] last one month	[AMOUNT IN KWACHA] last 12 months
 Rent.....	<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"/>
 Water.....	<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"/>
 Electricity.....	<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"/>
 Candles.....	<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"/>
 Paraffin.....	<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"/>
 Diesel (for lighting and cooking only).....	<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"/>
 Charcoal.....	<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"/>
 Firewood.....	<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"/>
 Home repairs (plumbing, painting, etc).....	<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"/>
 Telephone bill/talktime.....	<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"/>
 Cable/pay TV (DSTV, CASAT, MNET, SATELITE, ZNBC) etc.	<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 <u>own produced</u> charcoal did you consume during the?	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"/> <input type="text"/> <input type="text"/>	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"/> <input type="text"/> <input type="text"/>
6.	How much was spent on cash remittances during the?	<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"/>
7.	How much of this money was sent to urban areas, rural areas, or outside Zambia? URBAN RURAL OUTSIDE ZAMBIA	<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"/> <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"/> <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"/>
8.	What is the cash value of remittances paid in-kind during the?	<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"/>
9.	How much of remittances were paid in kind to urban areas, rural areas or outside Zambia? URBAN RURAL OUTSIDE ZAMBIA	<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"/> <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"/> <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"/>
10.	During the, how much was spent on public transport : .. To and from work	last one month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	last 12 months <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	. To and from school including boarding school and abroad	<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"/>

	Other transport expenses (to church, to visit, etc)	<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"/>
11.	And how much was spent on personal transport during the?	[AMOUNT IN KWACHA] last one month	[AMOUNT IN KWACHA] last 12 months
 Petrol/diesel/oil.....	<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"/>
 Vehicle maintenance and repairs.....	<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"/>
 Motorbike repairs (tyres, tubes, oil, etc).....	<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"/>
 Bicycle repairs (tyres, tubes, solution, etc).....	<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"/>
 Boat / canoe repairs.....	<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"/>
12.	How much was spent on the following personal services during the?	[AMOUNT IN KWACHA] last one month	[AMOUNT IN KWACHA] last 12 months
	- Toiletries (Wash soap, bath soap, toothpaste, tissues, shampoos, vaseline, sanitary towels, cotton wool, etc.)	<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"/>
	- Cosmetics (lotions, complexion creams, make-up, glycerine, etc).....	<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"/>
	- Hair dressing (Perming, shampooing, conditioning, braiding, hair cuts, etc).....	<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"/>
	- Laundry service (Dry cleaning, etc).....	<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"/>
	- Entertainment, excluding drinking alcohol only (Cinema, video hire, disco, watching soccer, etc).....	<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"/>
	- Domestic servants.....	<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"/>
	- Cobra / polish, brooms, mutton cloths, cleaning agents e.g. Ajax, floor cleaners, dishwashing soap, etc.....	<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"/>
	- Batteries for radio, torches, watches, etc.....	<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"/>
	- Stamps, parcel post, envelopes, writing pads, etc.....	<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"/>
Now I would like to find out about how much this household spent on food and how much was consumed			
13.	How much was spent on the following items during the?	[AMOUNT IN KWACHA] last one month	[AMOUNT IN KWACHA] food expenditure in a month
	- Breakfast mealie meal.....	<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"/>
	- Roller mealie meal.....	<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"/>
	- Hammermilled meal.....	<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"/>
	- Maize grain.....	<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"/>
	- Grinding expenses.....	<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"/>

THE REST OF THE INFORMATION ON FOOD CONSUMPTION REFERS TO THE LAST 2 WEEKS. PLEASE MAKE SURE THIS IS CLEAR TO THE RESPONDENT.				
14.	How much was spent on, consumed from own produce or received on the following food items during the last 2 weeks?	CASH PURCHASES (AMOUNT IN KWACHA)	OWN – PRODUCE CONSUMED	RECEIVED (GIFTS, FOOD FOR WORK, RELIEF FOOD, ETC)
	- Maize grain		UNIT _____ QUANTITY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	UNIT _____ QTY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Last 2 weeks - Cassava Last 1 month	K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	UNIT _____ QTY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	UNIT _____ QTY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Last 2 weeks - Millet Last 1 month	K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	UNIT _____ QTY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	UNIT _____ QTY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Last 2 weeks - Sorghum Last 1 month	K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	UNIT _____ QTY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	UNIT _____ QTY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Last 2 weeks - Rice Last 1 month	K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	UNIT _____ QTY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	UNIT _____ QTY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Last 2 weeks - Sweet potatoes Last 1 month	K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	UNIT _____ QTY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	UNIT _____ QTY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Last 2 weeks - Irish potatoes Last 1 month	K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	UNIT _____ QTY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	UNIT _____ QTY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

	Last 2 weeks - Groundnuts last 1 month	K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													UNIT _____ QTY <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table> K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										UNIT _____ QTY <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table> K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									
	Last 2 weeks -Kapenta (dried / fresh) Last 1 month	K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													UNIT _____ QTY <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table> K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										UNIT _____ QTY <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table> K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									
	Last 2 weeks - Fish (dried / fresh) Last 1 month	K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													UNIT _____ QTY <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table> K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										UNIT _____ QTY <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table> K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									
	Last 2 weeks - Cow meat (dried / fresh) Last 1 month	K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													UNIT _____ QTY <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table> K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										UNIT _____ QTY <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table> K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									
	Last 2 weeks - Goat meat (dried / fresh) Last 1 month	K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													UNIT _____ QTY <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table> K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										UNIT _____ QTY <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table> K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									
	Last 2 weeks - Sheep meat (dried / fresh) Last 1 month	K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													UNIT _____ QTY <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table> K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										UNIT _____ QTY <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table> K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									
	Last 2 weeks - Pig meat (dried / fresh) Last 1 month	K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													UNIT _____ QTY <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table> K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										UNIT _____ QTY <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table> K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									
	Last 2 weeks - Game meat (dried / fresh) Last 1 month	K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													UNIT _____ QUANTITY <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table> K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										UNIT _____ QTY <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table> <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									

	Last 2 weeks - Chicken Last 1 month	K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	Last 2 weeks - Other poultry (Guinea fowl, turkey, ducks, geese, pigeons, rabbits) Last 1 month	K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	Last 2 weeks - Beans (Dried / fresh) Last 1 month	K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	UNIT _____ QUANTITY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	UNIT _____ QTY <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"/>
	Last 2 weeks - Tomatoes Last 1 month	K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	UNIT _____ QUANTITY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	UNIT _____ QTY <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"/>
	Last 2 weeks - Onions Last 1 month	K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	UNIT _____ QUANTITY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	UNIT _____ QTY <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"/>
	Last 2 weeks - Other vegetables [Rape, cabbage, pumpkin leaves, carrots, okra, impwa, cucumber, green beans, peas, etc.] Last 1 month	K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	Last 2 weeks - Bread / bread rolls / buns / fritters Last 1 month	K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	UNIT _____ QUANTITY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	UNIT _____ QTY <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"/>
	Last 2 weeks - Fruits [Oranges, bananas, pineapples, lemons, avocados, apples, pears, etc.] Last 1 month	K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

	Last 2 weeks - Eggs Last 1 month	K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	UNIT _____ QUANTITY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	UNIT _____ QTY <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"/>
	Last 2 weeks - Milk (fresh) Last 1 month	K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	UNIT _____ QUANTITY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	UNIT _____ QTY <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"/>
	Last 2 weeks - Milk [Powdered – excluding baby milk] Last 1 month	K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		UNIT _____ QTY <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"/>
	Last 2 weeks - Butter / Margarine / Cheese / Jam, etc. Last 1 month	K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	UNIT _____ QUANTITY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	UNIT _____ QTY <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"/>
	Last 2 weeks - Sugar Last 1 month	K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		UNIT _____ QTY <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"/>
	Last 2 weeks - Honey Last 1 month	K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	UNIT _____ QUANTITY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	UNIT _____ QTY <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"/>
	Last 2 weeks -Salt Last 1 month	K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	UNIT _____ QUANTITY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	UNIT _____ QTY <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"/>
	Last 2 weeks - Cooking oil Last 1 month	K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	UNIT _____ QUANTITY <input type="text"/> <input type="text"/> . <input type="text"/> K <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	UNIT _____ QTY <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"/>

	Last 2 weeks - Non alcoholic beverages (Juices, Soft drinks, Munkoyo, etc.) Last 1 month	K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													UNIT _____ QUANTITY <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table> K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										UNIT _____ QTY <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table> <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									
	Last 2 weeks - Tea / Coffee / Cocoa / Hot Chocolate / Milo, etc Last 1 month	K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													UNIT _____ QUANTITY <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table> K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										UNIT _____ QTY <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table> <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									
	Last 2 weeks - Alcoholic beverages Last 1 month	K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													UNIT _____ QUANTITY <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table> K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										UNIT _____ QTY <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table> <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									
	Last 2 weeks - Cigarettes / tobacco Last 1 month	K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													UNIT _____ QUANTITY <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table> K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										UNIT _____ QTY <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table> <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									
	Last 2 weeks - Baby foods (Cerelac / baby milk / etc.) Last 1 month	K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> K <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													<div style="background-color: #cccccc; height: 100px;"></div>	UNIT _____ QTY <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table> <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		

SECTION 13: DEVELOPMENTAL ISSUES AND SOCIAL FUND IMPACT				
NO.	QUESTION	IMPROVED	ECONOMIC FACILITY CODE	
1. Which social and economic facilities would you like provided or improved in this community including what directly affects your household? Please list them in order of importance		CHOICE 1.....	<input type="text"/> <input type="text"/>	
		CHOICE 2.....	<input type="text"/> <input type="text"/>	
		CHOICE 3.....	<input type="text"/> <input type="text"/>	
		CHOICE 4.....	<input type="text"/> <input type="text"/>	
		PROVIDED	ECONOMIC FACILITY CODE	
		CHOICE 1.....	<input type="text"/> <input type="text"/>	
		CHOICE 2.....	<input type="text"/> <input type="text"/>	
		CHOICE 3.....	<input type="text"/> <input type="text"/>	
		CHOICE 4.....	<input type="text"/> <input type="text"/>	
2. Have the following projects or changes occurred in your community in the last five (5) years? YES1 NO.....2 >> NEXT PROJECT/CHANGE N/A.....3 >> NEXT PROJECT/CHANGE Don't Know.....4 CODE	3. Was anybody in your household involved in deciding what was built/ rehabilitated? YES.....1 >> Q5 NO.....2	4. Why not? WAS NOT ASKED.....1 WAS NOT REQUIRED TO TAKE PART.....2 WAS NOT AWARE OF THE PROJECT.....3 BUSY/UNABLE TO ATTEND MEETING/S ON THE PROJECT.....4 JUST STAYED AWAY.....5 OTHER REASON (SPECIFY) BELOW.....6	5. To what extent has this activity/project improved the way you live? EXTREMELY.....1 MODERATELY.....2 LITTLE.....3 NONE.....4 >> Q7	
2.1. Building of school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2. Rehabilitation of school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3. Building of health facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4. Rehabilitation of health facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5. Building of new road (Tarred or gravel)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6. Grading of gravel road?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7. Tarring of road?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.8. Digging of well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.9. Sinking of borehole?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.10. Piping of water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 13: DEVELOPMENTAL ISSUES AND SOCIAL FUND IMPACT [Cont'd]

2. Have the following projects or changes occurred in your community in the last five (5) years? YES1 NO.....2 >> NEXT PROJECT/CHANGE N/A.....3 >> NEXT PROJECT/CHANGE Don't Know..4 CODE		3. Was anybody in your household involved in deciding what was built/rehabilitated? YES.....1 >> Q5 NO.....2	4. Why not? WAS NOT ASKED.....1 WAS NOT REQUIRED TO TAKE PART.....2 WAS NOT AWARE OF THE PROJECT.....3 BUSY/UNABLE TO ATTEND MEETING/S ON THE PROJECT.....4 JUST STAYED AWAY.....5 OTHER REASON (SPECIFY) BELOW.....6	5. To what extent has this activity/project improved the way you live? EXTREMELY.....1 MODERATELY.....2 LITTLE.....3 NONE.....4 >> Q7
2.11. Water supply rehabilitated or improved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.12. Provision of hammermill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.13. Transport service provided/improved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.14. Sanitation provided/improved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.15. Agricultural inputs provided on credit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.16. Buyers of agricultural produce available/increased?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.17. Consumer goods now available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.18. Credit facility now being provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.19. More employment opportunities available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.20. More people owning houses/housing more available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.21. Police services now available/improved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.22. Agriculture extension service available or improved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.23. Veterinary services now provided or improved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.24. Agricultural inputs now more readily available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.25. Radio reception provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.26. Radio facility improved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.27. Radios sets provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.28. Television reception provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.29. Television reception improved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.30. Television sets provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>SECTION 13: DEVELOPMENTAL ISSUES AND SOCIAL FUND IMPACT [Cont'd]</p>
--

Have the following projects or changes occurred in your community in the last five (5) years? YES1 NO.....2 >> NEXT PROJECT/CHANGE N/A.....3 >> NEXT PROJECT/CHANGE Don't Know...4 <div style="text-align: right;">CODE</div>		6. How has this activity/project improved the way you live? SAVED TIME.....1 COSTS REDUCED.....2 QUALITY OF THE SERVICE IMPROVED.....3 INCOME INCREASED....4 MORE COMMUNITY TOGETHERNESS.....5 REDUCED MY/OUR WORRIES.....6 INCREASED EMPLOYMENT.....7 NONE.....8	7. Did any member of your household participate in provision of materials, labour, management or funds to the project? YES, MATERIALS.....1 YES, LABOUR.....2 YES, MANAGEMENT.....3 YES, FUNDS.....4 YES, COMBINATION OF MORE THAN ONE OF THE ABOVE.....5 NO.....6	8. Who financed this project/activity? ZAMSIF.....1 MICRO PROJECT UNIT.....2 GOVERNMENT.....3 NGOs.....4 UNITED NATIONS.....5 SOME OTHER INSTITUTION (SPECIFY BELOW)6 AN INDIVIDUAL.....7 DON'T KNOW.....8
2.1. Building of school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2. Rehabilitation of school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3. Building of health facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4. Rehabilitation of health facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5. Building of new road (Tarred or gravel)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6. Grading of gravel road?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7. Tarring of road?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.8. Sinking of well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.9. Digging of borehole?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.10. Piping of water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.11. Water supply rehabilitated or improved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.12. Provision of hammermill/s?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.13. Transport service provided/improved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.14. Sanitation provided/improved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.15. Agricultural inputs provided on credit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.16. Buyers of agricultural produce available/increased?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.17. Consumer goods now available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 13: DEVELOPMENTAL ISSUES AND SOCIAL FUND IMPACT [Cont'd]

Have the following projects or changes occurred in your community in the last five (5) years? YES1 NO.....2 >> NEXT PROJECT/CHANGE N/A.....3 >> NEXT PROJECT/CHANGE Don't Know...4 <div style="text-align: right;">CODE</div>		6. How has this activity/ project improved the way you live? SAVED TIME.....1 COSTS REDUCED.....2 QUALITY OF THE SERVICE IMPROVED.....3 INCOME INCREASED....4 MORE COMMUNITY TOGETHERNESS.....5 REDUCED MY/OUR WORRIES.....6 INCREASED EMPLOYMENT.....7 NONE.....8	7. Did any member of your household participate in provision of materials, labour, management or funds to be project? YES, MATERIALS.....1 YES, LABOUR.....2 YES, MANAGEMENT.....3 YES, FUNDS.....4 YES, COMBINATION OF MORE THAN ONE OF THE ABOVE.....5 NO.....6	8. Who financed this project/ activity? ZAMSIF.....1 MICRO PROJECT UNIT.....2 GOVERNMENT.....3 NGOs.....4 UNITED NATIONS.....5 SOME OTHER INSTITUTION (SPECIFY BELOW)6 AN INDIVIDUAL.....7 DON'T KNOW.....8
2.18. Credit facility now being provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.19. More employment opportunities available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.20. More people owning houses/housing more available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.21. Police services now available/improved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.22. Agriculture extension service available or improved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.23. Veterinary services now provided or improved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.24. Agricultural inputs now more readily available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.25. Radio reception provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.26. Radio facility improved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.27. Radios sets provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.28. Television reception provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.29. Television reception improved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.30. Television sets provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 14: CHILD HEALTH AND NUTRITION (ANTHROPOMETRY)

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

1	2	3	4	5	6			
PID of child	PID for child's biological mother [FROM HHOLD ROSTER] IF THE BIOLOGICAL MOTHER IS NOT A MEMBER OF THE HOUSEHOLD ENTER 88]	Name of child [FROM THE HOUSEHOLD ROSTER]	Date of birth of child	Is..... being breastfed now?	In addition to breast milk is fed on any of the following?			
					6.1 Bottled milk [ANY OTHER MILK OTHER THAN BREAST MILK] YES....1 NO.....2>>Q7	6.2 Water YES....1 NO.....2	6.3 Other fluids YES....1 NO....2	6.4 Solids [e.g. custard, porridge, cereal, nshima, etc] YES..1 >>Q8 NO....2 >>Q8
<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 14: CHILD HEALTH AND NUTRITION (ANTHROPOMETRY)

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

	7	8	9	10				
PID OF CHILD	Has ever been breastfed?	At what age (in months) did you first give.... water or other fluids or food?	How many times is currently given solids foods in a day (nshima, rice, potatoes, porridge, cereal, custard, etc)?	[INDICATE SOURCE OF INFORMATION] INFORMATION OBTAINED FROM: UNDER FIVE CLINIC CARD.....1 RESPONDENT....2	Has..... received the following vaccination? [ASK THIS QUESTION FOR EACH VACCINE]			
[FROM HOUSE - HOLD ROSTER]	YES...1 NO...2>Q9	MONTHS [IF LESSTHAN ONE MONTH ENTER 00]	ONCE.....1 TWICE..... 2 THRICE.....3 FOUR TIMES.....4 FIVE TIMES.....5 MORE THAN FIVE TIMES.....6 NOT YET STARTED ON SOLIDS.....7		YES 1 NO 2			
					BCG	DPT	POLIO	MEASLES [FROM 9 MONTHS AND ABOVE]
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<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 14: CHILD HEALTH AND NUTRITION (ANTHROPOMETRY)
[TO BE COMPLETED FOR CHILDREN AGED 0 MONTHS TO 59 MONTHS]

[Cont'd]

11					12			
PID OF CHILD [FROM HOUSE - HOLD ROSTER]	How many times has..... received the following vaccinations?				State the reasons why Did not receive the vaccine.			
	NUMBER OF TIMES RECEIVED VACCINATIONS [FOR THOSE WHO HAVE RECEIVED ALL VACCINES SKIP TO QUESTION 13]				Health centre to far 1 Too young.....2 Don't know about vaccination.....3 No vaccines at health centre.....4 Other specify.....5			
	BCG	DPT	POLIO	MEASLES [FROM 9 MONTHS AND ABOVE]	BCG	DPT	POLIO	MEASLES [FROM 9 MONTHS AND ABOVE]
	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/>	<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 14: CHILD HEALTH AND NUTRITION
[TO BE COMPLETED FOR CHILDREN AGED 0 MONTHS TO 59 MONTHS]

[Cont'd]

	13	14
PID OF CHILD [FROM HOUSEHOLD ROSTER]	IS THE BCG SCAR PRESENT ON THE CHILD'S ARM? YES.....1 NO.....2	WEIGHT OF THE CHILD [FOR CHILDREN AGED 3 – 59 MONTHS]
<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> KG
<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> KG
<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> KG
<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> KG
<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> KG
<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> KG
<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> KG
<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> KG
<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> KG
<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> KG
<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> KG

SECTION 14: CHILD HEALTH AND NUTRITION

[TO BE COMPLETED FOR CHILDREN AGED 0 MONTHS 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 WITHOUT SHOES]	[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"/> CENTIMETRES	<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"/> <input type="text"/> <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"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CENTIMETRES	<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"/> <input type="text"/> <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"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CENTIMETRES	<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"/> <input type="text"/> <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"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CENTIMETRES	<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"/> <input type="text"/> <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"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CENTIMETRES	<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"/> <input type="text"/> <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"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CENTIMETRES	<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"/> <input type="text"/> <input type="text"/>	<input type="text"/>

SECTION 15: DEATHS IN THE HOUSEHOLD

1. Have there been any deaths in the household (of usual members) in the last 12 months?

1 YES

2 NO >> END OF INTERVIEW

☐

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

NUMBER OF DEATHS

3. How old was/were the deceased and what was/were their sex?

[RECORD AGE IN COMPLETED YEARS]

[RECORD 00 IF LESS THAN 1 YEAR]

[RECORD 98 AND 8 IN BOXES WITHOUT RESPONSES
FOR AGE AND SEX]

SEX

MALE.....1

FEMALE....2

AGE

SEX

DECEASED 1

☐

DECEASED 2

☐

DECEASED 3

☐

DECEASED 4

☐

DECEASED 5

☐

DECEASED 6

☐

4. What was the main cause of death?

DECEASED 1

DECEASED 2

DECEASED 3

DECEASED 4

DECEASED 5

DECEASED 6

LIST OF CAUSES OF DEATH

FEVER/MALARIA.....01	STROKE.....20
COUGH/COLD/CHEST INFECTION.....02	HYPERTENSION.....21
TUBERCULOSIS.....03	DIABETES/SUGAR DISEASE.....22
ASTHMA.....04	EYE INFECTION.....23
BRONCHITIS.....05	EAR INFECTION.....24
PNEUMONIA/CHEST PAIN.....06	TOOTHACHE/MOUTH
DIARRHOEA WITHOUT BLOOD.....07	INFECTION.....25
DIARRHOEA WITH BLOOD.....08	HEADACHE.....26
DIARRHOEA AND VOMITTING.....09	MEASLES.....27
VOMITTING.....10	JAUNDICE/YELLOWNESS.....28
ABDOMINAL PAINS.....11	OTHER (SPECIFY).....29
CONSTIPATION/STOMACH UPSET.....12	
LIVER INFECTION/SIDE PAIN.....13	
LACK OF BLOOD/ANEAMIA.....14	
BOILS.....15	
SKIN RASH/SKIN INFECTION.....16	
PILES/HAEMORROIDS.....17	
SHINGLES/HERPES ZOSTER.....18	
PARALYSIS OF ANY KIND.....19	

THE END OF INTERVIEW