



MALAWI GOVERNMENT  
NATIONAL STATISTICAL OFFICE, ZOMBA

**2011 Welfare Monitoring Survey**

**HOUSEHOLD FORM**

CONFIDENTIAL

CLUSTER	HOUSEHOLD	QUESTIONNAIRE NUMBER	CONFIDENTIAL REFERENCE NUMBER

**Important information for the interviewer:**

Create a reference number by combining the cluster, household and questionnaire numbers. Write this number  
NOW on the top of all pages.

**A – Interview Information**

	NAME	NUMBER
A1. Interviewer's name & Number		
A2. Supervisor's name & Number		
A3. Head of household		
A4. District name/District code		
A5. TA / Village / Town		
A6. Day/Month/Year of Interview		
A7. Respondent Name & Number to HH Form		
A8. Total No. of HH members		
A9. Women (aged 12-49) for interview		
A10. Number of children 12 to 18 for interview		
A11. Number of children < 5 for interview		
A12. Number of children aged 3 to 5		
A13. Latitude (5 decimal degrees)	S .	
A14. Longitude (5 decimal degrees)	E .	
A15. Elevation (metres)		
A16. (Interviewer) Hard to reach area or not		<input type="checkbox"/> <input type="checkbox"/>

1 Yes  
2 No

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Characteristics of Household members										
Member number	1	2	3	4	5	6	7	8	9	10
Make a complete list of all individuals who normally live and eat together in this household. Starting with the head of household. If more than 10 members, use an additional questionnaire.										

**B1 What is [Name's] relationship to head of household?**

1 Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Daughter/son	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Step daughter/son	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Son/daughter in law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Sister/brother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Sister/brother in-laws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Parent-in-law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Niece/nephew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Other relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Non relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Domestic worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Guardianship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Foster (formal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Foster (informal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Adopted (formal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Adopted (informal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**B2 Is [NAME] male or female?**

1 Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B3 Does (name) usually live in this household?**

1 Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B4 In what month and year was name born?**

MM	YY	MM	YY	MM	YY	MM	YY	MM	YY	MM	YY	MM	YY	MM	YY	MM	YY	MM	YY

**B5 How old was name [NAME] at his/her last birthday?**

Completed years															
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Member number	1	2	3	4	5	6	7	8	9	10
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**B5a** Does [Name] have difficulty or problems in the following (MULTIPLE RESPONSE, READ OUT)

1 Seeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Walking/climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Other	<input type="checkbox"/>	<input type="checkbox"/>	<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>B6</b> 6 None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B5b** If yes what are the causes

1 Congenital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Disease/illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Injury/accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Not known	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TO PERSONS 12 YEARS AND ABOVE: OTHERS GO TO B8

**B6** What is [Name's] marital status?

<b>B8</b> 1 Never married	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Married – monogamy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Married – polygamy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Widowed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Separated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Divorced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**B7** When did [Name] first get married?

MM	YY	MM	YY	MM	YY	MM	YY	MM	YY	MM	YY	MM	YY	MM	YY	MM	YY	MM	YY
Month and Year																			

TO PERSONS 20 YEARS AND BELOW. OTHERS GO TO C

**B8** Is [Name]'s father still alive?

1 Yes	<input type="checkbox"/>	<input type="checkbox"/>	<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>B10</b> 2 No	<input type="checkbox"/>	<input type="checkbox"/>	<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>B10</b> 3 Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B9** Does [Name]'s father live in the household?

1 Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B10** Is [Name]'s mother still alive?

1 Yes	<input type="checkbox"/>	<input type="checkbox"/>	<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>C1</b> 2 No	<input type="checkbox"/>	<input type="checkbox"/>	<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>C1</b> 3 Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B11** Does [Name]'s mother live in the household?

1 Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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C Education										
Member number	1	2	3	4	5	6	7	8	9	10

## FOR PERSONS 5YEARS OLD AND ABOVE

C1 *Can [Name] read and write a simple sentence in any language?*

- 1 Yes ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
- 2 No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

C2 *Has [Name] ever attended school?*

- 1 Yes ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
- D1 ← 2 No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

C3 *What is the highest level of education [Name] completed?*

Code list from manual

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C4 *What is the highest educational qualification [Name] has attained/acquired?*

Code list from manual

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C5 *Did [Name] attend school last school year?*

- 1 Yes ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
- C7 ← 2 No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

C6 *What grade did [Name] attend last school year?*

Code list from manual

--	--	--	--	--	--	--	--	--	--	--

C7 *Is [Name] currently attending school?*

- 1 Yes ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
- C11 ← 2 No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

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C8 *What is the current grade of education [Name] is attending?*

Code list from manual

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C9 *Who runs the school [NAME] is attending?*

1 Government

2 Religious Institution

3 Private

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C10 *Did [NAME] participate in a school-feeding program during the last 12 months?*

DI ← 1 Yes

DI ← 2 No

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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C Education continued										
Member number	1	2	3	4	5	6	7	8	9	10

## FOR PERSONS 5YEARS OLD AND ABOVE

## C11 Why is [Name] not currently attending school? (Multiple response)

1 Completed school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Is working (job/home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Too old/young	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Too far away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Too expensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Useless/no benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Uninteresting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Failed exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Got married/pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Lack of food in household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C11b← 12 Felt unsafe / afraid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Other reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## C11b C11b If afraid or felt unsafe, what were the specific reasons (Multiple Response)

1. Threatened or hit by other children on way to or from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Threatened or hit by adults on way to or from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Gangs on my way to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Other students at school regularly make fun of him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Other students at school regularly threaten him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I was afraid that a student at school would hit him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Called names (stupid or lazy ) by a teacher at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Threatened by a teacher at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Afraid that a teacher at school would hit him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Gangs in school or near the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Other students at school make sexual comments about him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Other students at school try to make me do sexual things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Teacher at school made sexual comments about him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Teacher at school tried to made sexual advances / abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. No capacity to accommodate children with disabilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. No specialized classes or programmes for children with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Stigma and discrimination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>D - Employment</b>										
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<b>FOR PERSONS 5 YEARS OLD AND ABOVE</b>										
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Member number	1	2	3	4	5	6	7	8	9	10
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D1 *Aside from housework, did [Name] do any work during the last 7 days?*

D5 1 Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D2 *Was [Name] absent from work during the last 7 days?*

D5 1 Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D3 *What was the main reason for [Name] did not work the last 7 days?*

1 No work available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Seasonal inactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Household/family duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Too old/too young	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Ill/ disabled/ unable to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Other reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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D4 *Has [Name] been seeking work in the last 4 weeks?*

D9 1 Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D9 2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D5 *How many jobs did [Name] have the last 7 days?*

Number of jobs	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
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*The next questions will be about the main job*

D6 *For whom did [Name] work in the main job?*

1 Private Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Family / individual business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Parastatal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Public/Government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Missions/NGO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Self employed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Mlimi (Subsistence farming)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Estate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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D - Employment Continued										
FOR PERSONS 5 YEARS OLD AND ABOVE										
Member number	1	2	3	4	5	6	7	8	9	10

**D7 What is the main activity at the place [Name] work?**

1 Agriculture, forestry, fishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Mining and quarrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Manufacturing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Electric, water/other utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Wholesale/retail marketing,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Hotel/restaurants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Transport and communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Finance and business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Social and community services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D8 How was [Name] paid in the main job?**

1 Mlimi (subsistence farming)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Wages, salary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Payment in kind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Casual (hourly/daily)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Unpaid family business worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Self-employed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Tenant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**D9 Did [Name] participate in any of the following activities during the last 12 months (MULTIPLE RESPONSE, READ OUT)?**

1. Fetching firewood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Fetching Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Caring for the sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Land Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Planting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Weeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Harvesting, grading, curing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Marketing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Livestock caring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Crop protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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E - Household – Housing characteristics	
<p>E1 <b>Does the head or any household member own the main dwelling unit?</b></p> <p>1 Owns the dwelling <input type="checkbox"/></p> <p>2 Rents the dwelling <input type="checkbox"/></p> <p>3 Uses the dwelling without paying rent <input type="checkbox"/></p> <p>4 Other <input type="checkbox"/></p>	<p>E6 <b>What is your <u>main</u> source of fuel used for cooking?</b></p> <p>1 Electricity <input type="checkbox"/></p> <p>2 Solar energy <input type="checkbox"/></p> <p>3 Gas <input type="checkbox"/></p> <p>4 Paraffin <input type="checkbox"/></p> <p>5 Charcoal <input type="checkbox"/></p> <p>6 Firewood <input type="checkbox"/></p> <p>7 Straw/Crop residue/saw dust <input type="checkbox"/></p> <p>8 Animal waste <input type="checkbox"/></p> <p>9 Other <input type="checkbox"/></p>
<p>E2 <b>How many rooms do the dwelling units have (include the sitting room)?</b> (Do not count bathrooms, toilets, storerooms or garage)</p> <p>Number of rooms <div></div></p>	<p>E7 <b>What is your <u>main</u> source of fuel used for lighting?</b></p> <p>1 Electricity <input type="checkbox"/></p> <p>2 Solar energy <input type="checkbox"/></p> <p>3 Gas <input type="checkbox"/></p> <p>4 Paraffin <input type="checkbox"/></p> <p>5 Candles <input type="checkbox"/></p> <p>6 Battery lamps/Torch <input type="checkbox"/></p> <p>7 Firewood <input type="checkbox"/></p> <p>8 Grass <input type="checkbox"/></p> <p>9 Other <input type="checkbox"/></p>
<p>E3 <b>What is the <u>main</u> material for the <u>roof</u> of the main dwelling unit?</b></p> <p>1 Grass <input type="checkbox"/></p> <p>2 Iron sheets <input type="checkbox"/></p> <p>3 Clay tiles <input type="checkbox"/></p> <p>4 Concrete <input type="checkbox"/></p> <p>5 Plastic sheeting <input type="checkbox"/></p> <p>6 Other <input type="checkbox"/></p>	<p>E8 <b>Are national electricity grid lines / power available in your community?</b></p> <p>1 Yes <input type="checkbox"/></p> <p>2 No <input type="checkbox"/></p>
<p>E4 <b>What is the <u>main</u> material for the <u>floor</u> of the main dwelling unit?</b></p> <p>1 Sand <input type="checkbox"/></p> <p>2 Smoothed mud <input type="checkbox"/></p> <p>3 Smooth cement <input type="checkbox"/></p> <p>4 Wood <input type="checkbox"/></p> <p>5 Tile <input type="checkbox"/></p> <p>6 Other <input type="checkbox"/></p>	<p>E9 <b>Are some households in your community connected or using national electricity?</b></p> <p>1 Yes <input type="checkbox"/></p> <p>2 No <input type="checkbox"/></p>
<p>E5 <b>What is the <u>main</u> material used for the <u>wall</u> of the main dwelling unit?</b></p> <p>1 Grass <input type="checkbox"/></p> <p>2 Mud <input type="checkbox"/></p> <p>3 Compacted earth <input type="checkbox"/></p> <p>4 Mud bricks <input type="checkbox"/></p> <p>5 Burnt bricks <input type="checkbox"/></p> <p>6 Concrete <input type="checkbox"/></p> <p>7 Wood <input type="checkbox"/></p> <p>8 Iron sheets <input type="checkbox"/></p> <p>9 Other <input type="checkbox"/></p>	



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**F - Access to Facilities**
**F1 Does your household or any of the household members own any of the following items, in working condition?**
**Yes No**

1 Watch/Clock

☐☐

2 Bed

☐☐

3 Table

☐☐

4 Chair

☐☐

5 Hoe

☐☐

6 Iron

☐☐

7 Refrigerator

☐☐

8 TV

☐☐

9 Axe

☐☐

10 Sickle

☐☐

11 Sewing machine

☐☐

12 Oxcart

☐☐

13 Bicycle

☐☐

14 Bank account

☐☐

15 Satellite dish

☐☐

16 Treadle pump

☐☐

17 Modern stove

☐☐

18 Car

☐☐

19 Motorcycle

☐☐

20 Tape recorder / DVD / VCR player

☐☐

21 Fan

☐☐
**F2 ← 22 Radio**
☐☐
**F2 How many radios does the household have?**

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**F3 Is this household connected to a fixed telephone line?**

1 Yes

☐

2 No

☐
**F4 How many minutes does it take to walk from here to reach the nearest...(ONE WAY)  
(READ OUT, MULTIPLE RESPONSE)**

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DK

0-14 15-29 30-44 45-59 60+

1 Supply of drinking water

☐☐☐☐☐

2 Food market

☐☐☐☐☐

3 Public transportation

☐☐☐☐☐

4 "All season" road

☐☐☐☐☐

5 Primary school

☐☐☐☐☐

6 Secondary school

☐☐☐☐☐

7 Health clinic or hospital

☐☐☐☐☐

8 Comm. based child care centre

☐☐☐☐☐☐

9 Children Corners

☐☐☐☐☐☐
**F5 Is there a public pay phone that you can use in your community?**

1 Yes

☐

2 No

☐

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W - Water, Sanitation and Hygiene	
<b>W1</b> What is the <u>main</u> source of drinking 1 Piped water into dwelling, plot or yard 2 Public tap/stand pipe 3 Tube well/borehole 4 Protected dug well 5 Protected spring 6 Rainwater collection 7 Unprotected dug well 8 Unprotected spring 9 Cart with small tank/drum 10 Tanker/ truck 11 Surface water (river, dam, lake, pond, stream, canal, irrigation channel) 12 Bottled water	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
<b>W2</b> Do you use the same source for other domestic activities such as cleaning e.t.c 1 Yes 2 No	<div></div> <div></div>
<b>W3</b> If no, what is the <u>main</u> source of water used by members of your household for other domestic purposes? 1 Piped water into dwelling, plot or yard 2 Public tap/stand pipe 3 Tube well/borehole 4 Protected dug well 5 Protected spring 6 Rainwater collection 7 Unprotected dug well 8 Unprotected spring 9 Cart with small tank/drum 10 Tanker truck 11 Surface water (river, dam, lake, pond, stream, canal, irrigation channel) 12 Bottled water	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
<b>W4</b> Are there any problems with that main drinking water source? 1 Yes 2 No	<div></div> <div></div>
<b>W4b</b> What are the problems? 1.Taste is not good (salty, etc) 2.Frequent break downs 3.Intermittent supply 4.Low yield 5.Appears polluted 6.Toilet close to water source 7.Other (specify)	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
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<b>W5</b> On average, how long do you normally wait at the water point (drinking water)?	<div></div>
<b>W6</b> What distance do you travel to get water (drinking water) [METRES]?	<div></div>
<b>W7</b> Who usually go to draw drinking water? 1 Adult Woman 2 Adult Man 3 Female Child <15yrs 4 Male child <15yrs 5 All members	<div></div> <div></div> <div></div> <div></div> <div></div>
<b>W8</b> Do you treat your drinking water in any way? 1 Yes 2 No	<div></div> <div></div>
<b>W9</b> If yes, how do you treat your drinking water? 1 Boil 2 Add chlorine 3 Use water guard 4 Filtration 5 Other (specify)	<div></div> <div></div> <div></div> <div></div> <div></div>
<b>W10</b> How do you carry drinking water from the water point to the house? 1.Open pail/container 2.Covered pail/container 3.Bucket with cover 4.Zigubu 5.Other	<div></div> <div></div> <div></div> <div></div> <div></div>
<b>W10a</b> How do you use to store water? 1.Open pail/container 2.Covered pail/container 3.Bucket with cover(with/without tap) 4.Clay pots with/without cover 5.Drums 6.Other (specify)	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
<b>W10b</b> How do you serve drinking water? 1.One cup system 2.Two cup system 3.Draw from tap 4.Other(specify)	<div></div> <div></div> <div></div> <div></div>

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W - Water, Sanitation and Hygiene continued			
W11	Do you pay for your drinking water?	W18	Does it have visible signs of being used/not used? (OBSERVE)
	1 Yes <input type="checkbox"/>		Yes No
W13 ←	2 No <input type="checkbox"/>		1 Footsteps/pathway <input type="checkbox"/> <input type="checkbox"/>
			2 If composting, is there ash? <input type="checkbox"/> <input type="checkbox"/>
			3 Full pit <input type="checkbox"/> <input type="checkbox"/>
W12	If so, how much did you pay last month?	W19	If it is a latrine, Is it hygienic? [OBSERVE]
	<input type="text"/>		1 Yes (Clean) <input type="checkbox"/>
			2 No (e.g. Smells like urine, Visible faeces) <input type="checkbox"/>
W13	Does your waterpoint have a waterpoint committee?	W20	Do you share the toilet facility with other households?
	1 Yes <input type="checkbox"/>	+	1 Yes <input type="checkbox"/>
W16 ←	2 No <input type="checkbox"/>		2 No <input type="checkbox"/>
W14	Do you make a financial contribution to a waterpoint committee?	W21	When do you usually wash your hands? (Do not prompt answers) And how do you usually wash hands?
	1 Yes <input type="checkbox"/>		Water Water Water Other
	2 No <input type="checkbox"/>		& Soap & Ash
		GI ←	1 Don't wash hands <input type="checkbox"/>
			2 before going out <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			3 When coming home <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			4 Before preparing food <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			5 Before feeding a baby <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
W15	Is it trained?		6 Before eating <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	1 Yes <input type="checkbox"/>		7 After eating <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	2 No <input type="checkbox"/>		8 After visiting toilet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	3 Do not know <input type="checkbox"/>		9 After cleaning a babies bottom <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
W16	Do you have toilet facility for your household?	W22	What sort of hand washing facility do you usually use?
	1 Yes <input type="checkbox"/>		1 Tap <input type="checkbox"/>
W21 ←	2 No <input type="checkbox"/>		2 Homemade facility <input type="checkbox"/>
			3 Basin <input type="checkbox"/>
W16b	What kind of toilet facility does your household usually use?		4 Pour water over basin <input type="checkbox"/>
W20 ←	1 Flush to sewer <input type="checkbox"/>		5 Other (specify) <input type="checkbox"/>
W20 ←	2 Flush to septic tank <input type="checkbox"/>		
	3 Improved latrine <input type="checkbox"/>		
	4 VIP <input type="checkbox"/>		
	5 Eco-san <input type="checkbox"/>		
	6 Basic Latrine <input type="checkbox"/>		
	7 Other (specify) <input type="checkbox"/>		
W17	If it is a latrine, does it include the following features/standards?		
	1 Tight Fitting Lid <input type="checkbox"/>		
	2 Impermeable floor <input type="checkbox"/>		
	3 Safe disposal <input type="checkbox"/>		
	4 Offer privacy <input type="checkbox"/>		
	5 Safe condition (free from danger) <input type="checkbox"/>		
	6 30 m from water tap <input type="checkbox"/>		
	7 Pit full <input type="checkbox"/>		
	8 Other (specify) <input type="checkbox"/>		

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**G - Poverty predictors (Country specific module)**

G1 **Does someone in the household own a cellular telephone (cell phone) in working condition?**

- 1 Yes ☐  
2 No ☐

G2 **How many changes of cloths do you (head of household) own? (Record number of trousers for men or skirt/dresses for women)**

Number of changes

--

G3 **What do you (head of household) sleep under in the cold season?**

- 1 Blankets and sheets ☐  
2 Blanket only ☐  
3 Sheet only ☐  
4 Fertilizer or grain sack ☐  
5 Clothes ☐  
6 Nothing ☐  
7 Other ☐

G4 **Over the past three months did you or any member of the household purchase or pay for any of the following?**

- |                        | Yes                      | No                       |
|------------------------|--------------------------|--------------------------|
| 1 Men's trousers       | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Men's shirts         | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Men's jackets        | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Men's undergarment   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Men's other clothing | <input type="checkbox"/> | <input type="checkbox"/> |

G4b **Over the past three months did you or any member of the household purchase or pay for any of the following?**

- |                          | Yes                      | No                       |
|--------------------------|--------------------------|--------------------------|
| 1 Women's trousers       | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Women's shirts         | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Women's jackets        | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Women's undergarment   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Women's other clothing | <input type="checkbox"/> | <input type="checkbox"/> |

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G5 **Over the past three months did you or any member of the household purchase or pay for any of the Following?**

- |                | Yes                      | No                       |
|----------------|--------------------------|--------------------------|
| 1 Boy's shoes  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Men's shoes  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Girl's shoes | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Lady's shoes | <input type="checkbox"/> | <input type="checkbox"/> |

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G6 **Over the past one month did you or any member of the household purchase or pay for toothpaste or tooth brush**

- 1 Yes ☐  
2 No ☐

G7 **Over the past one month did you or any member of the household purchase or pay for bar soap (body**

- 1 Yes ☐  
2 No ☐

F9 ←

G8 **How much did you pay total for the bar soap?**

Currency with one decimal

--

G9 **Over the past 7 days, did you or any member of the household purchase or pay public transport, -bus fare, minibus fare, taxi fare?**

- 1 Yes ☐  
2 No ☐

G10 **Over the past 7 days, did you or any member of the household consume any of the following?**

- |                           | Yes                      | No                       |
|---------------------------|--------------------------|--------------------------|
| 1 Eggs                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Beef                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Goat                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Pork                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Chicken                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Other Poultry-fowls etc | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Rice                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Bread                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Cooking oil            | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Sugar                  | <input type="checkbox"/> | <input type="checkbox"/> |

G11 ←

G12 ←

G11 **How much did you or any member of the household spend in total on cooking oil (past 7 days)?**

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G12 **How much did you or any member of the Household spend in total on sugar (past 7 days)?**

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**H Food Security**

H1 **Did your household grow any staple food crops this season? (2010/2011)**

1 Yes

☐

H5 ← 2 No

☐

H2 **Do you still have some of this main staple food left?**

H2b ← 1 Yes

☐

2 No

☐

H2a **When did your household's staple food run out for this season (2010/2011)?**

Before July 11   Aug 2011   Sep 2011   Oct 2011   Nov 2011

H3 ← Any mentioned.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

H3 **Did you sell any of this main staple food this season?**

1 Yes

☐

H5 ← 2 No

☐

H4 **What was the main reason for selling?**

1 To repay loan/ farm expenses

☐

2 To pay for household needs

☐

3 Had surplus

☐

4 Other

☐

H5 **During the last 7 days how many main meals did the household take per day?**

One meal

☐

Two meals

☐

Three meals or more

☐

H2b **When do you expect your household's staple food to run out (2010/2011)?**

Aug 2011	Sep 2011	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Feb 2012	Mar 2012	Apr 2012	May 2012	June 2012	Jul 2012
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H6 **During the past 7 days, how often did your household eat the following food items? Read out (MULTIPLE RESPONSE)**

Almost daily (more than 3 times) (1)   Two or three times (2)   Once (3)   Never (4)

1 Cereals, Grains and Cereal products

☐☐☐☐

2 Roots, Tubers, and Plantains

☐☐☐☐

3 Nuts and Pulses

☐☐☐☐

4 Vegetables

☐☐☐☐

5 Meat, Fish and Animal products

☐☐☐☐

6 Fruits

☐☐☐☐

7 Milk/Milk products

☐☐☐☐

8 Fats/Oil

☐☐☐☐

9 Sugar/Sugar products

☐☐☐☐

10 Spices/Condiments

☐☐☐☐

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H7 **In the past 7 days what were the sources of food for the household? [MULTIPLE RESPONSE]**

H9 ← 1 Own produce

☐

2 Purchase from market

☐

3 Casual labour paid in food

☐

4 Wild food

☐

5 Gift

☐

6 Food for work

☐

7 Free food

☐

H9 ← 8 Winter/irrigated own food

☐

9 Barter of household assets

☐

10 Barter of livestock

☐

11 Other

☐

H9 **During the past 7 days did it happen that your household could not afford to eat what you normally eat (main meals)?**

1 Yes

☐

H13 ← 2 No

☐

H10 **For how many of the past 7 days did it happen that your household could not afford to eat what you normally eat (main meals)?**

1. 1 day

☐

2. 2 to 3 days

☐

3. 4 to 6 days

☐

H8 **During the past 7 days, what income sources did the household use to provide for the food consumed?**

1 Sale of own staple food crop

☐

2 Sale of own other food crops

☐

3 Sale of own cash crops

☐

4 Sale of own livestock/ fish/ milk

☐

5 Sale of firewood

☐

6 Ganyu

☐

7 Income from business work

☐

8 Income from paid job

☐

9 Remittances

☐

10 Sale of household assets

☐

11 Other

☐

H11 **How did your household cope? [MULTIPLE RESPONSE]**

1 Ate less of staple food

☐

2 Shifted to cheaper food

☐

3 Combined cheaper food /wild food

☐

4 Shifted to wild food

☐

5 Food for work

☐

6 Hand outs from Govt/NGO

☐

7 Hand outs from Religious organisations

☐

8 Cash for work

☐

9 Other

☐

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**H12 Which members of the household failed to eat the meal**

- 1 Children < 12 yrs ☐
- 2 Adult Males ☐
- 3 Adult Females ☐
- 4 All members ☐

**H13 How many of the following types of livestock does your households own? MULTIPLE RESPONSE**

Type	Yes	No	Number owned
1 Cattle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2 Goats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3 Sheep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4 Pigs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5 Poultry(chicken, ducks etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
6 Fish ponds	<input type="checkbox"/>	<input type="checkbox"/>	

**H14a Did you receive a voucher/ coupon for subsidized Fertilizer / seed during the 2010/2011 cropping season?**

	Fertilizer Only	Seed and Fertilizer	Seed Only
1 Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**H16 For each topic mentioned how did you receive this advice? MULTIPLE RESPONSE**

	1	2	3	4	5	6	7	8	9	10
1 Land husbandry/Farm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Animal husbandry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Crop husbandry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Woodlot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Agricultural credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Food storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Farmers clubs/committees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9Farmer training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Home economics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Codes for H16:**

**1:** Not received; **2:** Other farmers/friends; **3:** Community leaders; **4:** Traditional leader; **5:** Personal visit by an agricultural extension worker;

**6:** Farmers training course; **7:** Agricultural show (Yellow van, cinema/puppet show); **8:** Radio programme;

**9:** Za Achikumbi magazine/ Poster/leaflet; **10:** Other source.

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**H14b How did you use the coupon for subsidised fertiliser/seed?**

- 1 Bought fertilizer/seed ☐
- 2 Lost the vouchers ☐
- 3 Sold the vouchers ☐
- 4 Gave to family friends ☐
- 5 Other ☐

**H15 In this season (2010/2011) did you receive advice from agriculture extension services on the following? (If No for all options go to K1){READ OUT- MULTIPLE RESPONSE}**

	Yes	No
1 Land husbandry/Farm planning	<input type="checkbox"/>	<input type="checkbox"/>
2 Animal husbandry	<input type="checkbox"/>	<input type="checkbox"/>
3 Crop husbandry	<input type="checkbox"/>	<input type="checkbox"/>
4 Vegetables	<input type="checkbox"/>	<input type="checkbox"/>
5 Woodlot	<input type="checkbox"/>	<input type="checkbox"/>
6 Agricultural credit	<input type="checkbox"/>	<input type="checkbox"/>
7 Food storage	<input type="checkbox"/>	<input type="checkbox"/>
8 Farmers clubs/committees	<input type="checkbox"/>	<input type="checkbox"/>
9Farmer training	<input type="checkbox"/>	<input type="checkbox"/>
10 Home economics	<input type="checkbox"/>	<input type="checkbox"/>
11 Other	<input type="checkbox"/>	<input type="checkbox"/>

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### ATTITUDE AND BEHAVIOURS

**K1** *Do you think it is proper /justified to physically punish children in order to educate them on morals and proper behaviour?*

1. Yes

☐

2. No

☐

**K2** *In the last 12 months did any of your children experience any event in the following situations {READ OUT – MULTIPLE RESPONSE}*

1. As an Offender

Yes

☐

No

☐

2. As a Victims

☐
☐

3. As a Witness

☐
☐

4. Other

☐
☐

5. None

☐
☐

**K3** *Do you think it is proper for a husabnd to beat his wife on the following conditions (READ OUT*

1. Burn food

Yes

☐

No

☐

2. Have hot arguments

☐
☐

3. Child is neglected

☐
☐

4. Refusing sexual intercourse

☐
☐

5. Going out without telling friends

☐
☐

6. Other (specify)

☐
☐

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### L HIV/AIDS knowledge

**HIV/AIDS knowledge** (to be asked to a random person in the household. To select the person, look at the first name of the household members who are 12 and above. Arrange the first names in alphabetical order, and select the one whose first name starts with the letter earliest in the alphabet. If the first names of the over fifteens are Madalitso, Martha and Victoria, Madalitso is the person to be asked the questions in section L.)

**FOR SELECTED HOUSEHOLD MEMBER 12 YEARS AND ABOVE, SEE MANUAL**

Respondent's member number from household list

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**L1** *Can the risk of HIV transmission be reduced by having sex with only uninfected partner who has no other partner?*

1. Yes

☐

2. No

☐

**L2** *Can a person reduce the risk of getting HIV by using a condom every time they have sex?*

1. Yes

☐

2. No

☐

**L3** *Can a healthy looking person have HIV?*

1. Yes

☐

2. No

☐

**L4** *Can a person get HIV from mosquito bites?*

1. Yes

☐

2. No

☐

**L5** *Can a person get HIV by sharing food with someone who is infected?*

1. Yes

☐

2. No

☐

3. Don't know

☐

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**L HIV/AIDS knowledge Continued**

**L6** *Is it possible for someone in your community to get a confidential test to find out if they are infected with HIV/AIDS virus?*

2. No ☐  
 3. Don't know ☐

**L7** *Have you ever had an HIV test?*

1. Yes ☐  
 L11 ← 2. No ☐

**L8** *Have you had an HIV test during the last 12 months?*

1. Yes ☐  
 L11 ← 2. No ☐

**L9** *Where did you have the test?*

1. MACRO ☐  
 2. Government Hospital ☐  
 3. Mission Hospital ☐  
 4. Private Hospital/Clinic ☐  
 5. MSF ☐  
 6. Other ☐

**L10** *Did you get counselling when you went for the test?*

- M1 ← 1. Yes, before and after ☐  
 M1 ← 2. Yes, only before ☐  
 M1 ← 3. Yes, only after ☐  
 M1 ← 4. No ☐

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**L11** *What is the main reason for not having an HIV test?*

1. Not available ☐  
 2. Not interested ☐  
 3. Not at risk/No need ☐  
 4. Scared of outcome ☐  
 5. Results take too long ☐  
 6. Test centre too far ☐  
 7. No privacy ☐  
 8. Other reasons ☐

**M - Interview Completion Information**

**M1** *Result*

- Completed with selected household ☐  
 Incomplete ☐  
 Refusal ☐  
 Not found ☐  
 Too ill ☐

**M2** *Comments*

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