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MALAWI GOVERNMENT
NATIONAL STATISTICAL OFFICE, ZOMBA

2009 Welfare Monitoring Survey

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

A1. Interviewer's name

A2. Interviewer number

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A3. Head of household

A4. District code/District name

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A5. TA / Village / Town

A6. Date

A7. Respondent

Day	Month	Year

Member number

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B - Characteristics of the Household Members										
Member line 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 THE HOUSEHOLD. IF MORE THAN TEN MEMBERS, USE A NEW QUESTIONNAIRE	Head									

What is [NAME]'s relationship to the head of the household?

B1

Head	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son/Daughter	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
+ Brother/Sister	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other relative	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not related	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B2a Did any member of this household pass away during the past 12 months before the survey?

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

B2b How many persons passed away?

Number of persons, who passed away

B3 Is [NAME] male or female?

Male	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female	2	<input type="checkbox"/>	<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 How old was [NAME] at his/her last birthday?

Completed years

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TO PERSONS 12 YEARS AND ABOVE. OTHERS GO TO B6

B5 What is [NAME]'s marital status?

B6☐	Never married	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Married, monogamous	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Married, polygamous	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B6☐	Divorced	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Separated	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B6☐	Widowed	6	<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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TO PERSONS 20 YEARS AND BELOW. OTHERS GO TO B10

Member line number	1	2	3	4	5	6	7	8	9	10
B6 Is [NAME]'s father still alive?										
Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B8 ☞ No	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B7 Does [NAME]'s father live in the household?										
Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B8 Is [NAME]'s mother still alive?										
Yes	1	<input type="checkbox"/>	<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 ☞ No	2	<input type="checkbox"/>	<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 mother live in the household?										
Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	2	<input type="checkbox"/>	<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 Did [NAME] sleep under a bed net last night? <i>ASK ALL HOUSEHOLD MEMBERS</i>										
Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C1 ☞ No	2	<input type="checkbox"/>	<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 How many months ago was the net treated with chemicals (soaked or dipped)? (If has never been treated record 98 or less than 1 month record 00) <i>ALL MEMBERS</i>	No of 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"/>

[If the net was bought in the last 12 months then it was already treated mark on '12']

C - Health

During the past 2 weeks, has [NAME] suffered from an illness or an injury?

C1	Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4 ☞	No	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR THOSE SICK OR INJURED, OTHERS GO TO C4

C2 What kind of illness or injury did [NAME] suffer from? MULTIPLE RESPONSE

Fever/Malaria	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhoea	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental problem	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin condition	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ear, nose or throat	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	1	<input type="checkbox"/>	<input type="checkbox"/>	<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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Member line number	1	2	3	4	5	6	7	8	9	10
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C3 For how many days in the past 2 weeks did [NAME] have to stop his/her normal activities because of this illness?

IF MORE THAN ONE BOUT OF ILLNESS, ADD UP TOTAL NUMBER OF DAYS

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C4 Did [NAME] consult any health provider or traditional healer for any reason during the last 2 weeks?

C6 ☐ Yes 1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

No 2 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

C5 What type of health provider or traditional healer did [NAME] consult?

MULTIPLE RESPONSE

Government hospital	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Govt. health centre/disp.	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mission hospital	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mission health centres	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private hospital/clinic	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traditional healer	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy/shop	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile clinic	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C6 Why did [NAME] not use medical care? MULTIPLE RESPONSE

No need	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too expensive	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too far	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	1	<input type="checkbox"/>	<input type="checkbox"/>	<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 - Education

FOR ALL PERSONS AGED 5 YEARS AND ABOVE

D1 Can [NAME] read and write a simple sentence in any language?

Yes 1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

No 2 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

D2 Has [NAME] ever attended school?

Yes 1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

D12 ☐ No 2 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

D3 What is the highest level of education [NAME] completed?

Code list (MANUAL)

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

Member line number	1	2	3	4	5	6	7	8	9	10
D3 What is the highest level of education [NAME] completed?										
Code list (MANUAL)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D4 What is the highest educational qualification [NAME] has acquired?										
Code list (MANUAL)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D5 Did [NAME] attend school last school year?										
Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D7 ☞ No	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D6 What level did [NAME] attend last school year?										
Code list (MANUAL)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D7 Is [NAME] currently attending school?										
Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D12 ☞ No	2	<input type="checkbox"/>	<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 What is the current level of education [NAME] is attending?										
Code list (MANUAL)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D9 Who runs the school [NAME] is attending? READ OUT										
Government	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious Institution	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Institution	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Individual	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D10 Did [NAME] participate in a school-feeding program during the last 12 months?										
Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D11 Does [NAME] have any problems with the school? MULTIPLE RESPONSE										
No	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, lack of books/supplies	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, poor teaching	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, lack of teachers	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Yes, facilities in bad condition	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, other reasons	1	<input type="checkbox"/>	<input type="checkbox"/>	<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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Member line number	1	2	3	4	5	6	7	8	9	10
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FOR PERSONS AGED 25 YEARS AND BELOW

D12 Why is [NAME] not currently attending school? MULTIPLE RESPONSE

Completed school	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is working (job/home)	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too old/young	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too far away	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too expensive	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Useless/no benefit	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uninteresting	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illness	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Failed exam	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Got married/ pregnancy	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of food in household	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reasons	1	<input type="checkbox"/>	<input type="checkbox"/>	<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 - Employment

FOR PERSONS AGED 5 YEARS AND ABOVE

E1 Did [NAME] do any type of work during the last 7 days?

E5 ☞	Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E2 Was [NAME] absent from work during the last 7 days?

E5 ☞	Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E3 What was the main reason [NAME] did not work the last 7 days?

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

E4 Has [NAME] been looking for work and ready to work in the last 4 weeks?

E9 ☞	Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E9 ☞	No	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E5 How many jobs did [NAME] have in the last 7 days?

Number of jobs
+

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>

Member line number		1	2	3	4	5	6	7	8	9	10
The next questions will be about the main job											
E6	For whom did [NAME] work in the main job?										
	Private business	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Private individual	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Parastatal	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Public/Government	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mission/NGO	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Self employed	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mlimi	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Estate	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E7	What was the main activity at the place of [NAME]'s work?										
	Agriculture,forestry,fishing	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mining and quarrying	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Manufacturing	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Electricity, water, other utilities	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Construction	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
+	Wholesale & retail marketing, hotel/restaurants	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Transport and communication	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Finance and business	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Social and community services	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E8	How was [NAME] paid in the main job?										
	Mlimi – not paid										
		1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Wages, salary	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payment in kind	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Casual (hourly/daily), Ganyu	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Unpaid family bus worker	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Self-employed	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tenant	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E9	Did (NAME) participate in any of the following activities during the last 12 months										
	Fetching firewood	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fetching Water	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Caring for the sick	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Land Preparation	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Planting	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Weeding	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Harvesting, grading, curing	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Marketing	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Livestock caring	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crop protection	1	<input type="checkbox"/>	<input type="checkbox"/>	<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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F. Food Security

F1 Did your household grow any staple food crops this season? (2008/2009)

	Yes	1	<input type="checkbox"/>
F5	☿ No	2	<input type="checkbox"/>

F2 Do you still have some of this main staple food left?

F2b	☿ Yes	1	<input type="checkbox"/>
	No	2	<input type="checkbox"/>

F2a When did your household's staple food run out for this season (2008/09)?

Before July 09	Aug	Sep	Oct	Nov
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F2b When do you expect your household's staple food to run out (2008/09)?

Aug 2009	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Jul
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F3 Did you sell any of this main staple food this season?

	Yes	1	<input type="checkbox"/>
F5	☿ No	2	<input type="checkbox"/>

F4 What was the main reason for selling?

To repay loan/ farm expenses	1	<input type="checkbox"/>
To pay for household needs	2	<input type="checkbox"/>
Had surplus	3	<input type="checkbox"/>
Other	4	<input type="checkbox"/>

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F5 During the last 7 days how many main meals did the household take per day?

One meal	1	<input type="checkbox"/>
Two meals	2	<input type="checkbox"/>
Three meals or more	3	<input type="checkbox"/>

F6 During the past 7 days, how often did your household eat the following food items? Read out (MULTIPLE RESPONSE)

	Almost daily (1) (more than 3 times)	Two or three times (2)	Once (3)	Never (4)
Nuts and seeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beans & pulses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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F7 In the past 7 days what were the sources of food for the household? [MULTIPLE RESPONSE]

Own produce	1	<input type="checkbox"/>	
Purchase from market	1	<input type="checkbox"/>	
Casual labour paid in food	1	<input type="checkbox"/>	
Wild food	1	<input type="checkbox"/>	+
Gift	1	<input type="checkbox"/>	
Food for work	1	<input type="checkbox"/>	
Free food	1	<input type="checkbox"/>	
Winter/irrigated own food	1	<input type="checkbox"/>	
Other	1	<input type="checkbox"/>	

F8 During the past 7 days, what income sources did the household use to provide for the food consumed?

Sale of own staple food crop	1	<input type="checkbox"/>
Sale of own other food crops	1	<input type="checkbox"/>
Sale of own cash crops	1	<input type="checkbox"/>
Sale of own livestock/ fish/ milk	1	<input type="checkbox"/>
Sale of firewood	1	<input type="checkbox"/>
Ganyu	1	<input type="checkbox"/>
Income from business work	1	<input type="checkbox"/>
Income from paid job	1	<input type="checkbox"/>
Remittances [<i>received from relatives</i>]	1	<input type="checkbox"/>
Barter of household assets	1	<input type="checkbox"/>
Barter of livestock	1	<input type="checkbox"/>
Other	1	<input type="checkbox"/>

F9 During the past 7 days did it happen that your household could not afford to eat what you normally eat (main meals)?

F13 ☞ Yes 1 ☐
No 2 ☐

F10 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)?

Almost daily (more than 3 times)	1	<input type="checkbox"/>
Two or three times	2	<input type="checkbox"/>
Once	3	<input type="checkbox"/>

F11 How did your household cope? [MULTIPLE RESPONSE]

Ate less of staple food	1	<input type="checkbox"/>
Shifted to cheaper food	1	<input type="checkbox"/>
Combined cheaper food /wild food	1	<input type="checkbox"/>
Shifted to wild food	1	<input type="checkbox"/>
Food for work	1	<input type="checkbox"/>
Hand outs from Govt/NGO	1	<input type="checkbox"/>
Hand outs from Religious organisations	1	<input type="checkbox"/>
Cash for work	1	<input type="checkbox"/>

+ Other

1 ☐ +

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F12 Which members of the household failed to eat the meal?
[MULTIPLE RESPONSE]

Children < 12 yrs	1	<input type="checkbox"/>
Adult Males	1	<input type="checkbox"/>
Adult Females	1	<input type="checkbox"/>
All members	1	<input type="checkbox"/>

F13 How many of the following types of livestock do your households own?

Type	Don't own	Number owned
Cattle	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Goats	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sheep	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Pigs	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Chicken	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

F14 Did you receive a voucher/ coupon for subsidized fertilizer/seed during this cropping season (2008/2009)?

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

F15 In this season (2008/09) did you receive advice on the following?

	yes	no
Land husbandry/Farm planning	<input type="checkbox"/>	<input type="checkbox"/>
Animal husbandry	<input type="checkbox"/>	<input type="checkbox"/>
Crop husbandry	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables	<input type="checkbox"/>	<input type="checkbox"/>
Woodlot	<input type="checkbox"/>	<input type="checkbox"/>
Agricultural credit	<input type="checkbox"/>	<input type="checkbox"/>
Food storage	<input type="checkbox"/>	<input type="checkbox"/>
Agricultural shows	<input type="checkbox"/>	<input type="checkbox"/>
Farmers clubs/committees	<input type="checkbox"/>	<input type="checkbox"/>
Farmer training	<input type="checkbox"/>	<input type="checkbox"/>
Home economics	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

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F16 For each topic mentioned how did you receive this advice? MULTIPLE RESPONSE

	1	2	3	4	5	6	7	8	9	10
Land husbandry/Farm planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
Agricultural shows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Farmer 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"/>
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"/>
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"/>

Codes for F16:**1:** Not received; **2:** Other

farmers

/friends

3: Community

leaders

4: Traditional

leader;

5: 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.

F17 When were you last visited by an Extension worker?

- | | | | |
|-----------------------|---|--------------------------|---|
| Less than one year | 1 | <input type="checkbox"/> | |
| One to three years | 2 | <input type="checkbox"/> | |
| More than three years | 3 | <input type="checkbox"/> | + |
| Never | 4 | <input type="checkbox"/> | |

F18 In what way or ways did you receive advice from the Extension worker?

- | | | |
|---------------------------------------|---|--------------------------|
| Personal visit by extension worker | 1 | <input type="checkbox"/> |
| Meeting addressed by extension worker | 2 | <input type="checkbox"/> |
| Demonstration | 3 | <input type="checkbox"/> |
| Field visit | 4 | <input type="checkbox"/> |

G - Housing condition and amenities

G1 Does the household or a household member own the dwelling unit?

- | | | |
|-----------------------------------|---|--------------------------|
| Owns the dwelling | 1 | <input type="checkbox"/> |
| Rents the dwelling | 2 | <input type="checkbox"/> |
| Uses dwelling without paying rent | 3 | <input type="checkbox"/> |
| Other | 4 | <input type="checkbox"/> |

G2 How many separate rooms do the members of your household occupy?

Do not count bathrooms, toilets, storerooms, or garage

Number of rooms

+

+

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

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G3 Does your household or any of the household members own any of the following items, in working condition?

		Yes	No
Wrist/wall watch	1	<input type="checkbox"/>	<input type="checkbox"/>
Bed	2	<input type="checkbox"/>	<input type="checkbox"/>
Table	3	<input type="checkbox"/>	<input type="checkbox"/>
Chair	4	<input type="checkbox"/>	<input type="checkbox"/>
Hoe	5	<input type="checkbox"/>	<input type="checkbox"/>
Iron	6	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	7	<input type="checkbox"/>	<input type="checkbox"/>
TV	8	<input type="checkbox"/>	<input type="checkbox"/>
Axe	9	<input type="checkbox"/>	<input type="checkbox"/>
Sickle	10	<input type="checkbox"/>	<input type="checkbox"/>
Sewing machine	11	<input type="checkbox"/>	<input type="checkbox"/>
Oxcart	12	<input type="checkbox"/>	<input type="checkbox"/>
Bicycle	13	<input type="checkbox"/>	<input type="checkbox"/>
Bank account	14	<input type="checkbox"/>	<input type="checkbox"/>
Cell phone	15	<input type="checkbox"/>	<input type="checkbox"/>
Satellite dish	16	<input type="checkbox"/>	<input type="checkbox"/>
Treadle pump	17	<input type="checkbox"/>	<input type="checkbox"/>
Modern stove	18	<input type="checkbox"/>	<input type="checkbox"/>
Car	19	<input type="checkbox"/>	<input type="checkbox"/>
Motorcycle	20	<input type="checkbox"/>	<input type="checkbox"/>
Radio	21	<input type="checkbox"/>	<input type="checkbox"/>

G5 ☐ IF NO

+

G4 How many radios does the household have?

Number of radios

G5 What is your main source of fuel used for cooking?

Electricity	1	<input type="checkbox"/>
Solar energy	2	<input type="checkbox"/>
Gas	3	<input type="checkbox"/>
Paraffin	4	<input type="checkbox"/>
Charcoal	5	<input type="checkbox"/>
Firewood	6	<input type="checkbox"/>
Straw/Crop Residue/Saw dust	7	<input type="checkbox"/>
Animal waste	8	<input type="checkbox"/>
Other	9	<input type="checkbox"/>

G6 What is your main source of fuel used for lighting?

Electricity	1	<input type="checkbox"/>
Solar energy	2	<input type="checkbox"/>
Gas	3	<input type="checkbox"/>
Paraffin	4	<input type="checkbox"/>
Candles	5	<input type="checkbox"/>
Firewood	6	<input type="checkbox"/>
Grass	7	<input type="checkbox"/>
Other	8	<input type="checkbox"/>

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G7 What is your main source of drinking water?

- | | | |
|-----------------------------------|---|--------------------------|
| Piped into dwelling unit/compound | 1 | <input type="checkbox"/> |
| Communal standpipe/borehole | 2 | <input type="checkbox"/> |
| Protected well | 3 | <input type="checkbox"/> |
| Rain water | 4 | <input type="checkbox"/> |
| Unprotected well | 5 | <input type="checkbox"/> |
| Spring/river/lake/pond | 6 | <input type="checkbox"/> |

G7b How many minutes does it take to walk from here to reach this main source of safe drinking water (Piped into dwelling unit/compound; Communal standpipe/borehole; Treated Protected well).

- | 1 | 2 | 3 | 4 | 5 |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0-14 | 15-29 | 30-44 | 45-59 | 60 + |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

G8 What kind of toilet facilities does your household have?

- | | | | |
|---------------------------------|---|--------------------------|---|
| Flush to sewer | 1 | <input type="checkbox"/> | |
| Ventilated improved pit latrine | 2 | <input type="checkbox"/> | |
| Covered pit latrine | 3 | <input type="checkbox"/> | |
| Uncovered pit latrine | 4 | <input type="checkbox"/> | + |
| None | 5 | <input type="checkbox"/> | |

G8a Do you wash your hands after toilet?

- Yes 1
- ☐

G9C

- No 2
- ☐

G8b What do you use?

- | | | |
|----------------|---|--------------------------|
| Water only | 1 | <input type="checkbox"/> |
| Water and soap | 2 | <input type="checkbox"/> |
| Other | 3 | <input type="checkbox"/> |

G9 The roof of the main dwelling is predominantly made of what material?

- | | | |
|------------------|---|--------------------------|
| Grass | 1 | <input type="checkbox"/> |
| Iron sheets | 2 | <input type="checkbox"/> |
| Clay tiles | 3 | <input type="checkbox"/> |
| Concrete | 4 | <input type="checkbox"/> |
| Plastic sheeting | 5 | <input type="checkbox"/> |
| Other | 6 | <input type="checkbox"/> |

G10 The floor of the main dwelling is predominantly made of what material?

- | Sand | 1 | <input type="checkbox"/> |
|---------------|---|--------------------------|
| Smoothed mud | 2 | <input type="checkbox"/> |
| Smooth cement | 3 | <input type="checkbox"/> |
| Wood | 4 | <input type="checkbox"/> |
| Tile | 5 | <input type="checkbox"/> |
| Other | 6 | <input type="checkbox"/> |

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$$+$$

Grass	1	<input type="checkbox"/>
Mud (Yomata)	2	<input type="checkbox"/>
Compacted earth (Yamdindo)	3	<input type="checkbox"/>
Mud brick (unfired)	4	<input type="checkbox"/>
Burnt bricks	5	<input type="checkbox"/>
Concrete	6	<input type="checkbox"/>
Wood	7	<input type="checkbox"/>
Iron Sheets	8	<input type="checkbox"/>
Other	9	<input type="checkbox"/>

		1	2	3	4	5
		0-14	15-29	30-44	45-59	60 +
Supply of drinking water	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food market	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transportation	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"All season" road	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary school	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary school	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health clinic or hospital	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7 **G1** 8 **Did any of the following projects take place during the last 12 month in our area,**
 3 **who mainly paid for the project and whether any household member participated**
 9 **and if he/she was paid or not? MULTIPLE RESPONSE**
 11

		14 Project took place	15 Who mainly paid for the project?	16 Participat ed	17 Member was Paid	Member Was not paid
	Construction or maintenance of	Yes	No	Yes	No	
20	2 School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
+	Road/bridge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	One Village One Product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Community policing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Orphanage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	2 Kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	2 Health centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	2 Irrigation works/dams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	2 Borehole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Codes for who mainly paid for the project: 1: People in the village; 2: Local Government/;
3: Govt ; 4: Donors ; 5: NGOs; 6: Religious organisation; 7: Other

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H - Poverty predictors

H1 Does someone in the household own a cellular telephone (cell phone) in working condition?

Yes 1 ☐
No 2 ☐

H2 How many changes of clothes do you (head) own? RECORD NUMBER OF TROUSERS FOR MEN AND SKIRTS/DRESSES FOR WOMEN

Changes of clothes +

H3 What do you (head of household) sleep under in the cold season?

Blankets and sheets 1 ☐
Blanket only 2 ☐
Sheet only 3 ☐
Chitenje clothes 4 ☐
Fertilizer or grain sack 5 ☐
Clothes 6 ☐
Nothing 7 ☐
Other 8 ☐

H4 Over the past three months, did you or any member of the household purchase or pay for any of the following?

	Yes	No
Men's trousers	<input type="checkbox"/>	<input type="checkbox"/>
Men's shirts	<input type="checkbox"/>	<input type="checkbox"/>
Men's jackets	<input type="checkbox"/>	<input type="checkbox"/>
Men's undergarments	<input type="checkbox"/>	<input type="checkbox"/>
Men's other clothing	<input type="checkbox"/>	<input type="checkbox"/>

H5 Over the past three months, did you or any member of the household purchase or pay for any of the following?

	Yes	No
Boy's shoes	<input type="checkbox"/>	<input type="checkbox"/>
Men's shoes	<input type="checkbox"/>	<input type="checkbox"/>
Girl's shoes	<input type="checkbox"/>	<input type="checkbox"/>
Lady's shoes	<input type="checkbox"/>	<input type="checkbox"/>

H6 Over the past one month, did you or any member of the household purchase or pay for toothpaste or toothbrush?

Yes 1 ☐
No 2 ☐

H7 Over the past one month, did you or any member of the household purchase or pay for bar soap (body soap or clothes soap)?

Yes 1 ☐
No 2 ☐

H9

☞

No 2 ☐

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H8 How much did you pay in total for bar soap?

Kwacha

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H9 Over the past 7 days, did you or any member of the household purchase or pay for public transport – bus fare, minibus fare or taxi fare?

Yes

1

☐

No

2

☐

H10 Over the past 7 days, did you or others in your household consume any of the following?

	Yes	No
Eggs	<input type="checkbox"/>	<input type="checkbox"/>
Beef	<input type="checkbox"/>	<input type="checkbox"/>
Goat	<input type="checkbox"/>	<input type="checkbox"/>
Pork	<input type="checkbox"/>	<input type="checkbox"/>
Chicken	<input type="checkbox"/>	<input type="checkbox"/>
Other poultry–guinea fowl, doves etc.	<input type="checkbox"/>	<input type="checkbox"/>
Rice	<input type="checkbox"/>	<input type="checkbox"/>
Bread	<input type="checkbox"/>	<input type="checkbox"/>
Fresh milk	<input type="checkbox"/>	<input type="checkbox"/>
Cooking oil	<input type="checkbox"/>	<input type="checkbox"/>
Sugar	<input type="checkbox"/>	<input type="checkbox"/>

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H11 How much did you or any member of the household spend in total on cooking oil (past 7 days)?

Kwacha

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H12 How much did you or any member of the household spend in total on sugar (past 7 days)?

Kwacha

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I - Child module – Birth and anthropometric measures

Member line number	1	2	3	4
FOR EACH CHILD UNDER 5 YEARS ENTER:				

I1 The child's member number from the household list

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Mother's member number from the household list

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Member line number	1	2	3	4
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ENTER 00 IF THE MOTHER IS DECEASED OR NOT A MEMBER OF THE HOUSEHOLD

I2 When was the child born? [Do not estimate for the age, leave it blank]

Month Year			Day	Day Month Year			Day Month Year			Day Month Year		

I3 Where was the child delivered?

Hospital/maternity	1	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Health clinic	2	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Health centre	3	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Health post	4	<input type="checkbox"/>	+	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
At home	5	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other	6	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

I4 Who assisted in the delivery of the child?

Doctor/Clinical Officer	1	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Midwife/nurse	2	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Trained T.B.A	3	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other	4	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Self	5	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

I5 RECORD THE CHILD'SWeight in kilograms (1 decimal)

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Height in centimetres (1 decimal)

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PROBE FOR CHILDREN NOT WEIGHED AND MEASURED. OTHERS GO TO W17

I6 Why was [NAME] not weighed and measured?

Unwilling	1	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Not at home	2	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Too sick	3	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

I7 Did [NAME] participate in a nutrition programme the last 12 months?

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

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J - Child health – Malaria Treatment

J5 Has [NAME] been sick with fever/malaria during the last 4 weeks?

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

J6 Was [NAME] given any drugs in response to the last fever/malaria?

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

J7 Which drugs were given to [NAME]? MULTIPLE RESPONSE

+	Fansidar/Novidar	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Quinine	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cloroquine	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Amodiaquine	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	LA	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Halafan	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pain killers	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Herbs	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	None	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K - Child health – Vaccination

K1 Do you have a card where [NAME's] vaccinations are written down?

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

K2 Which of the following vaccinations has [NAME] been given: READ OUT

Measles	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BCG	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DPT1	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DPT2	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DPT3	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polio 0	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polio 1	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polio 2	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polio 3	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitamin A	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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L - HIV/AIDS Knowledge

FOR SELECTED HOUSEHOLD MEMBER 15 YEARS AND ABOVE, SEE MANUAL.

Respondent's member number
from household list

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L1 Is it possible for someone in your community to get a confidential test to find out if they are infected with HIV/AIDS virus?

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

+

L2 Have you ever had an HIV test?

L6 ☞

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

L3 Have you had an HIV test during the last 12 months?

L6 ☞

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

L4 Where did you have the test?

MACRO	1	<input type="checkbox"/>	Private Hospital/Clinic	4	<input type="checkbox"/>
Government Hospital	2	<input type="checkbox"/>	MSF	5	<input type="checkbox"/>
Mission Hospital	3	<input type="checkbox"/>	Other	6	<input type="checkbox"/>

L5 Did you get counselling when you went for the test?

M ☞	Yes, before and after	1	<input type="checkbox"/>
M ☞	Yes, only before	2	<input type="checkbox"/>
M ☞	Yes, only after	3	<input type="checkbox"/>
M ☞	No	4	<input type="checkbox"/>

L6 What is the main reason for not having an HIV test?

Not available	1	<input type="checkbox"/>	Results take too long	5	<input type="checkbox"/>
Not interested	2	<input type="checkbox"/>	Test centre too far	6	<input type="checkbox"/>
Not at risk/No need	3	<input type="checkbox"/>	No privacy	7	<input type="checkbox"/>
Scared of outcome	4	<input type="checkbox"/>	Other reasons	8	<input type="checkbox"/>

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M - Interview Completion Information

M1 Result

- Completed with selected household

Completed with replaced household

Incomplete

Refusal

Not found

Too ill
- 1

2

3

4

5

6
- ☐

☐

☐

☐

☐

☐
- +

M2 Comments

+