



REPUBLIC OF ZAMBIA

QUESTIONNAIRE NO: OF FORM:

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CENTRAL STATISTICAL OFFICE

P.O. BOX 31908, LUSAKA, ZAMBIA

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LIVING CONDITIONS MONITORING SURVEY VII (LCMS VII) – 2015

HOUSEHOLD QUESTIONNAIRE

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

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

1	2	3
SERIAL NUMBER OF HOUSEHOLD MEMBERS (PID)	Please give me the names of all persons who usually live with this household. Start with the head of the household and include visitors who have lived with the household for six months or more . Include usual members, who are away visiting, in hospital, at boarding schools or college or university, etc.	How old isnow? RECORD EXACT AGE IN COMPLETED MONTHS FOR THOSE 0-59 MONTHS OLD. USE UNDER FIVE CLINIC CARD IF AVAILABLE. FOR THOSE AGED 5 YEARS AND ABOVE RECORD AGE IN COMPLETED YEARS. (SPECIFY AGE CODE BELOW) <div style="margin-left: 40px;"> 1 YEARS 2 MONTHS </div> <div style="text-align: right; margin-top: 10px;"> AGECODE AGE </div>
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SECTION 1: HOUSEHOLD ROSTER (Continued)

	4	5	6	7	8
PID	What is the relationship ofto the head of the household?	Is.... Male or Female?	Is.....an albino	Does..... have any disability?	Is..... blind, partially sighted, deaf, dumb, crippled, mentally retarded, mentally ill , ex-mental?
	HEAD.....01				
	SPOUSE.....02	MALE.....1	YES.....1	YES.....1	BLIND.....1
	OWN CHILD.....03	FEMALE...2	NO.....2	NO.....2	PARTIALLY SIGHTED.....2
	STEP CHILD.....04			>> Q9	DEAF.....3
	ADOPTED CHILD.....05				DUMB.....4
	GRAND CHILD.....06				PHYSICALLY DISABLED.....5
	BROTHER/SISTER.....07				MENTALLY RETARDED.....6
	COUSIN.....08				MENTALLY ILL.....7
	NIECE/NEPHEW.....09				EX-MENTAL.....8
	BROTHER/SISTER-IN LAW.....10				[RECORD UP TO THREE DISABILITIES]
	PARENT.....11				
	PARENT-IN-LAW.....12				
	OTHER RELATIVE.....13				
	MAID/NANNY/HOUSE-SERVANT.....14				
	NON-RELATIVE.....15				
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SECTION 1: HOUSEHOLD ROSTER (Continued)

	9	10	11	12
PID	Where was.....residing 12 months ago? SAME DWELLING.....1 >> SEC 2 DIFFERENT DWELLING, SAME LOCALITY/SAME DISTRICT.....2 >> SEC 2 DIFFERENT LOCALITY/ SAME DISTRICT.....3 >> Q11 DIFFERENT DISTRICT SAME PROVINCE.....4 DIFFERENT PROVINCE.....5 DIFFERENT COUNTRY.....6 >> Q12 NOT APPLICABLE.....7 >> SECT 2 [IF A CHILD IS BELOW 12 MONTHS RECORD 7]	What district was.... residing in? [ENTER DISTRICT NAME & CODE BELOW]	Was the part of the Districtwas residing in 12 months ago Rural or Urban? RURAL.....1 URBAN.....2	Why did..... move from his/her previous residence? FOR SCHOOL.....01 BACK FROM SCHOOL/STUDIES.....02 TO SEEK WORK/ BUSINESS.....03 TO START WORK/ BUSINESS.....04 TRANSFER OF HEAD OF HOUSEHOLD.....05 PREVIOUS HOUSEHOLD COULD NOT AFFORD TO KEEP HIM/HER.....06 DEATH OF PARENT/GUARDIAN.....07 GOT MARRIED.....08 NEW HOUSEHOLD.....09 RETIREMENT.....10 RETRENCHMENT.....11 DECIDED TO RESETTLE.....12 ACQUIRED OWN/DIFFERENT ACCOMODATION.....13 FOUND NEW AGRICULTURAL LAND.....14 REFUGEE/ASYLUM SEEKER15 OTHER (SPECIFY).....16
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SECTION 2: MARITAL STATUS AND ORPHANHOOD

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

	1	2	3
PID	FOR THOSE AGED 12 YEARS AND ABOVE ONLY	FOR THOSE AGED 0-20 YEARS	
	What is the marital status of? NEVER MARRIED.....1 MARRIED.....2 SEPARATED.....3 DIVORCED.....4 WIDOWED.....5 CO-HABITING.....6	Is the biological mother of still alive? YES.....1 NO.....2 DON'T KNOW.....3	Is the biological father of still alive? YES.....1 NO.....2 DON'T KNOW.....3
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SECTION 3: HEALTH FOR ALL PERSONS

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

	1	2	3	
PID	Has been sick or injured during the last two weeks?	What was ... mainly suffering from?	Did consult any health or other institution/personnel for this illness/injury or did he/she only use self-administered medicine?	
	YES SICK.....1 YES INJURED.....2 >> Q 3 YES BOTH.....3 NO.....4 DON'T KNOW.....5 <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="font-size: 2em; margin-right: 5px;">}</div> <div> >>Q9 </div> </div>	FEVER/MALARIA.....01 COUGH/COLD/CHEST INFECTION.....02 TUBERCULOSIS (TB).....03 ASTHMA.....04 BRONCHITIS.....05 PNEUMONIA/CHEST PAIN.....06 DIARRHOEA WITHOUT BLOOD.....07 DIARRHOEA WITH BLOOD.....08 DIARRHOEA AND VOMITTING.....09 VOMITING.....10 ABDOMINAL PAINS.....11 CONSTIPATION/STOMACH UPSET.....12 LIVER INFECTION/SIDE PAIN.....13 LACK OF BLOOD/ANEAMIA.....14 BOILS.....15 SKIN RASH/SKIN INFECTION.....16 PILES/HAEMORRHOIDS.....17 SHINGLES/HERPES ZOSTER.....18 PARALYSIS OF ANY KIND.....19 STROKE.....20 HYPERTENSION.....21 DIABETES/SUGAR DISEASE.....22 EYE INFECTION.....23 EAR INFECTION.....24 TOOTHACHE/MOUTH INFECTION.....25 HEADACHE.....26 MEASLES.....27 JAUNDICE/YELLOWNESS.....28 BACKACHE.....29 CANCER OF ANY KIND.....30 MANINJITIS.....31 OTHER (SPECIFY).....32	CONSULTED.....1 USED SELF ADMINISTERED MEDICINE ONLY.....2 NONE OF THE ABOVE.....3 >> Q9	
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SECTION 3: HEALTH (CONT'D)

PID	4	5	6	7
	How much in total was spent on.....'s medication/consultation in the last two weeks? [GIVE AMOUNT IN KWACHA]	Where didget the medicine from? GOVERNMENT INSTITUTION.....01 MISSION INSTITUTION.....02 INDUSTRIAL INSTITUTION.....03 PRIVATE INSTITUTION.....04 PHARMACY/CHEMIST.....05 RELATIVES.....06 NEIGHBOURS.....07 FRIENDS.....08 TRADITIONAL HEALERS.....09 OTHER (SPECIFY).....10 [FOR THOSE WHO USED SELF ADMINISTERED MEDICINE ONLY SKIP TO QUESTION 9]	Which health or other institution/personnel did visit first for this illness/injury? GOVT HOSPITAL.....01 GOVERNMENT HEALTH CENTRE/CLINIC...02 GOVERNMENT HEALTH POST.....03 MISSION INSTITUTION.....04 INDUSTRIAL INSTITUTION.....05 PRIVATE INSTITUTION.....06 INSTITUTION OUTSIDE ZAMBIA.....07 MEDICAL PERSONNEL.....08 TRADITIONAL HEALER.....09 FAITH/SPIRITUAL/CHURCH HEALER.....10 OTHER (SPECIFY)11	Who attended to.....during this visit? MEDICAL DOCTOR.....1 CLINICAL OFFICER.....2 NURSE/MIDWIFE.....3 COMMUNITY HEALTH WORKER.....4 TRADITIONAL HEALER.....5 FAITH HEALER.....6 SPIRITUAL HEALER.....7 CHURCH HEALER.....8 OTHER (SPECIFY).....9
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SECTION 3: HEALTH (CONT'D)

[illegible]

SECTION 4: EDUCATION – FOR ALL PERSONS

INTRODUCTION: I am now going to ask you about the educational status of members of this household

	1	2	3	4	5
PID	Is..... Currently attending school? [INCLUDING THOSE IN COLLEGES AND UNIVERSITIES] YES, NURSERY/PRE-SCHOOL.....1 >> Q4 YES, OTHER GRADES FULL TIME.....2 YES, OTHER GRADES PART TIME.....3 YES COMM. SCHOOL FULL TIME.....4 YES CORRESPONDENCE.....5 YES ADULT LITERACY CLASS...6 >> Q5 YES TERTIARY SCHOOL.....7 OTHER SPECIFY.....8 NO.....9 >> Q5	What grade/ level of education is.....currently attending? [SEE CODES BELOW]	What grade was attending last year? [SEE CODES BELOW] [IF NOT ATTENDING SCHOOL LAST YEAR E.G. JUST STARTED SCHOOL, RECORD 88]	Is the school..... currently attending, a Central Government, Local Government (council), Mission/Religious, Industrial or private school? CENTRAL GOVT.....1 LOCAL GOVT (council).....2 MISSION/RELIGIOUS...3 INDUSTRIAL.....4 PRIVATE.....5 OTHER (SPECIFY).....6 >> [NEXT SECTION]	Has..... ever attended school? YES....1 NO.....2 >> Q 10
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GRADE CODES:-

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

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

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

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

Undergraduate University students.....CODE...15

Post-graduate Certificate/Diploma students.....CODE...16

Masters Degree students.....CODE.....17

Doctoral level and above students.....CODE...18

SECTION 4: EDUCATION (CONT'D)					
	6	7	8	9	10
PID	Was..... attending school last year? [INCLUDING THOSE IN COLLEGES, UNIVERSITIES] YES, NURSERY/PRE-SCHOOL.....1 >> <div style="text-align: right;">NEXT SECT</div> YES, OTHER GRADES FULL TIME.....2 YES, OTHER GRADES PART TIME.....3 YES COMM. SCHOOL FULL TIME.....4 YES CORRESPONDENCE.....5 YES ADULT LITERACY CLASS.....6 >> Q8 YES TERTIARY SCHOOL.....7 OTHER SPECIFY.....8 NO.....9 >> Q8	What grade was.... attending last year? [USE CODES ON PAGE 9]	What was the highest grade..... attained? [USE CODES BELOW]	What was the main reason for.... leaving school at the time? STARTED WORKING/BUSINESS.....01 EXPENSIVE.....02 TOO FAR.....03 NOT SELECTED/FAILED.....04 PREGNANCY.....05 MADE GIRL PREGNANT.....06 COMPLETED STUDIES/SCHOOL.....07 GOT MARRIED.....08 NO NEED TO CONTINUE SCHOOL.....09 SCHOOL NOT IMPORTANT.....10 UNSAFE TO TRAVEL TO SCHOOL.....11 EXPELLED.....12 LACK OF FINANCIAL SUPPORT.....13 NEEDED TO HELP OUT AT HOME.....14 ILLNESS/INJURY/DISABLED.....15 OTHER (SPECIFY).....16 <div style="text-align: right;">>> [NEXT SECTION]</div>	Why has..... never attended school? UNDER-AGE.....01 WAS NEVER ENROLLED.....02 COULDN'T GET A PLACE.....03 EXPENSIVE.....04 NO FINANCIAL SUPPORT.....05 SCHOOL TOO FAR.....06 ILLNESS/INJURY.....07 SCHOOL NOT IMPORTANT...08 UNSAFE TO TRAVEL TO SCHOOL.....09 OTHER (SPECIFY).....10
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GRADE CODES

1-12.....01-12	12 A* LEVEL13	DIPLOMA.....15	MASTERS DEGREE.....17
12 GCE (O' LEVEL).....12	CERTIFICATE.....14	DEGREE.....16	DOCTORAL DEGREE.....18

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

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

[illegible]

[illegible]

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

1. Did any member of this household receive any income from the sale of the following own produced crops

Yes1

No.....2>> next crop

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

	CROPS	AMOUNT IN WORDS (KWACHA)	AMOUNT IN FIGURES (KWACHA)
1	Hybrid Maize <input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2	Local Maize <input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3	Cassava <input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.	Groundnuts <input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5.	Rice <input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6	Millet <input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7.	Sorghum <input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8.	Beans <input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9.	Soya beans <input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10.	Sweet Potatoes <input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
11.	Irish Potatoes <input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
12.	Vegetables <input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
13.	Cotton <input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
14.	Tobacco <input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
15.	Sunflower <input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
16.	Paprika <input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
17.	Other crops <input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

1. Did any member of this household receive any income from the sale of the following livestock Yes1 No.....2>> next Livestock		2. How manywere sold/consumed by all members of your household in the last twelve (12) months?	3. How much income did all members of your household (combined) receive from the sale ofin the last twelve (12) months
	LIVESTOCK	NUMBER SOLD/CONSUMED	INCOME FROM SALES OR VALUE OF CONSUMPTION [KWACHA]
18.1	Sale of own cattle (live) <input type="checkbox"/>	<input type="text"/> <input type="text"/>
18.2	Sale of own cattle (slaughtered) <input type="checkbox"/>	<input type="text"/> <input type="text"/>
18.3	Own cattle consumed <input type="checkbox"/>	<input type="text"/> <input type="text"/>
19.1	Sale of own goats (live) <input type="checkbox"/>	<input type="text"/> <input type="text"/>
19.2	Sale of own goats (slaughtered) <input type="checkbox"/>	<input type="text"/> <input type="text"/>
19.3	Own goats consumed <input type="checkbox"/>	<input type="text"/> <input type="text"/>
20.1	Sale of own sheep (live) <input type="checkbox"/>	<input type="text"/> <input type="text"/>
20.2	Sale of own sheep (slaughtered) <input type="checkbox"/>	<input type="text"/> <input type="text"/>
20.3	Own sheep consumed <input type="checkbox"/>	<input type="text"/> <input type="text"/>
21.1	Sale of own pigs (live) <input type="checkbox"/>	<input type="text"/> <input type="text"/>
21.2	Sale of own pigs (slaughtered) <input type="checkbox"/>	<input type="text"/> <input type="text"/>
21.3	Own pigs consumed <input type="checkbox"/>	<input type="text"/> <input type="text"/>
22	Sale of own produced livestock products such as milk, yoghurt, fat, cheese and hides, in the last 12 months?	 <input type="text"/>

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

	1. Did any member of this household receive any income from the sale of the following poultry Yes1 No.....2>> next poultry	3. How manywere sold/consumed by all members of your household in the last twelve (12) months?	3. How much income did all members of your household (combined) receive from the sale ofin the last twelve (12) months
	POULTRY	NUMBER SOLD/CONSUMED	INCOME FROM SALES OR VALUE OF CONSUMPTION [KWACHA]
23.1	Sale of own chickens <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
23.2	Own chickens consumed <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
23.3	Sale of own guinea fowls <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
23.4	Own guinea fowls consumed <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
23.5	Sale of own ducks and geese <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
23.6	Own ducks and geese consumed <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
23.7	Sale of own turkeys <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
23.8	Own turkeys consumed <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
23.9	Sale of own rabbits <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
23.10	Own rabbits consumed <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
23.11	Sale of own pigeons <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
23.12	Own pigeons consumed <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
23.13	Sale of own quails <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
23.14	Own quails consumed <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
23.15	Sale of own eggs <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
23.16	Own eggs consumed <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	OTHER FARMING INCOME		
24	Other farming income (lease of tractor, agricultural land, scotch cart, lease of transport for produce, hiring out of draught animals, etc.) in the last 12 months?		<input type="text"/>

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

I am now going to ask each member of the household separately about income earned individually

[illegible]

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

PID	28. How much non regular allowances did you receive last month, that is, overtime payments, subsistence allowances, bonuses, etc. from your main job?	29. How much is your regular gross monthly salary/wage including regular allowances such as housing and transport allowances, regular overtime, retention allowance, from your second job?	30. How much non regular allowances did you receive last month that is overtime payments, subsistence allowances, bonuses, etc from your second job?
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SECTION 6: INCOME FOR ALL PERSONS AGED 5 YEARS AND ABOVE (Cont'd)			
PID	31. How much income in-kind do you receive per month e.g. bags of mealie meal, charcoal, etc from your job/s? [CONVERT TO KWACHA EQUIVALENT]	32. How much rent do you receive per month from houses, other buildings, non-agricultural equipment and non-agricultural land you own?	33. How much remittances did you receive last month? [RECORD ONLY FOR THE PERSONS WHO ACTUALLY RECEIVED IT]
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SECTION 6: INCOME FOR ALL PERSONS AGED 5 YEARS AND ABOVE (Cont'd)[illegible]

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

PID	37. How much interest on savings did you receive in the last month?	38. How much interest or dividends on shares, securities, bonds, treasury bills, etc were received during the last 12 months?	39. How much income did you receive from any other sources last month?
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Section 7: Household Assets											ONLY FILL IN IF SOME MEMBER OF THE HOUSEHOLD HAS A PRIVATE BUSINESS. IF NOT CROSS OUT THIS SECTION	
			DO NOT COUNT PERMANENTLY BROKEN ITEMS		IF VALUE OR AGE IS UNKNOWN AS FOR ESTIMATE IF MULTIPLE ITEMS USE MOST RECENT							
			Q1	Q2	Q3	Q4	Q5	Q6				
READ OUT			Does this household own [ITEM]	How many [ITEM]s does your household own?	How many years ago was [ITEM] obtained? (MOST RECENT ONE) IF LESS THAN ONE YEAR AGO	What was the value of [ITEM] at the time of purchase? (MOST RECENT ONE)	How much would you get, if you sold [ITEM] today? (MOST RECENT ON)	Do you use [ITEM] for private or business activities? Please rank usage:				
			YES 1					Mainly private 1				
			NO 2					Private and business 2				
			>> NEXT ITEM					Mainly business 3				
			CODE	NUMBER	YEARS	VALUE IN KWACHA	VALUE IN KWACHA	CODE				
GENERAL ITEMS	1	Bed										
	2	Matress										
	3	Mosquito net										
	4	Table (dinning)										
	5	Lounge suit/ sofa										
	6	Radio/ Stereo										
	7	Television										
	8	Satelite dish/ decoder (free to air)										
	9	Satelite dish/ decoder (DSTV)										
	10	Other pay TV										
	11	DVD/VCR										
	12	Home theater										
	13	Land Phone										
	14	Cellular phone										
	15	Computer										
	16	Watch										
	17	Clock										
KITCHEN/ HOUSEHOLD	18	Residential Building										
	19	Non-residential building										
	20	Brazier/ Mbaula										
	21	Gas stove										
	22	Electric stove										
	23	Refrigerator										
	24	Deep freezer										
	25	Washing machine										
	26	Dish washer										
	27	Air conditioner/ ventilator										
	28	Electric iron										
	29	Non-electric iron										
	30	Private water pump										
TOOLS & MACHINES	31	Sewing machine										
	32	Hand hammer mill										
	33	Grinding/ hammer mill (powered)										
	34	sheller										
	35	Ramp presses/ oil expellers										

Section 7: Household Assets								
			Q1	Q2	Q3	Q4	Q5	Q6
		READ OUT	Does this household own [ITEM]? YES 1 NO 2 >> NEXT ITEM	How many [ITEMS] does your household own?	How many years ago was [ITEM] obtained? (MOST RECENT) IF LESS THAN ONE YEAR AGO ENTER "0"	What was the value of [ITEM] at the time of purchase? (MOST RECENT ONE)	How much would you get, if you sold [ITEM] today? (MOST RECENT ON)	Do you use [ITEM] for private or business activities? Please rank usage: Mainly private 1 Private and business 2 Mainly business 3
			CODE	NUMBER	YEARS	VALUE IN KWACHA	VALUE IN KWACHA	CODE
TOOLS & MACHINES 2	36	Hand saw						
	37	Carpentry plane						
	38	Axe						
	39	Pick						
	40	Hoe						
	41	Hammer						
	42	Shovel/spade						
	43	Fishing net						
	44	Hunting gun						
	45	Plough						
	46	Crop sprayer						
	47	Knitting machine						
TRANSPORT	48	Lawn mowers						
	49	Generator						
	50	Small/ hand-driven tractor						
	51	4 wheel tractor						
	52	Wheel barrow						
	53	Scotch cart						
	54	Bicycle						
	55	Motor cycle						
	56	Large truck						
	57	Small/ pick-up truck						
	58	Van/ minibus						
	59	Car						
ANIMALS	60	Canoe						
	61	Boat						
ANIMALS	62	Oxen						
	63	Donkey						
FILL IN OTHER ASSETS OF HIGH VALUE. IF MORE THAN TWO FILL IN ASSETS OF HIGHEST VALUE								
OTHER	64	Other (specify)						
	65	Other (specify)						
	66	Other (specify)						

SECTION 8: HOUSEHOLD AMENITIES AND HOUSING CONDITIONS

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

No.	QUESTION	CATEGORY AND CODE	CODE
1A	What kind of dwelling does your household live in?	TRADITIONAL HUT1 HOSTEL..... 10 IMPROVED TRADITIONAL HOUSE2 NON-RESIDENTIAL BUILDING DETACHED HOUSE3 (EG SCHOOL CLASSROOM, ETC) 11 FLAT/APARTMENT/MULTI-UNIT4 UNCONVENTIONAL (EG KANTEMBA, SEMI-DETACHED HOUSE.....5 STORAGE CONTAINER, ETC)..... 12 SERVANTS QUARTERS.....6 OTHER (SPECIFY) 13 GUEST WING7 COTTAGE8 HOUSE ATTACHED TO/ON TOP OF SHOP ETC9	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>
1B	How many rooms are occupied by this household excluding bathrooms and toilets? (For rural areas count the number of rooms in each hut belonging to the household collectively)	NUMBER <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block; vertical-align: middle;"></div>	
2	On what basis does your household occupy the dwelling you live in? Is it [...]? READ OUT	Owner-occupied1 >> Q4E House owned and provided Rented from local Government (District council)2 free by employer7 >> Q4E Rented from Central Government.....3 Other free housing8 >> Q4E Rented from Private Company4 Other (Specify)9 >> Q4E Rented from Parastatal (e.g. ZSIC, NAPS, NHA, ZIMCO, etc).....5 Rented from private persons (landlord)6	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>
3	How is the rent paid? Is it [...]? READ OUT	Deducted from salary but paid in full1 Other (Specify)5 >> Q4C Deducted from salary and subsidized by employer.....2 Not applicable6 Paid directly by the household.....3 Don't know7 Paid by employer4 >> Q4C	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>
4A	In what installments or period do you pay your rent? Is it [...]? READ OUT	Monthly.....1 Other (Specify)5 Every two (2) months2 Every three (3) months3 Not applicable6 Every six (6) months4	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>
4B	How much rent do you pay per month?	AMOUNT IN KWACHA <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block; vertical-align: middle;"></div>	
4C	Does this rent include charges for electricity?	YES.....1 NO2	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>
4D	Does this rent include charges for water?	YES.....1 NO2	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>
4E	If you were to rent out this house, how much would it fetch per month (excl water and electricity)?	AMOUNT IN KWACHA <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block; vertical-align: middle;"></div>	
QUESTION 5 ONLY FOR HOUSEHOLDS WHO OWN PROPERTY			
5A	How much do you pay for ground rates per year?	AMOUNT IN KWACHA <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block; vertical-align: middle;"></div>	
5B	How much do you pay for property rates per six months?	AMOUNT IN KWACHA <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block; vertical-align: middle;"></div>	
5C	Do you pay mortgage for your dwelling?	YES1 DON'T KNOW3 >> Q6 NO2 >> Q6	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>
5D	How much do you pay for mortgage per month?	AMOUNT IN KWACHA <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block; vertical-align: middle;"></div>	

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

6	What kind of building materials is/are the [...] of this dwelling made of ? [IF A MULTI-STOREY/UNIT BUILDING RECORD BUILDING MATERIALS OF THE OUTER ROOF (ROOF TOP) AND OUTER WALL].	<table border="1"> <thead> <tr> <th colspan="2">(A) ROOF</th> </tr> </thead> <tbody> <tr> <td>ASBESTOS SHEETS</td> <td>1 OTHER (SPECIFY) 7</td> </tr> <tr> <td>ASBESTOS TILES.....</td> <td>2</td> </tr> <tr> <td>OTHER/ NON-ASBESTOS TILES</td> <td>3 NOT APPLICABLE..... 8</td> </tr> <tr> <td>IRON SHEETS</td> <td>4 DON'T KNOW 9</td> </tr> <tr> <td>GRASS/STRAW/THATCH</td> <td>5</td> </tr> <tr> <td>CONCRETE</td> <td>6</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="2">(B) WALLS</th> </tr> </thead> <tbody> <tr> <td>PAN BRICK</td> <td>1 STEEL..... 10</td> </tr> <tr> <td>CONCRETE BRICK.....</td> <td>2 HARDBOARD..... 11</td> </tr> <tr> <td>MUD BRICK</td> <td>3 A MIXTURE OF HARDBOARD, TIN</td> </tr> <tr> <td>BURNT BRICK.....</td> <td>4 SHEET, PLASTIC, ETC 12</td> </tr> <tr> <td>POLE</td> <td>5 OTHER (SPECIFY) 13</td> </tr> <tr> <td>POLE & DAGGA</td> <td>6</td> </tr> <tr> <td>MUD.....</td> <td>7 NOT APPLICABLE..... 14</td> </tr> <tr> <td>GRASS/STRAW.....</td> <td>8 DON'T KNOW 15</td> </tr> <tr> <td>IRON SHEETS</td> <td>9</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="2">(C) FLOOR</th> </tr> </thead> <tbody> <tr> <td>CONCRETE ONLY.....</td> <td>1 OTHER (SPECIFY)..... 5</td> </tr> <tr> <td>COVERED CONCRETE</td> <td>2</td> </tr> <tr> <td>MUD.....</td> <td>3 NOT APPLICABLE 6</td> </tr> <tr> <td>WOOD ONLY</td> <td>4 DON'T KNOW 7</td> </tr> </tbody> </table>	(A) ROOF		ASBESTOS SHEETS	1 OTHER (SPECIFY) 7	ASBESTOS TILES.....	2	OTHER/ NON-ASBESTOS TILES	3 NOT APPLICABLE..... 8	IRON SHEETS	4 DON'T KNOW 9	GRASS/STRAW/THATCH	5	CONCRETE	6	(B) WALLS		PAN BRICK	1 STEEL..... 10	CONCRETE BRICK.....	2 HARDBOARD..... 11	MUD BRICK	3 A MIXTURE OF HARDBOARD, TIN	BURNT BRICK.....	4 SHEET, PLASTIC, ETC 12	POLE	5 OTHER (SPECIFY) 13	POLE & DAGGA	6	MUD.....	7 NOT APPLICABLE..... 14	GRASS/STRAW.....	8 DON'T KNOW 15	IRON SHEETS	9	(C) FLOOR		CONCRETE ONLY.....	1 OTHER (SPECIFY)..... 5	COVERED CONCRETE	2	MUD.....	3 NOT APPLICABLE 6	WOOD ONLY	4 DON'T KNOW 7	<div data-bbox="1287 184 1365 226"></div> <div data-bbox="1287 436 1365 478"></div> <div data-bbox="1287 667 1365 709"></div>
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IRON SHEETS	9																																														
(C) FLOOR																																															
CONCRETE ONLY.....	1 OTHER (SPECIFY)..... 5																																														
COVERED CONCRETE	2																																														
MUD.....	3 NOT APPLICABLE 6																																														
WOOD ONLY	4 DON'T KNOW 7																																														
7	What is the main source of water supply for this household?	<table border="1"> <tbody> <tr> <td>DIRECTLY FROM RIVER/ LAKE/ STREAM/DAM</td> <td>1 OTHER TAP (EG FROM NEARBY BUILDING)..... 10</td> </tr> <tr> <td>RAINWATER.....</td> <td>2 WATER KIOSK 11</td> </tr> <tr> <td>UNPROTECTED WELL</td> <td>3 BOUGHT FROM OTHER VENDOR..... 12</td> </tr> <tr> <td>PROTECTED WELL.....</td> <td>4 OTHER (SPECIFY) 13</td> </tr> <tr> <td>BOREHOLE</td> <td>5</td> </tr> <tr> <td>UNPROTECTED SPRING</td> <td>6</td> </tr> <tr> <td>PROTECTED SPRING.....</td> <td>7</td> </tr> <tr> <td>PUBLIC TAP.....</td> <td>8</td> </tr> <tr> <td>OWN TAP</td> <td>9</td> </tr> </tbody> </table>	DIRECTLY FROM RIVER/ LAKE/ STREAM/DAM	1 OTHER TAP (EG FROM NEARBY BUILDING)..... 10	RAINWATER.....	2 WATER KIOSK 11	UNPROTECTED WELL	3 BOUGHT FROM OTHER VENDOR..... 12	PROTECTED WELL.....	4 OTHER (SPECIFY) 13	BOREHOLE	5	UNPROTECTED SPRING	6	PROTECTED SPRING.....	7	PUBLIC TAP.....	8	OWN TAP	9	<div data-bbox="1287 919 1365 961"></div>																										
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RAINWATER.....	2 WATER KIOSK 11																																														
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UNPROTECTED SPRING	6																																														
PROTECTED SPRING.....	7																																														
PUBLIC TAP.....	8																																														
OWN TAP	9																																														
8	How far is this source of water from this house? [IF LESS THAN ONE KILOMETRE ENTER "0"]	DISTANCE IN KILOMETRES <div data-bbox="719 1161 873 1203"></div>																																													
9	What is the main source of drinking water for this household?	<table border="1"> <tbody> <tr> <td>DIRECTLY FROM RIVER/ LAKE/ STREAM/DAM</td> <td>1 OTHER TAP (EG FROM NEARBY BUILDING)..... 10</td> </tr> <tr> <td>RAINWATER.....</td> <td>2 WATER KIOSK 11</td> </tr> <tr> <td>UNPROTECTED WELL</td> <td>3 BOUGHT FROM OTHER VENDOR..... 12</td> </tr> <tr> <td>PROTECTED WELL.....</td> <td>4 BOTTLED WATER 13 >> Q12</td> </tr> <tr> <td>BOREHOLE</td> <td>5 OTHER (SPECIFY)..... 14</td> </tr> <tr> <td>UNPROTECTED SPRING</td> <td>6</td> </tr> <tr> <td>PROTECTED SPRING.....</td> <td>7</td> </tr> <tr> <td>PUBLIC TAP.....</td> <td>8</td> </tr> <tr> <td>OWN TAP</td> <td>9</td> </tr> </tbody> </table>	DIRECTLY FROM RIVER/ LAKE/ STREAM/DAM	1 OTHER TAP (EG FROM NEARBY BUILDING)..... 10	RAINWATER.....	2 WATER KIOSK 11	UNPROTECTED WELL	3 BOUGHT FROM OTHER VENDOR..... 12	PROTECTED WELL.....	4 BOTTLED WATER 13 >> Q12	BOREHOLE	5 OTHER (SPECIFY)..... 14	UNPROTECTED SPRING	6	PROTECTED SPRING.....	7	PUBLIC TAP.....	8	OWN TAP	9	<div data-bbox="1287 1329 1365 1371"></div>																										
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UNPROTECTED SPRING	6																																														
PROTECTED SPRING.....	7																																														
PUBLIC TAP.....	8																																														
OWN TAP	9																																														
10	Do you treat your drinking water?	YES..... 1 NO 2 >> Q12	<div data-bbox="1287 1581 1365 1623"></div>																																												
11	How do you treat your drinking water?	BOIL..... 1 OTHER (SPECIFY)..... 3 ADD CHLORINE..... 2	<div data-bbox="1287 1680 1365 1722"></div>																																												
12	How much on average are you charged for water per month ? [ENTER "0" IF HOUSEHOLD IS PROVIDED WITH WATER FOR FREE]	AMOUNT IN KWACHA <div data-bbox="748 1837 1052 1879"></div>																																													

SECTION 8: HOUSEHOLD AMENITIES AND HOUSING CONDITIONS (Cont'd)				
13	What is the main type of energy used for lighting in your household?	KEROSINE/PARAFFIN 1 ELECTRICITY 2 SOLAR PANEL 3 CANDLE 4 DIESEL 5 OPEN FIRE 6 TORCH 7	NONE 8 OTHER (SPECIFY) 9	<input type="text"/> <input type="text"/>
14	What is the main type of energy that your household uses for cooking?	COLLECTED FIREWOOD 1 PURCHASED FIREWOOD 2 CHARCOAL OWN PRODUCED 3 CHARCOAL PURCHASED 4 COAL 5 KEROSINE/PARAFFIN 6	GAS 7 ELECTRICITY 8 SOLAR 9 CROP/LIVESTOCK RESIDUES 10 OTHER (SPECIFY) 11	<input type="text"/> <input type="text"/>
15	What is the main type of cooking device used by your household?	STOVE/COOKER 1 BRAZIER (MBAULA) 2 CLAY STOVE (MBAULA) 3 BRICK/STONE STAND ON OPEN FIRE 4 METAL STAND ON OPEN FIRE 5 VEHICLE TYRE RIM 6 HOT PLATE WITHOUT STAND 7	HOT PLATE ON WELDED STAND 8 OTHER (SPECIFY) 9	<input type="text"/> <input type="text"/>
16A	Is your house connected to electricity?	YES 1 NO 2 >> Q17A		<input type="text"/> <input type="text"/>
16B	How much on average are you charged for electricity per month? [ENTER "0" IF HOUSEHOLD IS PROVIDED WITH ELECTRICITY FOR FREE]	AMOUNT IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
17A	What is the main type of toilet facility for this household? [READ OUT]	OWN FLUSH TOILET INSIDE THE HOUSEHOLD 1 OWN FLUSH TOILET OUTSIDE THE HOUSEHOLD 2 OWN PIT LATRINE WITH SLAB 3 COMMUNAL PIT LATRINE WITH SLAB 4 NEIGHBOUR'S/ ANOTHER HOUSEHOLD'S PIT LATRINE WITH SLAB 5 OWN PIT LATRINE WITHOUT SLAB 6	COMMUNAL PIT LATRINE WITHOUT SLAB 7 NEIGHBOUR'S/ ANOTHER HOUSEHOLD'S PIT LATRINE WITHOUT SLAB 8 BUCKET/ OTHER CONTAINER 9 AQUA PRIVY 10 NONE 11 OTHER (SPECIFY) 12	<input type="text"/> <input type="text"/>
17B	If flush/ pour flush: Where is the sewerage piped into?	Piped sewer system 1 Septic tank 2 Pit latrine 3	Other (specify) 4 Don't know 5	<input type="text"/> <input type="text"/>
18	What is the main method of garbage disposal that this household uses?	REFUSE COLLECTED 1 PIT 2 DUMPING 3 BURNING 4	OTHER (SPECIFY) 5	<input type="text"/> <input type="text"/>

SECTION 9: HOUSEHOLD ACCESS TO FACILITIES

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

		1	2	3	4	5	6
		Do you know where the nearest is located? YES....1 NO....2 >> NEXT FACILITY	How far is it to the nearest.....? [READ OUT FACILITIES] [GIVE DISTANCE IN KM. IF LESS THAN A KILOMETRE ENTER 00 IF MORE THAN 90KM ENTER 90. IF DON'T KNOW ENTER 99]	Do you use this facility? YES...1 NO....2 >> Q 6	Normally, by what means do you get there? ON FOOT.....1 BICYCLE.....2 MOTORBIKE.....3 SCOTCH CART..4 PUBLIC TRANSPORT.....5 PERSONAL VEHICLE.....6 OTHER (SPECIFY).....7	Normally how long does it take you to get there? LESS THAN 10 MIN.....1 BETWEEN10-19 MIN.....2 BETWEEN20-29 MIN.....3 BETWEEN30-59MIN.....4 1 HOUR AND ABOVE5 [NEXT SECTION]	What is the reason for not using the facility? TOO EXPENSIVE/ CANT AFFORD.....1 TOO FAR.....2 POOR ADMINISTRATION...3 POOR QUALITY/ POOR SERVICE.....4 CORRUPTION5 DONT NEED TO USE FACILITY.....6 NOT AWARE OF SUCH FACILITY.....7 OTHER SPECIFY.....8
1.01	Food Market	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.02	Post Office/postal agency	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.03	Community School	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.04	Lower Basic School (1 – 4)	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.05	Middle Basic School (1 – 7)	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.06	Upper Basic School (1 – 9)	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.07	High School	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.08	Secondary School	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.09	Health Facility (Health post/center/clinic/hospital)	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.10	Hammer mill	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.11	Input market (for seeds, fertilizer, agricultural implements)	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.12	Police station/post	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.13	Bank	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.14	Public transport (road, or rail, or water transport)	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.15	Public Phone	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.16	Internet Café	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 10: AGRICULTURAL PRODUCTION

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

NO.	QUESTION	CATEGORY AND CODE	CODE
1.	Did any member of this household grow or anybody grow on their behalf any food crops in the last agricultural season, that is, between the period October 2013 and Sept 2014?	YES.....1 NO.....2 >> QUESTION 7	<input type="checkbox"/>

PRODUCTION

	2	3	4	5	6
CROPS	Did any member of this household or anybody grow on their behalf any... during the last agricultural season? YES ..1 NO...2 >> NEXT CROP	What was the area planted under this crop? LIMA.....1 ACRE.....2 HECTARE.....3 AREA UNIT	From what you planted, what quantity of ... did all the members of the household harvest? [CODES FOR THE UNIT] KG.....1 20 Ltr Tin.....2 25KG Bag.....3 50KG Bag.....4 90KG Bag.....5 QUANTITY UNIT	What quantity of ... did the household sell? [CODES FOR THE UNIT] KG.....1 20 Ltr Tin.....2 25KG Bag.....3 50KG Bag.....4 90KG Bag.....5 QUANTITY UNIT	How much was realised from the sell of...? [TOTAL VALUE IN KWACHA]
1.1 Local Maize	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.2 Hybrid Maize	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.3 Cassava (FLOUR)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.4 Millet (THRESHED)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.5 Sorghum	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.6 Rice (PADDY)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.7 Mixed beans	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.8 Soya beans	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.9 Sweet Potatoes	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.10 Irish Potatoes	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.11 Groundnuts (SHELLED)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION 10: AGRICULTURAL PRODUCTION (Cont'd)					
I am now going to ask you questions about production of agricultural non-food crops, ownership of livestock and poultry, and fish farming activities by the household					
7		8		9	
Did any member of this household grow or anybody grow on their behalf the following non-food crops in the last agricultural season, that is, between the period October 2013 and Sept 2014?		What was the Area under this crop?		What quantity of did all the members of the household harvest?	
CROPS	YES.....1 NO.....2>>NEXT CROP	LIMA.....1 ACRE.....2 HECTARE.....3		[CODES FOR THE UNIT] KG.....1 20 Ltr TIN.....2 25KG Bag.....3 50KG Bag.....4 90 KG Bag.....5	
		QUANTITY	UNIT	QUANTITY	UNIT
Cotton	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/>
Tobacco	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/>
Sunflower	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/>
Paprika	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/>
Flowers	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/>
LIVESTOCK/POULTRY OWNERSHIP			CATEGORY AND CODE		
10.	Does any member of this household own any.....?		YES.....1 NO.....2 >> NEXT TYPE OF LIVESTOCK		
A	Cattle.....	<input type="checkbox"/>	NUMBER OF CATTLE OWNED <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
B	Goats.....	<input type="checkbox"/>	NUMBER OF GOATS OWNED <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
C	Pigs.....	<input type="checkbox"/>	NUMBER OF PIGS OWNED <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
D	Sheep.....	<input type="checkbox"/>	NUMBER OF SHEEP OWNED <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
11.	Does any member of this household own any.....?		YES.....1 NO.....2 >> NEXT TYPE OF POULTRY		
A	Chickens.....	<input type="checkbox"/>	NUMBER OF CHICKENS OWNED <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
B	Ducks & Geese.....	<input type="checkbox"/>	NUMBER OF DUCKS & GEESE OWNED <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
C	Guinea fowls.....	<input type="checkbox"/>	NUMBER OF GUINEA FOWLS OWNED <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
D	Any other poultry (e.g. turkey, rabbits, pigeons, quails).....	<input type="checkbox"/>	NUMBER OF OTHER POULTRY OWNED <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
12.1	Is any member of this household engaged in fish farming?		YES.....1 NO.....2 >> Q 13 <input type="checkbox"/>		
12.2	Quantity of fish harvested in the last 12 months		Kilograms <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
12.3	How much revenue did the household receive from selling fish from fishponds?		AMOUNT IN WORDS KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

SECTION 10: AGRICULTURAL PRODUCTION (Cont'd)

I am now going to ask you questions about costs and expenses incurred during the last agriculture season, that is, the period between October 2013 and September 2014 for the production of crops

	13	14	15	16	17
CROP PRODUCTION	Did you use /incur during the last agriculture season? YES.....1 NO.....2 >> 16	How much was spent in cash and in kind on..... during the last agriculture season? [CONVERT IN KIND TO CASH EQUIVALENT]	What was the source of the? PRIVATE SECTOR.....1 COOPERATIVES.....2 MIN OF AGRICULTURE.....3 MIN OF COMMUNITY DEVT....4 NGOs.....5 OTHER SPECIFY.....6	Was/were the..... obtainable/available during the last agricultural season when needed? YES SOMETIMES.....1 YES ALL THE TIME.....2 >> NEXT ITEM NO.....3 N/A4 >>>18	Why was the Unobtainable? INPUT MARKET TOO FAR.....1 INPUTS WERE NOT ENOUGH.....2 LATE DELIVERY OF INPUTS.....3 TOO EXPENSIVE.....4 OTHER SPECIFY.....5
A. Fertilizer (Inorganic)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Organic Fertilizer	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Insecticides	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Herbicides	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Any crop storage facility	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Purchased seed, seedlings etc	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Irrigation equipment	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Bags, containers, strings	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Petrol/ diesel/ oil	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Costs on repairs/ maintenance of agricultural equipment including purchase of spare parts	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Hired labour	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Any transport costs	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Hired animals	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Hired equipment	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Local hand tools	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Imported hand tools	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Any other crop production related costs	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 10: AGRICULTURAL PRODUCTION (Cont'd)

I am now going to ask you questions about costs and expenses incurred during the last agriculture season, that is, the period between October 2013 and September 2014 for the production of livestock

	18	19	20	21	22										
LIVESTOCK PRODUCTION	Did you use/pay for during the last agriculture season? YES.....1 NO.....2>> 21	How much was spent in cash and in kind on..... during the Last agriculture season? [CONVERT IN KIND TO CASH EQUIVALENT]	What was the main source of ...? PRIVATE SECTOR.....1 COOPERATIVES.....2 MIN OF AGRICULTURE...3 NGOs.....4 MIN OF COMMUNITY DEVT.....5 OTHER SPECIFY.....6	Was/were the..... obtainable/available during the last agricultural season when needed? YES SOMETIMES.....1 YES ALL THE TIME.....2 >> NEXT ITEM NO.....3 N/A.....4>>>NEXT ITEM	Why was the Unobtainable? INPUT MARKET TOO FAR.....1 INPUTS WERE NOT ENOUGH.....2 LATE DELIVERY OF INPUTS.....3 TOO EXPENSIVE.....4 OTHER SPECIFY.....5										
A. Animal Feed including salt	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Veterinary services including vaccination and medicine	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Any hired Labour	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Maintenance of pens, stables	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Transport	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Commission on sale of animals	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													
G. Compensation for damage caused by animals	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													
H. Any other livestock production related costs	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FISH FARMING - I am now going to ask you questions about costs and expenses incurred during the last agriculture season, that is, the period between October 2013 and September 2014 for fish farming

A. Purchase of fingerlings	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Feed	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Hired labour	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Repairs and Maintenance of fish ponds	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Repairs and Maintenance of fish pond related equipment	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Medicines for fish	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Transport costs	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Hand tools	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Other fish farming production related costs	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I am now going to find out how much this household spent on different items as well as how much was consumed in the last four/two weeks

Section 11A: Household Expenditure

GIFTS, FOOD FOR WORK, RELIEF FOOD

		PURCHASES		OWN PRODUCTION							
	LAST 4 WEEKS	Q1 Did this household purchase/consume/receive..... during the last 4 weeks?	Q2 During the last 4 weeks, how much did your household spend on [ITEM]? (IN TOTAL)	Q3 How many [UNITS] of [ITEM] did your household purchase for that amount?	Q4 During the last 4 weeks, how many [UNITS] of own produced [ITEM] did your household consume?	Q5 How much would this [ITEM] cost if you were to buy it?	Q6 During the last 4 weeks, how many [UNITS] of [ITEM] did your household receive without payment?	Q7 How much would this [ITEM] cost if you were to buy it?			
	READ OUT	YES	1								
		NO	2								
		>> NEXT ITEM									
	FILL IN PER ROW	DON'T KNOW	3								
		>> NEXT ITEM									
			VALUE IN KWACHA	QUANTITY	UNIT CODE	QUANTITY	UNIT CODE	VALUE IN KWACHA	QUANTITY	UNIT CODE	VALUE IN KWACHA

Cereals DURING LAST 4 WEEKS										
1	Maize grain unshelled									
2	Maize grain shelled									
3	Breakfast mealie meal									
4	Roller meal									
5	Hammer mealie meal									
6	Pounded maize meal									
7	Cost of milling									

	LAST 2 WEEKS	Q1 Did this household purchase/consume/receiveduring the last 2 weeks?	Q2 During the last 2 weeks, how much did your household spend on [ITEM]? (IN TOTAL)	Q3 How many [UNITS] of [ITEM] did your household purchase for that amount?	Q4 During the last 2 weeks, how many [UNITS] of own produced [ITEM] did your household consume?	Q5 How much would this [ITEM] cost if you were to buy it?	Q6 During the last 2 weeks, how many [UNITS] of [ITEM] did your household receive without payment?	Q7 How much would this [ITEM] cost if you were to buy it?
	READ OUT	YES	1					
		NO	2					
		>> NEXT ITEM						
	FILL IN PER ROW	DON'T KNOW	3					
		>> NEXT ITEM						
			VALUE IN KWACHA	QUANTITY	UNIT CODE	QUANTITY	UNIT CODE	VALUE IN KWACHA

8	Millet							
9	Sorghum unshelled							
10	Sorghum shelled							
11	Rice shelled							
12	Rice unshelled							
13	Wheat/Flour							
14	Bread/Bread rolls							
15	Buns/ scones							
16	Fritters							
17	Other cereal/ bread items							

Roots and Tubers DURING LAST 2 WEEKS										
18	Sweet potatoes unpeeled									
19	Sweet potatoes peeled									
20	Potatoes unpeeled									
21	Potatoes peeled									
22	Cassava (tubers)									
23	Cassava (flour)									
24	Other roots/ tubers									

UNIT CODES	UNITS
B90	90 KG BAG
B50	50 KG BAG
B25	25 KG BAG
B10	10 KG BAG
T20	20 LITRE TIN
T10	10 LITRE TIN
T5	5 LITRE TIN
P	PIECE/ NUMBER
KG	KILOGRAMS
GR	GRAM
LT	LITRE
ML	MILLILITRE
BOT500	BOTTLE 500 ML
BOT750	BOTTLE 750 ML
BOT2.5	BOTTLE 2.5 LT
BP	BP
HP	HEAP
PL	PLATE
CU	CUP
GAL	GALLON
BK	BUCKET
BD	BUNDLE
MD	MEDA
OT	OTHER

FREQUENT FOODS

Section 11A: Household Expenditure

Section 11A: Household Expenditure			PURCHASES			OWN PRODUCTION			GIFTS, FOOD FOR WORK, RELIEF FOOD					
LAST 2 WEEKS	Q1		Q2		Q3		Q4		Q5		Q6		Q7	
	Did this household purchase/consume/receive, during the last 2 weeks?		During the last 2 weeks, how much did your household spend on [ITEM]? (IN TOTAL)		How many [UNITS] of [ITEM] did your household purchase for that amount?		During the last 2 weeks, how many [UNITS] of own produced [ITEM] did your household consume?		How much would this [ITEM] cost if you were to buy it?		During the last 2 weeks, how many [UNITS] of [ITEM] did your household receive without payment?		How much would this [ITEM] cost if you were to buy it?	
	YES													
	NO													
	>> NEXT ITEM													
	DONT KNOW													
FILL IN PER ROW														
				VALUE IN KWACHA		QUANTITY	UNIT CODE	QUANTITY	UNIT CODE	VALUE IN KWACHA	QUANTITY	UNIT CODE	VALUE IN KWACHA	
Pulses and Legumes DURING LAST 2 WEEKS														
25	Fresh beans (excl Green beans) unshelled													
26	Fresh beans (excl Green beans) shelled													
27	Sunflower shelled													
28	Soya beans shelled													
29	Dried beans													
30	Groundnuts unshelled													
31	Groundnuts shelled													
32	Bambara shelled													
33	Cowpeas unshelled													
34	Peas													
35	Other pulses, legumes													
Vegetables DURING LAST 2 WEEKS														
36	Onions													
37	Tomatoes													
38	Cabbages													
39	Rape													
40	Okra													
41	Pumpkin leaves (chibwabwa)													
42	Cassava leaves													
43	Kalembula													
44	Bondwe													
45	Impwa													
46	Cucumber													
47	Green beans													
48	Carrots													
49	Pumpkin													
50	Green Maize													
51	Other Vegetables													

UNIT CODES	UNITS
B90	90 KG BAG
B50	50 KG BAG
B25	25 KG BAG
B10	10 KG BAG
T20	20 LITRE TIN
T10	10 LITRE TIN
T5	5 LITRE TIN
P	PIECE/ NUMBER
KG	KILOGRAMS
GR	GRAM
LT	LITRE
ML	MILLILITRE
BOT500	BOTTLE 500 ML
BOT750	BOTTLE 750 ML
BOT2.5	BOTTLE 2.5 LT
BP	BP
HP	HEAP
PL	PLATE
CU	CUP
GAL	GALLON
BK	BUCKET
BD	BUNDLE
MD	MEDA

Section 11A: Household Expenditure

Section 11A: Household Expenditure			PURCHASES			OWN PRODUCTION			GIFTS, FOOD FOR WORK, RELIEF FOOD			
LAST 2 WEEKS	Q1	Q2	Q3		Q4		Q5		Q6		Q7	
	Did this household purchase/consume/receive. during the last 2 weeks?	During the last 2 weeks, how much did your household spend on [ITEM]? (IN TOTAL)	How many [UNITS] of [ITEM] did your household purchase for that amount?		During the last 2 weeks, how many [UNITS] of own produced [ITEM] did your household consume?		How much would this [ITEM] cost if you were to buy it?		During the last 2 weeks, how many [UNITS] of [ITEM] did your household receive without payment?		How much would this [ITEM] cost if you were to buy it?	
	READ OUT	YES	1									
		NO	2									
		>> NEXT ITEM										
FILL IN PER ROW	DON'T KNOW	3										
	>> NEXT ITEM											
		VALUE IN KWACHA	QUANTITY	UNIT CODE	QUANTITY	UNIT CODE	VALUE IN KWACHA	QUANTITY	UNIT CODE	VALUE IN KWACHA		

FREQUENT FOODS	Fruits DURING LAST 2 WEEKS											UNIT CODES	UNITS
	52	Oranges										B90	90 KG BAG
	53	Apples										B50	50 KG BAG
	54	Mangoes										B25	25 KG BAG
	55	Bananas										B10	10 KG BAG
	56	Pawpaws										T20	20 LITRE TIN
	57	Water melons										T10	10 LITRE TIN
	58	Lemons										T5	5 LITRE TIN
	59	Pineapples										P	PIECE/ NUMBER
	60	Pears										KG	KILOGRAMS
	61	Guavas										GR	GRAM
	62	Avocados										LT	LITRE
	63	Other Fruits										ML	MILLILITRE
FREQUENT FOODS	Fish DURING LAST 2 WEEKS												
	64	Kapenta (fresh)										BOT 500	BOTTLE 500 ML
	65	Kapenta (frozen)										BOT 750	BOTTLE 750 ML
	66	Kapenta (dried/smoked)										BOT 2.5	BOTTLE 2.5 LT
	67	Bream (fresh)										BP	BP
	68	Bream (frozen)										HP	HEAP
	69	Bream (dried/ smoked)										PL	PLATE
	70	Buka Buka (fresh)										CU	CUP
	71	Buka Buka (frozen)										GAL	GALLON
	72	Buka Buka (dried/ smoked)										BK	BUCKET
	73	Other fish (fresh)										BD	BUNDLE
	74	Other fish (frozen)										MD	MEDA
	75	Other fish (dried/smoked)										OT	OTHER
	76	Other fish & fish products											
FREQUENT FOODS	Meat and Poultry I DURING LAST 2 WEEKS												
	77	Chicken (fresh)											
	78	Chicken (Frozen)											
	79	Chicken (dried/smoked)											
	80	Other poultry (fresh)											
	81	Other Poultry (frozen)											
	82	Other poultry (dried/smoked)											
	83	Beef (fresh)											
	84	Beef (frozen)											
	85	Beef (dried/smoked)											

Section 11A: Household Expenditure

			PURCHASES			OWN PRODUCTION			GIFTS, FOOD FOR WORK, RELIEF FOOD					
LAST 2 WEEKS	Q1		Q2		Q3		Q4		Q5		Q6		Q7	
	Did this household purchase/consume/receive. during the last 2 weeks?		During the last 2 weeks, how much did your household spend on [ITEM]? (IN TOTAL)		How many [UNITS] of [ITEM] did your household purchase for that amount?		During the last 2 weeks, how many [UNITS] of own produced [ITEM] did your household consume?		How much would this [ITEM] cost if you were to buy it?		During the last 2 weeks, how many [UNITS] of [ITEM] did your household receive without payment?		How much would this [ITEM] cost if you were to buy it?	
	READ OUT													
	YES													
	NO													
	>> NEXT ITEM													
	DONT KNOW													
>> NEXT ITEM														
FILL IN PER ROW		VALUE IN KWACHA		QUANTITY	UNIT CODE	QUANTITY	UNIT CODE	VALUE IN KWACHA		QUANTITY	UNIT CODE	VALUE IN KWACHA		

FREQUENT FOODS

Meat and Poultry II DURING LAST 2 WEEKS												UNIT CODES	UNITS
86	Pork (fresh)												
87	Pork (frozen)											B90	90 KG BAG
88	Pork (dried/smoked)											B50	50 KG BAG
89	Goat meat (fresh)											B25	25 KG BAG
90	Goat meat (dried)											B10	10 KG BAG
91	Sheep meat (fresh)											T20	20 LITRE TIN
92	Sheep meat (frozen)											T10	10 LITRE TIN
93	Sheep meat (dried)											T5	5 LITRE TIN
94	Game meat (fresh)											P	PIECE/ NUMBER
95	Game meat (frozen)											KG	KILOGRAMS
96	Game meat (dried/smoked)											GR	GRAM
97	Other meat											LT	LITRE
												ML	MILLILITRE
Dairy Products and Eggs DURING LAST 2 WEEKS												BOT500	BOTTLE 500 ML
98	Milk (fresh)												
99	Milk (powdered, excl baby milk)											BOT750	BOTTLE 750 ML
100	Eggs											BOT2.5	BOTTLE 2.5 LT
101	Cheese											BP	BP
102	Other dairy products											HP	HEAP
												PL	PLATE
Fats DURING LAST 2 WEEKS												CU	CUP
103	Butter												
104	Margarine											GAL	GALLON
105	Peanut butter											BK	BUCKET
106	Other fats (excl cooking oil)											BD	BUNDLE
												MD	MEDA
Sugar and Sweets DURING LAST 2 WEEKS												OT	OTHER
107	Sugar												
108	Honey												
109	Jam												
110	Cocoa and chocolate												
112	Cremora												
113	Other sweets												

Section 11A: Household Expenditure

[illegible]

Section 11A: Household Expenditure

GIFTS, FOOD FOR WORK, RELIEF FOOD

NOTE: CHANGE OF REFERENCE PERIOD

PURCHASES

OWN PRODUCTION

		Q8		Q9		Q10		Q11		Q12		Q13		Q14	
		LAST 4 WEEKS	Did this household purchase/consume/receive..... during the last 4 weeks?	During the last 4 weeks, how much did your household spend on [ITEM]? (IN TOTAL)		How many [UNITS] of [ITEM] did your household purchase for that amount?		During the last 4 weeks, how many [UNITS] of own produced [ITEM] did your household consume?		How much would this [ITEM] cost if you were to buy it?		During the last 4 weeks, how many [UNITS] of [ITEM] did your household receive without payment?		How much would this [ITEM] cost if you were to buy it?	
		READ OUT	YES 1												
			NO 2												
			>> NEXT ITEM												
			DON'T KNOW 3												
		FILL IN PER ROW	>> NEXT ITEM												
				VALUE IN KWACHA	QUANTITY	UNIT CODE	QUANTITY	UNIT CODE	VALUE IN KWACHA	QUANTITY	UNIT CODE	VALUE IN KWACHA	QUANTITY	UNIT CODE	VALUE IN KWACHA
OTHER FOOD		Non Frequent Foods													
		DURING LAST FOUR WEEKS													
	135	Salt													
	136	Spices													
137	Cooking Oil														
		Other non frequent													
		DURING LAST FOUR WEEKS													
HOUSING EXPENDITURES 1	138	Charcoal													
	139	Firewood													
	140	Rent of dwelling													
	141	Water & sewerage charges													
	142	Electricity													
	143	Paraffin													
	144	Diesel (for lighting and cooking only)													
	145	Home repairs (plumbing, painting, stove repairs etc)													
	146	Cable/pay TV (DSTV, My TV, SATELITE, ZNBC, etc)													

Section 11A: Household Expenditure				PURCHASES		GIFTS	
		Q8		Q9		Q14	
		Was [ITEM] purchased or received during the last 4 weeks		During the last 4 weeks, how much did your household spend on [ITEM]? (IN TOTAL)		During the last 4 weeks, what was the value of [ITEM] your household received without payment (IN TOTAL)?	
READ OUT		YES	1				
		NO	2				
		>> NEXT ITEM					
		DON'T KNOW	3				
FILL IN PER ROW		>> NEXT ITEM					
				VALUE IN KWACHA		VALUE IN KWACHA	
HOUSING 2	147	Garbage collection (solid waste)					
	148	Gas					
	149	Kerosene/ fuel for cooking / lighting					
	150	Coal, excl charcoal					
	151	Batteries, lightbulbs, lighters, matches, candles					
	152	Other housing expenses					
HYGIENE	153	Bath/ hand-washing soap					
	154	Laundry detergent					
	155	Toothpaste and toothbrushes					
	156	Sanitary towels					
	157	Toilet paper and other tissues					
	158	Cosmetics (eg lotion, creams, glycerine, make-up, petroleum jellies etc)					
	159	Hair care (eg perming, braiding hair, conditioning, shampooing, hair cuts, etc)					
	160	Laundry service (eg dry cleaning, washing at the laundry, etc)					
	161	Baby Diapers					
	162	Cleaning agents, (excl soap and laundry detergents) eg ajax, dish washing liquids or pastes, toilet cleansers, handy andy, air freshners, cobra/polish, brooms, mutton clothes, shoe polish, other cleaning agents, etc					
	163	Insecticides					
	164	Other hygiene expenses					

		PURCHASES		GIFTS	
		Q8		Q9	
		Q14		Q14	
LAST MONTH		Was [ITEM] purchased/ received during the last month?		During the last 4 weeks, how much did your household spend on [ITEM]? (IN TOTAL)	
				During the last 4 weeks, what was the value of [ITEM] your household received without payment (IN TOTAL)?	
READ OUT		YES	1		
		NO	2		
		>> NEXT ITEM			
		DON'T KNOW	3		
FILL IN PER ROW		>> NEXT ITEM			
				VALUE IN KWACHA	
TRANSPORT	Public transportation				
	165	Public transport to and from work			
	166	Public transport to/ from school incl boarding school and abroad			
	167	Other public transport (eg to/from church, visits)			
	Private transportation				
	168	Petrol/ diesel/ oil			
	169	Vehicle maintenance and repairs			
	170	Motorbike repairs (tyres, tubes, oil, etc)			
	171	Bicycle repairs (tyres, tubes, solution, etc)			
	172	Boat / canoe repairs			
	173	Other private transport			
	COMMUNICATION	174	Mobile phones (connection fees, air time excluding cost of phone)		
175		Landline phones (connection fees, pre paid & post paid)			
176		Internet (connection and subscription fees)			
177		Postal expenses			
178		Other communication expenses			

Section 11A: Household Expenditure

		PURCHASES		GIFTS	
		Q8	Q9	Q14	
OTHER	LAST 4 WEEKS	Did this household purchase or receive the below items during the last 4 weeks?	During the last 4 weeks, how much did your household spend on [ITEM]? (IN TOTAL)	During the last 4 weeks, what was the value of [ITEM] your household received without payment? (IN TOTAL)	
	READ OUT	YES	1		
		NO	2		
		>> NEXT ITEM			
		DON'T KNOW	3		
	FILL IN PER ROW	>> NEXT ITEM			
			VALUE IN KWACHA	VALUE IN KWACHA	
179	Entertainment (eg cinema,disco/watching soccer/boxing, video hire, visits to entertainment centers eg adventure city excl alcohol)				
180	Domestic servants				
181	Stationery (eg copies, printing paper, envelopes, excl stationery for education)				
182	Typing services, filling in official forms				
183	Other expenses				

		PURCHASES		GIFTS		
		Q15	Q16	Q17		
Section 11A:Household Expenditure		NOTE: CHANGE OF REFERENCE PERIOD				
EDUCATION	LAST YEAR	Did this household purchase/pay for or receive any of these items during the last year 2014?	During the last year,(2014) how much did your household spend on [ITEM]? (IN TOTAL)	During the last year, what was the value of [ITEM] your household received without payment? (IN TOTAL)		
	READ OUT	YES	1			
		NO	2			
		>>NEXT ITEM				
		DON'T KNOW	3			
	FILL IN PER ROW	>>NEXT ITEM				
			VALUE IN KWACHA	VALUE IN KWACHA		
	EDUCATION: ANSWER SEPARATELY FOR 1 st , 2 nd and 3 rd SCHOOL TERM OF 2014					
	184	School fees (including examination fees, & boarding fees)	1 st Term	1 st Term		
		2 nd Term	2 nd Term			
		3 rd Term	3 rd Term			
185	Contributions to school/PTA	1 st Term	1 st Term			
		2 nd Term	2 nd Term			
		3 rd Term	3 rd Term			
186	Private tuition	1 st Term	1 st Term			
		2 nd Term	2 nd Term			
		3 rd Term	3 rd Term			
187	Text books	1 st Term	1 st Term			
		2 nd Term	2 nd Term			
		3 rd Term	3 rd Term			
188	School stationery(exercise books, pens, pencils, rulers,rubbers, mathematical sets, text books, paper, etc)	1 st Term	1 st Term			
		2 nd Term	2 nd Term			
		3 rd Term	3 rd Term			
	Purchase of other school requisites(e.g for boarders- snacks,mazoe,biscuits,tinned foods,					
189	School uniforms (including socks,ties,materials tailoring charges)	1 st Term	1 st Term			
		2 nd Term	2 nd Term			
		3 rd Term	3 rd Term			
190	Other education expenses (graduation ceremonies,tuck shop money, pocket money students),boarding and lodging for students remittance to	1 st Term	1 st Term			
		2 nd Term	2 nd Term			
		3 rd Term	3 rd Term			

section 11A:Household Expenditure
PURCHASES
GIFTS
Q15
Q16
Q17

LAST YEAR	Did this household purchase or pay for or receive the following items during the last	
READ OUT	YES	1
	NO	2
	>>NEXT ITEM	
	DON'T KNOW	3
FILL IN PER ROW	>>NEXT ITEM	

During the last year, (2014) how much did your household spend on [ITEM]? (IN TOTAL)

During the last year, what as the value of [ITEM] your household received without payment? (IN TOTAL)

VALUE IN KWACHA
VALUE IN KWAHA
HEALTH

191	purchase of medicines	
192	Fees for doctors	
193	Fees for nurses, midwives	
194	Fees for dentists	
195	Fees for hospital stays	
196	Fees for health assistant	
197	Fees for traditional healers	
198	payments to hospital/ health centre/ surgery	
199	Pre-payment scheme	
200	Other health expenses	

WATER

201	Treatment tablets, chemical etc		
202	Other water treatment		

CLOTHING
INCL CLOTHING, SHOES, REPAIR-EXCL LAUNDRY, EXCL SCHOOL UNIFORM

203	Chitenges	
204	Children's clothing	
205	Men's clothings	
206	Women's clothing (excl chitenges)	
207	Fabric/material	
208	Tailoring chitenges	
209	Footwear (eg shoes, sandals, patapata, sofias)	

Section 11A: Household Expenditure					PURCHASES		GIFTS	
		LAST YEAR	Q15		Q16	Q17		
			Did this household purchase/pay for or receive the following items during the last year 2014?					
			READ OUT	YES			1	
				NO >>> NEXT ITEM			2	
				DON'T KNOW >>> NEXT ITEM			3	
			FILL IN PER ROW					
VALUE IN KWACHA		VALUE IN KWACHA						
FINANCIAL SERVICES	210	Loan payments						
	211	Contributions (Church, Mosques, etc)						
	212	Insurance (car, life, health)						
	213	Funerals, gifts, dowries						
Section 11B: Remittance					CASH REMITTANCES		IN-KIND REMITTANCES	
		LAST YEAR	Q18		Q19	Q20		
			During the <u>last year</u> (2014), did your household send remittances in cash or in-kind?					
			READ OUT	YES			1	
				NO >> NEXT SECTION			2	
				DON'T KNOW >> NEXT SECTION			3	
			FILL IN PER ROW					
			VALUE IN KWACHA				VALUE IN KWACHA	
			REMITTANCE				CODE:	
In total								
215	To persons in rural areas of Zambia (excluding any member of the household)							
216	To persons in urban areas of Zambia (excluding any member of the household)							
217	To person outside Zambia							

SECTION 12: DEVELOPMENTAL ISSUES			
NO.	QUESTION	PROVIDED	ECONOMIC FACILITY CODE
1. Which social and economic facilities would you like provided and which ones would you like improved in this community including what directly affects your household? Please list them in order of importance		CHOICE 1.....	<input type="text"/> <input type="text"/>
		CHOICE 2.....	<input type="text"/> <input type="text"/>
		CHOICE 3.....	<input type="text"/> <input type="text"/>
		CHOICE 4.....	<input type="text"/> <input type="text"/>
		IMPROVED	ECONOMIC FACILITY CODE
		CHOICE 1.....	<input type="text"/> <input type="text"/>
		CHOICE 2.....	<input type="text"/> <input type="text"/>
		CHOICE 3.....	<input type="text"/> <input type="text"/>
		CHOICE 4.....	<input type="text"/> <input type="text"/>

2. Have the following projects or changes occurred in your community in the Last 12 months? YES.....1 NO.....2>> NEXT PROJECT/CHANGE N/A.....3>> NEXT PROJECT/CHANGE Don't Know.....4>> NEXT PROJECT/CHANGE		3. To what extent has this activity/project <u>improved</u> the way you live? EXTREMELY.....1 MODERATELY.....2 LITTLE.....3 NO EFFECT.....4 NOT APPLICABLE.....5
2.1. Building of new school?	<input type="checkbox"/>	<input type="checkbox"/>
2.2. Extension of existing school?	<input type="checkbox"/>	<input type="checkbox"/>
2.3. Rehabilitation of existing school?	<input type="checkbox"/>	<input type="checkbox"/>
2.4. Building of new health facility (Hospital, Clinic, Health centre or post, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
2.5. Extension of existing health facility?	<input type="checkbox"/>	<input type="checkbox"/>
2.6. Rehabilitation of existing health facility?	<input type="checkbox"/>	<input type="checkbox"/>
2.7. Building of new tarred road?	<input type="checkbox"/>	<input type="checkbox"/>
2.8. Extension of existing tarred road?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 12: DEVELOPMENTAL ISSUES (Cont'd)		
2.9. Rehabilitation or resurfacing of existing tarred road?	<input type="checkbox"/>	<input type="checkbox"/>
2.10. Building of new gravel road?	<input type="checkbox"/>	<input type="checkbox"/>
2.11. Rehabilitation or grading or resurfacing or extention of existing gravel road?	<input type="checkbox"/>	<input type="checkbox"/>
2.12. Building of a shopping mall or shopping centre or shops nearby?	<input type="checkbox"/>	<input type="checkbox"/>
2.13. Some other construction development nearby (e.g. a housing estate, economic zone, new town, new hotel or lodge, etc)?	<input type="checkbox"/>	<input type="checkbox"/>
2.14. Digging of well?	<input type="checkbox"/>	<input type="checkbox"/>
2.15. Sinking of borehole?	<input type="checkbox"/>	<input type="checkbox"/>
2.16. Piping of water?	<input type="checkbox"/>	<input type="checkbox"/>
2.17. Water supply rehabilitated or improved?	<input type="checkbox"/>	<input type="checkbox"/>
2.18. Provision of harmermill/s	<input type="checkbox"/>	<input type="checkbox"/>
2.19. Transport services provided or improved	<input type="checkbox"/>	<input type="checkbox"/>
2.20. Sanitation provided or improved?	<input type="checkbox"/>	<input type="checkbox"/>
2.21. Agricultural inputs provided on credit?	<input type="checkbox"/>	<input type="checkbox"/>
2.22. Agricultural inputs provided on a subsidized basis?	<input type="checkbox"/>	<input type="checkbox"/>
2.23. Buyers of agricultural produce available or improved?	<input type="checkbox"/>	<input type="checkbox"/>
2.24. Credit facility now being provided	<input type="checkbox"/>	<input type="checkbox"/>
2.25. More employment opportunities available	<input type="checkbox"/>	<input type="checkbox"/>
2.26. Police services now available or improved?	<input type="checkbox"/>	<input type="checkbox"/>
2.27. Agricultural extension service available or improved?	<input type="checkbox"/>	<input type="checkbox"/>
2.28. Veterinary services now provided or improved?	<input type="checkbox"/>	<input type="checkbox"/>
2.29. Agricultural inputs now more readily available?	<input type="checkbox"/>	<input type="checkbox"/>
2.30. Radio reception provided?	<input type="checkbox"/>	<input type="checkbox"/>
2.31. Radio Reception improved?	<input type="checkbox"/>	<input type="checkbox"/>
2.32. Provision of mobile phone network?	<input type="checkbox"/>	<input type="checkbox"/>
2.33. Television reception provided?	<input type="checkbox"/>	<input type="checkbox"/>
2.34. Television reception improved?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 13: CHILD HEALTH AND NUTRITION (ANTHROPOMETRY)

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

1	2	3	4	5	6	7			
PID of child [FROM HOUSE - HOLD ROSTER]	PID for child's biological mother [FROM HHOLD ROSTER] IF THE BIOLOGICAL MOTHER IS NOT A MEMBER OF THE HOUSEHOLD ENTER 88]	Name of child [FROM THE HOUSEHOLD ROSTER]	Date of birth of child	Is..... being breastfed now? YES...1 NO.....2> >Q8	How long after birth did you put to the breast? IF LESS THAN 1 HOUR RECORD '00' IF LESS THAN 24 HOURS RECORD HOURS, OTHERWISE RECORD DAYS 1=Hours 2=days	In addition to breast milk is fed on any of the following? 7.1 Any other milk other than breast milk [e.g. S26, lactogen, promil or other baby formula, Fresh milk, Soya milk, Goat milk, etc] YES....1 NO.....2 7.2 Water YES...1 NO.....2 7.3 Other fluids YES...1 NO....2 7.4 Solids [e.g. custard, cerelac or other cereal, vitaso, porridge, nshima, etc] YES..1 >>Q10 NO....2 >>Q10			
<input type="text"/>	<input type="text"/>		DAY MONTH YEAR <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>		DAY MONTH YEAR <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>		DAY MONTH YEAR <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"/>	<input type="text"/>		DAY MONTH YEAR <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 13: CHILD HEALTH AND NUTRITION (ANTHROPOMETRY)

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

	8	9	10	11
PID OF CHILD [FROM HOUSE - HOLD ROSTER]	Has ever been breastfed? YES...1 NO...2> Q11	For how many months did you breastfeed? [INDICATE THE NUMBER OF MONTHS e.g. 01, 03, 0 5, 10 etc]	At what age (in months) did you first give.... water or other fluids or food? MONTHS [IF LESS THAN ONE MONTH ENTER 00]	How many times is currently given solids foods in a day (nshima, rice, potatoes, porridge, cerelac, other cereals, vitaso, custard, etc)? ONCE.....1 TWICE..... 2 THRICE.....3 FOUR TIMES.....4 FIVE TIMES.....5 MORE THAN FIVE TIMES.....6 NOT YET STARTED ON SOLIDS.....7
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PID OF CHILD		SECTION 13: CHILD HEALTH AND NUTRITION (ANTHROPOMETRY)																																																					
[FROM HOUSEHOLD ROSTER]		[TO BE COMPLETED FOR CHILDREN AGED 0 MONTHS TO 59 MONTHS ONLY]																																																					
		[Cont'd]																																																					
<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<p>12. Is’s under-five clinic card available?</p> <p>Yes..... 1</p> <p>No.....2>> Q13</p> <p>[THIS QUESTION IS FOR ALL ELIGIBLE CHILDREN. IF THE NUMBER OF CHILDREN AGED BELOW 5 YEARS IS MORE THAN 5 USE ANOTHER QUESTIONNAIRE]</p>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>																																																					
<p>(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.</p> <p>(2) WRITE ‘44’ IN DAY COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.</p> <p>(3) IF MORE THAN TWO VITAMIN ‘A’ DOSES, RECORD DATES FOR MOST RECENT AND SECOND MOST RECENT DOSES</p> <p>(4) FOR CHILDREN WITH CLINIC CARDS RECORD THE INFORMATION AND SKIP TO QUESTION 18</p>																																																							
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PID OF CHILD

SECTION 13: CHILD HEALTH AND NUTRITION (ANTHROPOMETRY)

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

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- (1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.
- (2) WRITE '44' IN DAY COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.
- (3) IF MORE THAN TWO VITAMIN 'A' DOSES, RECORD DATES FOR MOST RECENT AND SECOND MOST RECENT DOSES
- (4) FOR CHILDREN WITH CLINIC CARDS RECORD THE INFORMATION AND SKIP TO QUESTION 18

12.5 FIFTH CHILD

New Card

DAY MONTH YEAR

BCG GIVEN AT BIRTH

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OVP 0

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OVP 1

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OVP 2

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OVP 3

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OVP 4

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DPT-HepB+Hib1

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DPT-HepB+Hib2

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DPT-HepB+Hib 3

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MEASLES

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VITAMIN A

(MOST RECENT)

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VITAMIN A

(2ND MOST RECENT)

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SECTION 13: CHILD HEALTH AND NUTRITION (ANTHROPOMETRY)

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

QUESTIONS 13 – 17 WILL BE ASKED FOR CHILDREN WITHOUT CLINIC CARDS					
13					14
PID OF CHILD [FROM HOUSE - HOLD ROSTER]	Has....ever received the following vaccinations? [ASK THIS QUESTION FOR EACH VACCINE] YES.....1 NO.....2				How many times has..... received the vaccinations? NUMBER OF TIMES RECEIVED VACCINATIONS [FOR THOSE WHO HAVE RECEIVED ALL VACCINES SKIP TO QUESTION 16]
	BCG	DPT	POLIO	MEASLES [FROM 9 MONTHS AND ABOVE]	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	BCG <input type="text"/> <input type="text"/> DPT <input type="text"/> <input type="text"/> POLIO <input type="text"/> <input type="text"/> MEASLES <input type="text"/> <input type="text"/>
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SECTION 13: CHILD HEALTH AND NUTRITION (ANTHROPOMETRY)

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

[Cont'd]

PID OF CHILD	15	16	17
[FROM HOUSE - HOLD ROSTER]	State the reasons why.....did not receive the vaccine. Health Centre too far....1 Too young.....2 Don't know about vaccination.....3 No vaccines at health centre.....4 Other reasons Specify.....5	Has ever received a Vitamin A dose: Yes.....1 No.....2	Did.....receive a Vitamin A dose within the last six months? Yes.....1 No.....2
<input type="checkbox"/> <input type="checkbox"/>	BCG <input type="checkbox"/> DPT <input type="checkbox"/> POL IO <input type="checkbox"/> MEASLES <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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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SECTION 13: CHILD HEALTH AND NUTRITION

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

[Cont'd]

	18	19
PID OF CHILD [FROM HOUSEHOLD ROSTER]	IS THE BCG SCAR PRESENT ON THE CHILD'S ARM? YES.....1 NO.....2	WEIGHT OF THE CHILD [FOR CHILDREN AGED 3 – 59 MONTHS ONLY]
<input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> KG
<input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> . <input type="text"/> KG
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SECTION 13: CHILD HEALTH AND NUTRITION

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

[Cont'd]

	20	21	22	23
PID OF CHILD [FROM HOUSEHOLD ROSTER]	LENGTH /HEIGHT OF THE CHILD [FOR CHILDREN AGED 3-59 MONTHS] [IF CHILD IS AGED 3-23 MONTHS, MEASURE WHILE LYING DOWN WITHOUT SHOES] [IF AGED 24-59 MONTHS, MEASURE WHILE STANDING WITHOUT SHOES]	[IF THE CHILD IS NOT MEASURED RECORD THE REASON WHY] [FOR CHILDREN AGED 3 – 59 MONTHS ONLY] CHILD CRIPPLED.....1 CHILD SICK.....2 CHILD ABSENT.....3 CHILD REFUSED.....4 MOTHER REFUSED...5 OTHER (SPECIFY).....6	DATE WHEN THE CHILD IS WEIGHED	PRESENCE OF OEDEMA [YOU NEED NOT TO ASK THIS QUESTION] YES.....1 NO.....2
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SECTION 14: DEATHS IN THE HOUSEHOLD

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

1 YES

2 NO >> NEXT SECTION

☐

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

NUMBER OF DEATHS

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

[RECORD AGE IN COMPLETED YEARS]

[RECORD 00 IF LESS THAN 1 YEAR]

[RECORD 888 AND 8 IN BOXES WITHOUT RESPONSES
FOR AGE AND SEX RESPECTIVELY]

SEX

MALE.....1

FEMALE....2

AGE

SEX

DECEASED 1

☐

DECEASED 2

☐

DECEASED 3

☐

DECEASED 4

☐

DECEASED 5

☐

DECEASED 6

☐

4. What was the main cause of death?

DECEASED 1

DECEASED 2

DECEASED 3

DECEASED 4

DECEASED 5

DECEASED 6

LIST OF CAUSES OF DEATH

FEVER/MALARIA.....01	SUICIDE.....21
CEREBRAL MALARIA.....02	MURDERED.....22
COUGH/COLD/CHEST INFECTION.....03	ACCIDENT.....23
TUBERCULOSIS.....04	
ASTHMA.....05	STROKE.....24
BRONCHITIS.....06	HYPERTENSION.....25
PNEUMONIA/CHEST PAIN.....07	DIABETES/SUGAR DISEASE.....26
DIARRHOEA WITHOUT BLOOD.....08	HEADACHE.....27
DIARRHOEA WITH BLOOD.....09	MEASLES.....28
DIARRHOEA AND VOMITTING.....10	JAUNDICE/YELLOWNESS.....29
VOMITTING.....11	CANCER OF ANY KIND.....30
ABDOMINAL PAINS.....12	MENINGITIS.....31
CONSTIPATION/STOMACH UPSET.....13	OTHER (SPECIFY).....32
LIVER INFECTION/SIDE PAIN.....14	DON'T KNOW.....33
LACK OF BLOOD/ANEAMIA.....15	
BOILS.....16	
SKIN RASH/SKIN INFECTION.....17	
PILES/HAEMORRHOIDS.....18	
SHINGLES/HERPES ZOSTER.....19	
PARALYSIS OF ANY KIND.....20	

SECTION 15: SELF ASSESSED POVERTY, SHOCKS TO HOUSEHOLD WELFARE, AND HOUSEHOLD COPING STRATEGIES

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

[illegible]

SECTION 15: SELF ASSESSED POVERTY, SHOCKS TO HOUSEHOLD WELFARE, AND HOUSEHOLD COPING STRATEGIES (Cont'd)			
No.	QUESTION	CATEGORY AND CODE	CODE
6.	How many meals excluding snacks do you normally have in a day?	ONE.....1 TWO.....2 THREE.....3 MORE THAN THREE.....4	<input type="checkbox"/>
7.	How many times in the past one month did your household eat fish, poultry or animal products?	ZERO.....1 ONCE.....2 TWICE.....3 THRICE.....4 FOUR TIMES.....5 FIVE TIMES.....6 MORE THAN FIVE TIMES.....7	<input type="checkbox"/>
8.	How many times in the past one week did your household eat vegetables	ZERO.....1 ONCE.....2 TWICE.....3 THRICE.....4 FOUR TIMES.....5 FIVE TIMES.....6 MORE THAN FIVE TIMES.....7	<input type="checkbox"/>

RESPONDENT: HOUSEHOLD HEAD OR MOST INFORMED HOUSEHOLD MEMBER

RESPONDENT: HOUSEHOLD HEAD OR MOST INFORMED HOUSEHOLD MEMBER

[illegible]

SECTION 15: SELF ASSESSED POVERTY, SHOCKS TO HOUSEHOLD WELFARE, AND HOUSEHOLD
COPING STRATEGIES (Cont'd)

 RESPONDENT: HOUSEHOLD HEAD OR MOST INFORMED
HOUSEHOLD MEMBER

EVENT ID		Q9	Q10	Q11		Q12		Q13		
		During the last twelve months was your household or any member of your	How many times did this [EVENT] occur in the last 12 months?	Over the last 12 months, was the total impact of [EVENT] to your household positive or negative?		During the last 12 months, how severely did [EVENT]		Last time [EVENT] occurred, what did you do to deal with the effects of the [EVENT]?		
		YES.....1 NO.....2				No impact	0	RECORD UP TO 3 COPING STRATEGIES BY ORDER OF IMPORTANCE		
						Low	1			
				POSITIVE	1>>Q13	Medium	2	1st	2nd	3rd
				NEGATIVE	2	High	3			
				DON'T KNOW	3	Don't know	4			
		READ OUT ALL [EVENTS] (If No skip to next event)								
120		Family conflicts								
121		Marital differences/divorce								
122		Illness								36
123		Serious injury / Accident								37
124		Death of bread earner								38
125		Death of other household member								39
126		Destruction of housing (eg. from Fire/ storm etc.)								40
127		Lack of food/adequate food								41
128		Lack of financial resources/adequate resources								42
129		Evicted from house								43
	OTH ER									44
										45
										46

END OF INTERVIEW