

STRICTLY CONFIDENTIAL

CENTRAL STATISTICAL OFFICE,
P.O. BOX 31908,
LUSAKA.

REPUBLIC OF ZAMBIA

QUESTIONNAIRE SERIAL NO:

FORM

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QUESTIONNAIRE NO.

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THE SOCIAL DIMENSIONS OF ADJUSTMENT SURVEY (1991)

QUESTIONNAIRE IDENTIFICATION	
1. PROVINCE NAME	<input style="width: 100%;" type="text"/>
2. DISTRICT NAME	<input style="width: 100%;" type="text"/>
3. CSA NUMBER	<input style="width: 100%;" type="text"/>
4. RURAL..1 URBAN..2	<input style="width: 100%;" type="text"/>
5. SEA NUMBER	<input style="width: 100%;" type="text"/>
6. SURVEY BUILDING NUMBER (SBN)	<input style="width: 100%;" type="text"/>
7. HOUSING UNIT NUMBER (HUN)	<input style="width: 100%;" type="text"/>
8. HOUSEHOLD NUMBER (HHN)	<input style="width: 100%;" type="text"/>
OTHER IDENTIFICATION	
9. VILLAGE/LOCALITY NAME	
10. CHIEF'S AREA	
11. WARD	<input style="width: 100%;" type="text"/>
12. SELECTED HOUSEHOLD	<input style="width: 100%;" type="text"/>
NAME OF THE HEAD _____ RESIDENTIAL ADDRESS _____ SERIAL NO. OF HOUSEHOLD -----	
13. NUMBER OF VISITS	
14. INTERVIEW STATUS	
ACCEPTED INTERVIEW.....1 >> SECTION 00 DIFFERENT HOUSEHOLD.....2 >> 15 DWELLING NOT FOUND.....3 ILLNESS/DEATH.....4 REFUSAL.....5 OTHER, SPECIFY6 <input style="width: 150px;" type="text"/> >> NEXT SELECTED HOUSEHOLD	
15. HOUSEHOLD TO BE INTERVIEWED	
NAME OF THE HEAD _____ RESIDENTIAL ADDRESS _____	
DATA COLLECTION:	
Interviewer.....	Date
Supervisor.....	Checking date.....

SECTION 0: HEAD OF HOUSEHOLD (PERSON RESPONSIBLE FOR MAIN DECISIONS)

SEC-ID

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No.	QUESTIONS	CATEGORIES AND CODES	SKIP TO			
1.	Nationality of the Head of household	ZAMBIAN..1 NON ZAMBIAN..2		<input type="checkbox"/>		
*2.	Is the head of the household present or absent?	PRESENT..... 1 ABSENT..... 2	>> 5	<input type="checkbox"/>		
3.	How long has he/she been away?	NO TIME AWAY 1 LESS THAN 1 WEEK2 1 WEEK TO 1 MONTH ...3 BETWEEN 1 MONTH AND 3 MONTHS4 OVER 3 MONTHS5		<input type="checkbox"/>		
*4.	In this person's absence, who is responsible for main decisions? Name _____	INSERT SERIAL NUMBER OF HOUSEHOLD MEMBER AFTER COMPLETING SECTION 01		<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
*5.	PERSON INTERVIEWED Name of person interviewed Name _____	INSERT SERIAL NUMBER OF HOUSEHOLD MEMBER AFTER COMPLETING SECTION 01		<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		

CURRENT MAIN JOB

Has... worked during last 7 days?	Has... been looking for work during the last 7 days?	If not looking for work is available for work?	What is your current main job?	Is this the same job/business you were doing most of the last 12 months?	What type of product/service is produced in this main job?	How many yrs in this job?	What is your employment status?	How much is earned from this job	
YES...1 >> 10 NO...2	YES...1 >> 24 NO...2	YES...1 >> 24 NO.2>>24	SPECIFY IN THE SPACE PROVIDED	YES...1>>17 NO....2	SPECIFY IN THE SPACE PROVIDED	ENTER NUMBER OF YEARS	SELF-EMPLD..1 GVT-EMPLYE..2 PARA.EMPLYE.3 PRVT.SEC.EMP.4 EMPLOYER.....5 UNPAID FAMILY WORKER.....6 OTHER.....7	AMOUNT PER UNIT	UNIT: DAY.1 WK..2 MON.3 YR..4
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SECTION 3A: HOUSING AND FACILITIES, HOUSING AMENITIES

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NUMBER	QUESTIONS	CATEGORIES AND CODES					
1.	Did this household exist 12 months ago?	YES..... 1 NO..... 2	<input type="checkbox"/>				
2.	How Long has this household been living in this dwelling?	NUMBER OF MONTHS NUMBER OF YEARS	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
3.	On what basis does the household occupy the dwelling, now? ... and 12 months ago	OWNED..... 1 RENTED 2 FREE OF CHARGE..... 3 OTHER..... 4 N/A..... 5	NOW <input type="checkbox"/> 12 MONTHS AGO <input type="checkbox"/>				
4.	What is the main source of drinking water, now? ... and 12 months ago	RIVER, LAKE..... 1 PROTECTED WELL..... 2 UNPROTECTED WELL..... 3 PUBLIC TAP..... 4 OWN TAP..... 5 OTHER..... 6 N/A..... 7	NOW <input type="checkbox"/> 12 MONTHS AGO <input type="checkbox"/>				
5.	Does the household treat/boil drinking water now ... and 12 months ago	YES..... 1 NO..... 2 N/A..... 3	NOW <input type="checkbox"/> 12 MONTHS AGO <input type="checkbox"/>				
6.	What is the main source of energy for lighting now? ... and 12 months ago?	KEROSINE..... 1 ELECTRICITY..... 2 CANDLE..... 3 OTHER..... 4 N/A..... 5	NOW <input type="checkbox"/> 12 MONTHS AGO <input type="checkbox"/>				
7.	What is the main type of cooking fuel, now? ... and 12 months ago?	COLLECTED FIREWOOD..... 1 PURCHASED FIREWOOD..... 2 CHARCOAL..... 3 KEROSINE..... 4 GAS..... 5 ELECTRICITY..... 6 CROP/LIVESTOCK RESIDUES..... 7 OTHER..... 8 N/A..... 9	NOW <input type="checkbox"/> 12 MONTHS AGO <input type="checkbox"/>				
8.	What is main toilet facility now? ... and 12 months ago	FLUSH TOILET..... 1 PIT LATRINE 2 BUCKET 3 AQUA PRIVY. 4 OTHER..... 5 N/A..... 6	NOW <input type="checkbox"/> 12 MONTHS AGO <input type="checkbox"/>				
9.	What is the main method of garbage/sewage disposal now? ... and 12 months ago	REFUSE COLLECTION..... 1 PIT..... 2 DUMPING..... 3 N/A..... 4	NOW <input type="checkbox"/> 12 MONTHS AGO <input type="checkbox"/>				

SECTION 3B: ACCESS TO FACILITIES. ASK QUESTION 1-4 FOR EACH FACILITY

SEC-ID

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FACILITIES

NO.	QUESTIONS	CATEGORIES AND CODES	SKIP TO	A FOOD MARKET	B POST OFFICE	C PRIMARY SCHOOL	D SECONDARY SCHOOL	E HEALTH CEN CLINIC/ HOSPITAL	F BUS STATIO BOAT SERV/ TAXI SERV.	G SOURCE- DRINKING WATER														
1.	How far is the nearest facility?			34 <table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td></tr></table>	1	<table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px; text-align: center;">2</td></tr></table>	2	<table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px; text-align: center;">3</td></tr></table>	3	<table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px; text-align: center;">4</td></tr></table>	4	<table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px; text-align: center;">5</td></tr></table>	5	<table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px; text-align: center;">6</td></tr></table>	6	<table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px; text-align: center;">7</td></tr></table>	7							
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2.	Does any member of the household use this facility now?	YES...1 NO...2	>> 4	37 <table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		<table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		<table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		<table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		<table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		<table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		<table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px; text-align: center;">8</td></tr></table>	8							
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3.	What is the main reason for not using this facility? WHEN ANSWERED, CONTINUE FROM QUESTION 1 i.e. next facility	EXPENSIVE... 1 TOO FAR..... 2 POOR QUALITY SERVICE..... 3 FACILITY DOES NOT OFFER FULL SERVICE.....4 OTHER.....5 NOT RELEVANT.6	>>1	38 <table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		<table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		<table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		<table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		<table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		<table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		<table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px; text-align: center;">8</td></tr></table>	8							
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4.	What is the usual mode of transport used by the household to reach this facility now? and 12 months ago? WHEN ANSWERED CONTINUE FROM QUESTION 1 i.e. next facility	FOOT..... 1 BICYCLE..... 2 MOTORCYCLE.. 3 OWN VEHICLE. 4 PUBLIC TRANS.5 PROVIDED BY EMPLOYER.... 6 WATER TRANSPORT....7 OTHER.....8 N/A.....88	>>1	39 40 <table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px; text-align: center;">8</td><td style="width: 20px; height: 20px; text-align: center;">8</td></tr></table>	8	8
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SECTION 4: MIGRATION

SEC-ID 0 4

NO.	QUESTIONS	CATEGORIES AND CODES	SKIP TO	
*1. *p342X	Where was the household residing 12 months ago?	SAME DWELLING, LOCALITY/VILLAGE/TOWN 1 DIFFERENT DWELLING, SAME LOCALITY/VILLAGE/TOWN 2 DIFFERENT DWELLING, DIFFERENT LOCALITY/VILLAGE/TOWN 3 DIFFERENT DISTRICT 4 FOREIGN COUNTRY 5 HOUSEHOLD DID NOT EXIST 12 MONTHS AGO 6	>>4 >>2 >> 3 >> 4	<input type="checkbox"/>
*2.	Was this different locality/district situated in a rural or urban area?	RURAL..... 1 URBAN..... 2		<input type="checkbox"/>
3.	What was the main reason for migration?	JOB OPPORTUNITY..... 1 TRANSFER OF HEAD OF HOUSEHOLD.... 2 RESETTLEMENT..... 3 ACQUIRED OWN ACCOMMODATION 4 OTHER (SPECIFY)..... 5		<input type="checkbox"/>
4.	Have any members of your household been away for more than 6 months to look for, or take a job in the last 12 months?	YES..... 1 NO..... 2	>>Sect.5A	<input type="checkbox"/>
5.	How many males were away in total?	NUMBER. 00 FOR NONE		<input type="checkbox"/>
6.	How many females were away in total?	NUMBER. 00 FOR NONE		<input type="checkbox"/>
7.	Was the household head one of these?	YES..... 1 NO..... 2		<input type="checkbox"/>
8.	Was the spouse referred to in section 1 one of these people?	YES..... 1 NO..... 2		<input type="checkbox"/>

SECTION 5A: AGRICULTURE, HOLDING

SEC-ID 5 1

NO.	QUESTION	CATEGORIES AND CODES	SKIP TO	
*1.	Does any member of the household engage in any agricultural activity for this Household?	YES..... 1 NO..... 2	>>SECT. 6A	<input type="checkbox"/>
*2.	What is the total size of the holding?	SIZE GIVEN IN HECTARE, ACRE OR LIMA		HA. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ACRE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LIMA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
*3.	What was the total area under crop during the 1990/91 crop season?	SIZE GIVEN IN HECTARE, ACRE OR LIMA		HA. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ACRE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LIMA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION 5B: AGRICULTURE, CROP PRODUCTION

SEC-ID 5 2

NO.	QUESTION	CATEGORIES AND CODES	SKIP TO	
1.1	HYBRID MAIZE Did any member of the household plant any hybrid maize for grain during the 1990/91 season	YES..... 1 NO..... 2	>> 2.1	<input type="checkbox"/>
1.2 *	Which members of the household planted hybrid maize during this season?	FILL IN CODES, YES..... 1 NO..... 2 FOR DIFFERENT HOUSEHOLD MEMBERS		HEAD <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER <input type="checkbox"/>
1.3	Did you harvest any hybrid maize from the area planted?	YES..... 1 NO..... 2	>> 2.1	<input type="checkbox"/>
1.4	How many 90 kg bags of hybrid maize did you harvest?	NUMBER OF 90 KG BAGS		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.5	How many 90 kg bags of hybrid maize did you sell?	NUMBER OF 90 KG BAGS 000000 FOR NONE		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
NO.	QUESTION	CATEGORIES AND CODES	SKIP TO	
2.1	LOCAL MAIZE Did any member of the household plant any local maize for grain during the 1990/91 season	YES..... 1 NO..... 2	>> 3.1	<input type="checkbox"/>
2.2 *	Which members of the household planted local maize during this season?	FILL IN CODES, YES..... 1 NO..... 2 FOR DIFFERENT HOUSEHOLD MEMBERS		HEAD <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER <input type="checkbox"/>
2.3	Did you harvest any local maize from the area planted?	YES..... 1 NO..... 2	>> 3.1	<input type="checkbox"/>
2.4	How many 90 kg bags of local maize did you harvest?	NUMBER OF 90 KG BAGS		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2.5	How many 90 kg bags of local maize did you sell?	NUMBER OF 90 KG BAGS 000000 FOR NONE		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3.1	CASSAVA Did any member of the household have cassava under production during the 1990/91 season	YES..... 1 NO..... 2	>> Sect.5C	<input type="checkbox"/>
3.2 *	Which members of the household had cassava under production during this season?	FILL IN CODES, YES..... 1 NO..... 2 FOR DIFFERENT HOUSEHOLD MEMBERS		HEAD <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER <input type="checkbox"/>
3.3	Did you harvest any cassava from the area under production since 1st October 1990?	YES..... 1 NO..... 2	>> Sect.5C	<input type="checkbox"/>
3.4	How many 90 kg bags of cassava flour did you harvest?	NUMBER OF 90 KG BAGS		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

3.5	How many 90 kg bags of cassava flour did you sell?	NUMBER OF 90 KG BAGS 000000 FOR NONE	<input type="text"/>						
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SECTION 5C: AGRICULTURE, VEGETABLES

SEC-ID

1.	Did any member of the household plant any vegetables during the 1990/91 season?	YES..... 1 NO..... 2	>> SECT.5D	<input type="text"/>
*2.	Which members of the household planted vegetables during this season?	FILL IN CODES, YES..... 1 NO..... 2 FOR DIFFERENT HOUSEHOLD MEMBERS		HEAD <input type="text"/> SPOUSE <input type="text"/> OTHER <input type="text"/>
3.	Did you harvest any vegetables from the area planted?	YES..... 1 NO..... 2	>> SECT.5D	<input type="text"/>
4.	How much vegetables did you harvest? (SPECIFY TYPE OF VEGETABLES AND UNIT)	1. 2. 3. 4.		1. <input type="text"/> <input type="text"/> <input type="text"/> 2. <input type="text"/> <input type="text"/> <input type="text"/> 3. <input type="text"/> <input type="text"/> <input type="text"/> 4. <input type="text"/> <input type="text"/> <input type="text"/>
5.	How much vegetables did you sell? (SPECIFY TYPE OF VEGETABLES AND UNIT)	1. 2. 3. 4.		1. <input type="text"/> <input type="text"/> <input type="text"/> 2. <input type="text"/> <input type="text"/> <input type="text"/> 3. <input type="text"/> <input type="text"/> <input type="text"/> 4. <input type="text"/> <input type="text"/> <input type="text"/>

SECTION 5D LIVESTOCK AND POULTRY

SEC-ID

	QUESTION	CATEGORIES AND CODES	SKIP TO	
1.1	LIVESTOCK Does any member of the household own cattle of any kind?	YES..... 1 NO..... 2	>> 1.3	<input type="text"/>
1.2	What is the total number of cattle you own today?	NUMBER OF CATTLE		<input type="text"/>
1.3	Does any member of the household own any goats?	YES..... 1 NO..... 2	>> 1.5	<input type="text"/>
1.4	What is the total number of goats you own today?	NUMBER OF GOATS		<input type="text"/>
1.5	Does any member of the household own any sheep?	YES..... 1 NO..... 2	>> 1.7	<input type="text"/>
1.6	What is the total number of sheep you own today?	NUMBER OF SHEEP		<input type="text"/>
1.7	Does any member of the household own other livestock?	YES..... 1 NO..... 2	>> 2.1	<input type="text"/>
1.8	What is the total number of other livestock owned today?	NUMBER OF OTHER LIVESTOCK		<input type="text"/>

NO.	QUESTION	CATEGORIES AND CODES	SKIP TO	
2.1	Does any member of the household own any chicken?	YES..... 1 NO..... 2	>> 2.3	<input type="checkbox"/>
2.2	What is the total number of chicken you own today?	NUMBER OF CHICKEN		<input type="text"/>
2.3	Does any member of the household own any ducks?	YES..... 1 NO..... 2	>> 2.5	<input type="checkbox"/>
2.4	What is the total number of ducks you own today?	NUMBER OF DUCKS		<input type="text"/>
2.5	Does any member of the household own any other poultry?	YES..... 1 NO..... 2	>> SECT.6A	<input type="checkbox"/>
2.6	What is the total number of other poultry you own today?	NUMBER OF OTHER POULTRY		<input type="text"/>

SECTION 6A NON-FARM ENTERPRISE, GENERAL INFORMATION

SEC-ID

NO.	QUESTIONS	CATEGORIES AND CODES	SKIP TO	
1	Did any member of the household operate any non-farm enterprise during the last 12 months	YES..... 1 NO..... 2	>>Sect.7	<input type="checkbox"/>
*2	List the three most important non-farm enterprise activities in terms of their contribution to household income. 1. _____ 2. _____ 3. _____	TO BE CODED IN OFFICE TO BE CODED IN OFFICE TO BE CODED IN OFFICE		<input type="text"/> <input type="text"/> <input type="text"/>
3	How much income did the household receive during the last 12 months from these three enterprises?	ENTERPRISE NO. 1 ENTERPRISE NO. 2 ENTERPRISE NO. 3		<input type="text"/> <input type="text"/> <input type="text"/>
4	Has any enterprise other than those listed above closed down in the last 12 months?	YES..... 1 NO..... 2	>>Sect6B	<input type="checkbox"/>
5	What was the main reason for closing down? IF MORE THAN ONE ENTERPRISE IS CLOSED DOWN, ASK QUESTION 5 AND 6 FOR THE BIGGEST ONE.	LACK OF BUSINESS...1 LACK OF CREDIT....2 LACK OF RAW MATERIALS.....3 HIGH COST OF PRODUCTION.....4 OTHER(SPECIFY).....5		<input type="checkbox"/>
*6	What was the main activity of this enterprise? 4. _____	TO BE CODED IN OFFICE		<input type="checkbox"/>

SECTION 6B: ENTERPRISE DETAILS. ASK QUESTION 1-11 FOR EACH ENTERPRISE MENTIONED IN SECTION 6A, QUESTION 2. IF NONE, SKIP TO SECTION 7.

SEC-ID

6	2
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ENTERPRISES

NO.	QUESTIONS	CATEGORIES AND CODES	SKIP TO	1st	2nd	3rd
				ENTERPRISE	ENTERPRISE	ENTERPRISE
				1	2	3
1	ENTERPRISE	TO BE CODED IN OFFICE		□□□□	□□□□	□□□□
2	Serial number of household member responsible for this enterprise	SERIAL NO OF HOUSEHOLD MEMBER FROM SECTION 01		□□	□□	□□
3	Did this enterprise start operating during the last 12 months?	YES..... 1 NO..... 2	>> 5	□	□	□
4	How many years has this enterprise been in operation?	ENTER NUMBER OF YEARS		□□	□□	□□
5	How many months has this enterprise been in operation during the last 12 months?	ENTER NUMBER OF MONTHS		□□	□□	□□
6	Is this enterprise still operating?	YES..... 1 NO..... 2	>> 8	□	□	□
7	How many employees are working in this enterprise now?	ENTER NUMBER OF EMPLOYEES		□□□□	□□□□	□□□□
8	How many employees were working in this enterprise 12 months ago	ENTER NUMBER OF EMPLOYEES		□□□□	□□□□	□□□□
*9	Is/was any equipment used for this enterprise?	YES..... 1 NO..... 2		□	□	□
*10	Has new equipment been bought in the last 12 months	YES..... 1 NO..... 2		□	□	□
*11	Has any equipment been sold in the last 12 months	YES..... 1 NO..... 2		□	□	□

SECTION 7: HOUSEHOLD EXPENSES
 (INCLUDE REMITTANCES FROM OUTSIDE FOR PURPOSES BELOW IF RECORDED IN SECTION 2B).

SEC-ID

0	7
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NO.	QUESTIONS	CATEGORIES AND CODES											
*1.	EDUCATION EXPENSES How much was spent on the following during the past school year?	GIVE THE AMOUNTS IN KWACHA. 000000 FOR NONE											
	.. School fees including exam fees		<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle; margin-left: 10px;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">1</td></tr></table>									0	1
	0		1										
.. School uniforms	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle; margin-left: 10px;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">2</td></tr></table>									0	2		
0	2												
.. Contribution to school/PTA	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle; margin-left: 10px;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">3</td></tr></table>									0	3		
0	3												
	.. Private tuition		<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle; margin-left: 10px;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">4</td></tr></table>									0	4
0	4												
*2.	How much was spent on books and stationery during the past school year?		<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle; margin-left: 10px;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">5</td></tr></table>									0	5
0	5												
*3.	MEDICAL EXPENSES How much was spent on the following during the past 3 months on...												
	.. Medicines?		<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle; margin-left: 10px;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">6</td></tr></table>									0	6
0	6												
.. Fees to Doctor/Health Assistant/Midwife/Nurse/Traditional Healer?	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle; margin-left: 10px;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">7</td></tr></table>									0	7		
0	7												
	.. Payments to hospital/health center?		<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle; margin-left: 10px;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">8</td></tr></table>									0	8
0	8												
4.	CLOTHING AND FOOTWEAR How much was spent on clothing and footwear, excluding school uniforms during the past 3 months		<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle; margin-left: 10px;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">9</td></tr></table>									0	9
0	9												
5.	HOUSING How much was spent during the past 1 month on ..	GIVE THE AMOUNTS IN KWACHA. 000000 FOR NONE											
	.. Rent		<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle; margin-left: 10px;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr></table>									1	0
	1		0										
	.. Water		<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle; margin-left: 10px;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">1</td></tr></table>									1	1
	1		1										
	.. Electricity		<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle; margin-left: 10px;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">2</td></tr></table>									1	2
1	2												
.. Candle	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle; margin-left: 10px;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">3</td></tr></table>									1	3		
1	3												
.. Paraffin	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle; margin-left: 10px;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">4</td></tr></table>									1	4		
1	4												
.. Charcoal	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle; margin-left: 10px;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">5</td></tr></table>									1	5		
1	5												
.. Firewood	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle; margin-left: 10px;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">6</td></tr></table>									1	6		
1	6												
	.. Other housing expenses		<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle; margin-left: 10px;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">7</td></tr></table>									1	7
1	7												

SECTION 88: OTHER HOUSEHOLD PROPERTY. ASK QUESTION A AND B FOR EACH HOUSEHOLD ASSET

SEC-ID

8	2
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NO.	QUESTION A	CATEGORIES AND CODES	QUESTION B CATEGORIES AND CODES			
	Does the household own <div style="text-align: center;"> ↓ V </div>	YES..... 1 NO..... 2	Has the number of this asset decreased, increased or stayed the same the last 12 months? DECREASED..... 1 STAYED THE SAME 2 INCREASED..... 3 NOT OWNED 12 MONTHS AGO..... 4			
1.	.. Plough	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px;"></td></tr></table> ---->	0	1		<input style="width: 30px; height: 20px;" type="checkbox"/>
0	1					
2.	.. Crop sprayer	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px;"></td></tr></table> ---->	0	2		<input style="width: 30px; height: 20px;" type="checkbox"/>
0	2					
3.	.. Fishing boat	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">3</td><td style="width: 20px; height: 20px;"></td></tr></table> ---->	0	3		<input style="width: 30px; height: 20px;" type="checkbox"/>
0	3					
4.	.. Bicycle	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">4</td><td style="width: 20px; height: 20px;"></td></tr></table> ---->	0	4		<input style="width: 30px; height: 20px;" type="checkbox"/>
0	4					
5.	.. Motorcycle	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">5</td><td style="width: 20px; height: 20px;"></td></tr></table> ---->	0	5		<input style="width: 30px; height: 20px;" type="checkbox"/>
0	5					
6.	.. Car/van/truck	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">6</td><td style="width: 20px; height: 20px;"></td></tr></table> ---->	0	6		<input style="width: 30px; height: 20px;" type="checkbox"/>
0	6					
7.	.. Tractor	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">7</td><td style="width: 20px; height: 20px;"></td></tr></table> ---->	0	7		<input style="width: 30px; height: 20px;" type="checkbox"/>
0	7					
8.	.. Handgrinding mill	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">8</td><td style="width: 20px; height: 20px;"></td></tr></table> ---->	0	8		<input style="width: 30px; height: 20px;" type="checkbox"/>
0	8					
9.	.. Hammer mill	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">9</td><td style="width: 20px; height: 20px;"></td></tr></table> ---->	0	9		<input style="width: 30px; height: 20px;" type="checkbox"/>
0	9					
10.	.. TV	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px;"></td></tr></table> ---->	1	0		<input style="width: 30px; height: 20px;" type="checkbox"/>
1	0					
11.	.. Radio	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px;"></td></tr></table> ---->	1	1		<input style="width: 30px; height: 20px;" type="checkbox"/>
1	1					
12.	.. Refrigerator	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px;"></td></tr></table> ---->	1	2		<input style="width: 30px; height: 20px;" type="checkbox"/>
1	2					
13.	.. Canoe	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">3</td><td style="width: 20px; height: 20px;"></td></tr></table> -->	1	3		<input style="width: 30px; height: 20px;" type="checkbox"/>
1	3					
14.	.. Fishing net	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">4</td><td style="width: 20px; height: 20px;"></td></tr></table> ---->	1	4		<input style="width: 30px; height: 20px;" type="checkbox"/>
1	4					

SECTION 9. ANTHROPOMETRY. TO BE COMPLETED FOR CHILDREN 3 MONTHS TO 60 MONTHS OLD.

SEC-ID 0 9

NO.	QUESTION	CATEGORIES AND CODES	SKIP TO	IF MORE THAN FIVE, USE A FRESH QUESTIONNAIRE, NUMBER IT ON THE FIRST PAGE AND USE THE SAME IDENTIFICATION PARTICULARS AS ON THIS ONE.				
*1.	SERIAL NUMBER FOR HOUSEHOLD MEMBERS 5 YEARS OR YOUNGER (FROM SECTION 1)			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*2.	SERIAL NUMBER FOR THE CHILD'S NATURAL MOTHER (FROM SECTION 1)			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	AGE GIVEN IN MONTHS	MONTHS		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	Has the child visited under 5 clinic during the last month?	YES.....1 NO.....2	>> 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Why has the child not visited under 5 clinic?	ABSENCE.....1 ILLNESS.....2 REFUSAL.....3 OTHER SPECIFY4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	WEIGHT	NEAREST 0.1 KG		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*7.	HEIGHT	CM		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*8.	Who usually cares for the child in the absence of parents	NURSERY SCHOOL/ PRESCHOOL... 1 NANNY.....2 OLDER SISTER/ BROTHER.....3 OTHER RELATIVES....4 NEIGHBOUR....5 NONE.....6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>