PUBLIC DISCLOSURE AUTHORIZED



Questionnaire	
Number	

Malawi Government National Statistical Office

THIRD INTEGRATED HOUSEHOLD SURVEY, 2010/11

THIS SURVEY IS BEING CONDUCTED BY THE NATIONAL STATISTICAL OFFICE UNDER THE AUTHORITY OF THE 1967 STATISTICS ACT.

THIS INFORMATION IS STRICTLY CONFIDENTIAL AND IS TO BE USED FOR STATISTICAL PURPOSES ONLY.

HOUSEHOLD QUESTIONNAIRE

MODULE A-1: HOUSEHOLD IDE	NTIFICATION		
WRITE CODES FOR TA, STA, OR TOWN; EA;	AND HH ID. WRITE NAME OF I	DISTRICT; TA; VILLAGE; AND HOUSEHOLD HEAD.	
	CODE	NAME	
A01. DISTRICT:			
A02. TA, STA, or TOWN:			MARK BOX WITH AN 'X' AND NUMBER FORMS BELOW IF YOU USE MORE THAN THIS SINGLE FORM TO COLLECT
A03. ENUMERATION AREA:			INFORMATION FROM THIS HOUSEHOLD. IF SO, BE SURE TO MARK IN THE
A04. IS THIS A PANEL EA? YES1	l; NO2		SAME WAY THE OTHER FORMS USED FOR THIS HOUSEHOLD.
A05. PLACE / VILLAGE NAME:			
A06. HOUSEHOLD ID (FROM LIST):			FORM OF FORMS IN TOTAL
A07. NAME OF HOUSEHOLD HEAD:			
A08. DWELLING STRUCTURE NO. (FRO	OM LIST): CODE		

A09. DESCRIPTION OF LOCAT DWELLING LOCATION ON PAGE 4		CLUDE ANY IDENTIFYIN	G CHARACTERIST	ICS OF DWELLING	AND NAME OF NEIGHBO	JRING HOUSEHOLD	S. (PROVIDE A SKETCH MAP OF
A10. WHAT ARE THE GPS CO	ORDINATES OF THE DWE	LLING?					
	LATITUDE (S)				LONGITUDE (E)		
_ _ 0 _				o			
A11. DOES THIS HOUSEHOLD	REPLACE ANOTHER SAM	MPLE HOUSEHOLD C	HOSEN FOR THE	SURVEY?	YES.	.1; NO2 (»A14)	
A12. WHICH HOUSEHOLD IN T	THIS EA DOES IT REPLAC	F? HOUS	SEHOLD ID OF OR			<u> </u>	
A13. WHY WAS ORIGINALLY S			2 3 4 5	- DWELLING FOUND, - DWELLING FOUND, - DWELLING FOUND,			
PHONE NUMBER FOR HOUSE	HOLD HEAD:		•				
A14.A NAME :	A14.B	PHONE :					
PHONE NUMBERS FOR OTHE	R HOUSEHOLD MEMBER	S:					
A15.A NAME :	A15.B	PHONE :		A15.C	HH ROSTER ID CODE	i:	[TO BE FILLED AFTER MODULE B]
A16.A NAME :	A16.B	PHONE :		A16.C	HH ROSTER ID CODE	i:	[TO BE FILLED AFTER MODULE B]
A17.A NAME :	A17.B	PHONE :		A17.C	HH ROSTER ID CODE	i:	[TO BE FILLED AFTER MODULE B]
CONTACT INFORMATION FOR	REFERENCE PERSON 1	CONTACT I	NFORMATION FO	OR REFERENCE	PERSON 2 CON	TACT INFORMATION	ON FOR REFERENCE PERSON
A18.A NAME	:	A19.A NAM	1E	:	A20	A NAME	:
A18.B RELATION TO HEAD	:	A19.B REL	ATION TO HEAD	:	A20.	B RELATION TO	HEAD :
A18.C PHONE	:	A19.C PHC	NE	:	A20.	C PHONE	:
A18.D DISTRICT	:	A19.D DIS	TRICT	:	A20.	D DISTRICT	:
A18.E TA, STA, or TOWN	:	A19.E TA,	STA, or TOWN	:	A20.	E TA, STA, or TO	WN :
A18.F PLACE/VILLAGE	:	A19.F PLA	CE/VILLAGE	:	A20.	F PLACE/VILLAG	GE :

MODULE A-2: SURVEY STAFF DETAILS

A21. NAME OF ENUMERATOR:			A33. NAME OF DATA VALIDATION CLERK:	
A22. ENUMERATOR CODE:			A34. DATA VALIDATION CLERK CODE:	
A23. DATE OF INTERVIEW:	/ /	(ENUMERATOR »NEXT PAGE)	A35. DATE OF DATA VALIDATION:	/ /
A24. NAME OF FIELD SUPERVISOR:		••••	RECORD GENERAL NOTES ABOUT THE INTERVIEW BE HELPFUL FOR SUPERVISO	
A25. FIELD SUPERVISOR CODE:				
A26. DATE OF QUESTIONNAIRE INSPECTION:	/ /			
A27. NAME OF ZONE SUPERVISOR:		*****		
A28. ZONE SUPERVISOR CODE:				
A29. DATE OF QUESTIONNAIRE INSPECTION:	/ /			
A30. NAME OF DATA ENTRY CLERK:				
A31. DATA ENTRY CLERK CODE:				
A32. DATE OF DATA ENTRY:	/ /			

COPY A01-A08 FROM THE COVER F	PAGE.	 	
		SKETCH MAP OF DWELLING LOCATION	
NO1. DISTRICT:			
02. TA, STA, or TOWN:			
03. ENUMERATION AREA:			
04. IS THIS A PANEL EA? YES1; NO2			
.06. HOUSEHOLD ID (FROM LIST):			
08. DWELLING STRUCTURE NO. (FROM LIST):			

INTRODUCTION TO THE HOUSEHOLD TO BE INTERVIEWED

CONVEY THE FOLLOWING INFORMATION TO THE RESPONDENT:

Every five years the National Statistical Office in Zomba selects at random several hundred households in each district of the country to ask them questions about how they are living. The responses which are provided by the households to these questions are intended to help the government of Malawi do a better job in meeting the needs of all Malawians.

Your household was selected as one of those to which the IHS questions will be asked this time. You were not selected for any specific reason. Simply your name was on a list of all of the households in this area, and your name was chosen randomly.

I would like to ask the questions in this form to you as head of household or spouse of the head. I will also need to ask questions to other members of your household, as well as weigh and measure the height of any children under age 5 years who live in your household. These questions will take several hours to complete. All of your answers will be held in confidence. The answers which you and the members of your household might give me will only be used by the NSO or under its supervision.

Before I start, do you have any questions or is there anything which I have said on which you would like any further clarification? May I proceed with interviewing you and members of your household?

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MODULE B: HOUSEHOLD ROSTER

IN ORDER TO MAKE A COMPREHENSIVE LIST OF INDIVIDUALS CONNECTED TO THE HOUSEHOLD, USE THE FOLLOWING PROBE QUESTIONS:

First, give me the names of all the members of your immediate
family who normally live and eat their meals together here.

WRITE DOWN NAMES, SEX, AND RELATIONSHIP TO HH HEAD (B02 to B04). LIST HOUSEHOLD HEAD ON LINE 1.

Then, give me the names of any other persons related to you or other household members who normally live and eat their meals together here.
FILL IN B02 to B04.

Are there any other persons not here now who normally live and eat their meals here? For example, household members studying elsewhere or traveling. FILL IN B02 to B04.

Then, give me the names of any other persons not related to you or other household members, but who normally live and eat their meals together here, such as servants, lodgers, or other who are not relatives.
FILL IN B02 to B04.

DO NOT LIST SERVANTS WHO HAVE A HOUSEHOLD ELSEWHERE, AND GUESTS WHO ARE VISITING TEMPORARILY AND HAVE A HOUSEHOLD ELSEWHERE.

IF MORE THAN 12 INDIVIDUALS, USE SECOND QUESTIONNAIRE. MAKE SURE TO MARK BOX ON FIRST PAGE OF BOTH QUESTIONNAIRES.

B01	B02	B03	B04	B05	B06	B07
D C O D	MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD. (CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON COVER.) FILL IN B02 TO B04 BEFORE COMPLETING QUESTIONS B05 AND FOLLOWING.	SEX MALE1 FEMALE2	RELATIONSHIP TO HEAD: HEAD	How old is [NAME]? IF 6 YEARS AND OVER, GIVE YEARS ONLY. IF LESS THAN 6 YEARS IN AGE, GIVE YEARS AND MONTHS.	ME]? YEARS AND ER, GIVE YEARS Y. IF LESS N 6 YEARS IN E, GIVE YEARS D MONTHS. [NAME] born? months di the past 1 months (s MONTH/ YEAR) ha [NAME] b away fron household	
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MODULE B: HOUSEHOLD ROSTER (CONTINUED)

B01	B08	B09	B10	B11	B12	B13	B14	B15	B16
ID CODE	How many days did [NAME] eat in this household in the past 7 days?	Where was [NAME] born? THIS VILLAGE 1>>B11 OTHER VILLAGE IN THIS DISTRICT 2>>B11 VILLAGE IN OTHER DISTRICT 3 THIS TOWN OR URBAN CENTRE 4>>B11 OTHER TOWN OR URBAN CENTER IN THIS DISTRICT 5>>B11 TOWN OR URBAN CENTRE IN OTHER DISTRICT 6 OUTSIDE MALAWI 7	In which district/country was [NAME] born? IF BORN IN ANOTHER DISTRICT IN MALAWI, LIST THE DISTRICT NAME & CODE; IF BORN ABROAD, LIST THE COUNTRY NAME & CODE. REFER TO THE MANUAL FOR DISTRICT AND COUNTRY CODES. (THEN >> B12) DISTRICT/COUNTRY NAME CODE	Has [NAME] always lived in this village or urban location?	is it since	reason that [NAME] moved here?	Where did [NAME] move from? OTHER VILLAGE IN THIS DISTRICT2>>B16 VILLAGE IN OTHER DISTRICT3 OTHER TOWN OR URBAN CENTER IN THIS DISTRICT5>>B16 TOWN OR URBAN CENTER IN OTHER DISTRICT6 OUTSIDE MALAWI7	From which district/country did [NAME] move from? IF MOVED FROM ANOTHER DISTRICT IN MALAWI, LIST THE DISTRICT NAME & CODE; IF MOVED FROM ABROAD, LIST THE COUNTRY NAME & CODE. REFER TO THE MANUAL FOR DISTRICT AND COUNTRY CODES. DISTRICT/COUNTRY NAME CODE	Where is [NAME]'s father? IF MEMBER OF HH, COPY ID AND >>B19 LIVING OUTSIDE OF HH97>>B18 DEAD.98 DOES NOT KNOW.99>>B18
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2									
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6 7									
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9									<u> </u>
10									
11									
12									

MODULE B: HOUSEHOLD ROSTER (CONTINUED)

B01	B17	B18	B19	B20	B21	B22	B23	B24	B25	B26			B27	B28
- D	What was [NAME]'s age when his/her father died?	What was the highest educational qualification acquired by [NAME]'s father? NONE1 PSLC2 JCE3 MSCE4 NON-UNIV. DIPLOMA.5 UNIVER. DIPLOMA, DEGREE.6	Where is [NAME]'s mother? IF MEMBER OF HH, COPY ID AND >>B22 LIVING OUTSIDE OF HH97>>B21 DEAD.98	age when his/her mother	the highest educational qualification acquired by	ASK OF ONLY HH HEAD: What language do you speak at home? CHEWA. 1 NYANJA 2 YAO. 3 TUMBUKA. 4 LOMWE. 5 NKHONDE. 6 NGONI. 7 SENA . 8 NYAKYUSA 9 TONGA . 10 LAMBYA. 11	MEMBERS AGED 12 YEARS AND OLDER. (UNDER AGE 12 »NEXT ROW) What religion, if any, does [NAME] practice? NONE1 TRADITIONAL2	What is [NAME]'s present marital status? MONOGAMOUS MARRIED OR NON-FORMAL UNION1 POLYGAMOUS MARRIED OR NON-FORMAL UNION2 SEPARATED.3>>NEXT ROW DIVORCED4>>NEXT ROW	Does [NAME]'s spouse live in this house- hold now?	THE WIFE/ HUSBAND. IF MORE THAN ONE WIFE, COPY ID CODES OF ALL WIVES RESIDENT IN HOUSEHOLD.		Does [NAME] have a spouse living outside of this household now?	How many spouses does [NAME] have who are residing else- where?	
	YEARS	POST-GRAD. DEGREE . 7	DOES NOT	YEARS	POST-GRAD. DEGREE . 7	SENGA. 12 SUKWA. 13 ENGLISH.14	CHRISTIANITY.3 ISLAM4 OTHER RELIGION5	WIDOW OR WIDOWER5>>NEXT ROW NEVER MARRIED6>>NEXT ROW	YES1 NO2>> B27		2ND 3	RD 4TH	N∩ 2>>NEYT	NUMBER
1			KNOW.99>>B21			OTHER . 15			NO2>>B21	0000= 1.			ROW	
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MODULE C: EDUCATION

[ASK OF ALL PERSONS AGED 5 YEARS AND OLDER.]

		ERSONS AGED 5				1.			1.	T -	1-
C01	C02	C03	C04	C05	C06	C07		C08	C09	C10	C11
D	ARE AGED BELOW 5 YEARS.	INFORMATION SELF-REPORTED OR IS IT BEING PROVIDED BY ANOTHER HOUSEHOLD MEMBER?	REPORTING	Are you able write in the following languages?	Have you ever attended school?	attended school LIST UP TO 2 RE STILL TOO YOUNG SCHOOL NO MONEY FOR FE: POOR QUALITY OF ILLNESS OR DISA NOT INTERESTED, PARENTS DID NOT HAD TO WORK OR . SCHOOL TOO FAR . SCHOOL CONFLICT	ASONS. TO ATTEND	What class are you in or what was the highest class level you ever attended? NURSERY/ PRE-SCHOOL-0 FORM 5 - 13 FORM 6 - 14 PRIMARY STND. 1 - 1 STND. 2 - 2 STND. 3 - 3 UNIV. 1 - 15 STND. 3 - 3 UNIV. 2 - 16 STND. 4 - 4 UNIV. 3 - 17 STND. 5 - 5 UNIV. 4 - 18 STND. 6 - 6 UNIV. 5 & STND. 6 - 6 STND. 8 - 8	What is the highest educational qualification you have acquired?	How old were you when you started school?	Did you attend school in the last <u>completed</u> academic year?
		SELF- REPORTED1>>C05 ANOTHER HH MEMBER2	HH ROSTER	YES. NO Chichewa	YES1>>C08 NO2	BELIEFS OTHER (SPECIFY) (THEN »NEXT MOD 1st reason	10	TRAINING COLLEGE SECONDARY FORM 1 - 9	NON-UNIV. DIPLOMA. 5 UNIVER. DIPLOMA, DEGREE . 6 POST-GRAD. DEGREE . 7	YEARS	YES1 NO2>>C13
1											
2											
3											
4											
5											
7											
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9											
10											
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12											

MODULE C: EDUCATION (CONTINUED)

C01	C12	C13	C14	C15	C16	C17	C18	C19
D	during the last completed academic year? NURSERY/ PRE-SCHOOL-0 FORM 5 - 13 PRIMARY FORM 6 - 14 STND. 1 - 1 STND. 2 - 2 UNIVERSITY STND. 3 - 3 UNIV. 1 - 15 STND. 4 - 4 UNIV. 2 - 16 STND. 5 - 5 UNIV. 3 - 17 STND. 6 - 6 UNIV. 4 - 18 STND. 7 - 7 UNIV. 5 &	currently attending school or, if school is not now in session, did you attend school in the session just	Why did you not continue your education? ACQUIRED ALL EDUCATION WANTED . 1 NO MONEY FOR FEES OR UNIFORM. 2 TOO OLD TO CONTINUE . 3 MARRIED / BECAME PREGNANT . 4 ILLNESS OR DISABILITY . 5 FOUND WORK	In which calendar year did you last attend school? RECORD CALENDAR YEAR IF WITHIN PAST 1 MONTHS>>C22 OTHERWISE>>NEXT	What type of school do you attend? PRIMARY LEA/GOVERNMENT	Are you a day scholar or a boarder at the school? DAY SCHOLAR1	How do you get to school each day? FOOT1 BICYCLE2 BUS/MINI- BUS3 PRIVATE VEHICLE4 OTHER	MINUTE. 1 HOUR 2
1	TC YR. 4 - 23	NO2		MODULE		BOARDER2>>C20	(SPECIFY).5	TIME UNIT AMOUNT
2								
3								
4								
5								
6								
7								
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12								

MODULE C: EDUCATION (CONTINUED)

C01	C20	C21	C22									
At any time in the past 12 months, did you ever temporarily D withdraw from school, so that C you missed more than two D consecutive weeks of E PRESES1 At any time in the past 12 months, did you ever temporarily withdrew from school? How much was spent on you education in the last 12 months by the household, family, and friends for: IF NOTHING WAS SPENT, RECORD ZERO. IF NOTHING WAS SPENT, RECORD ZERO. IF NOTHING WAS SPENT, RECORD "999999" IN THE RELEVANT COLUMNS, AND THE TOTAL AMOUNT IN THE RESPONDENCE OF THE RESP											MOUNT IN THE	LAST COLUMN.
	instruction?	OWN-ILLNESS.2 HELP NEEDED	A Tuitian	B		D Cabaal	E December	F	G	H Darrant/	Other	J TOTAL
	YES1 NO2>>C22	SUSPENSION4	Tuition, including extra tuition fees	Expenditures on after school programs & tutoring	School books & stationery	School uniform clothing	Boarding Fees	Contribution for school building or maintenance	Transport MK	Parent/ Teacher Association & other related fees	Other MK	THEN>> NEXT MODULE MK
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4												
5												
6 7												
8												
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12												

MODULE D: HEALTH

[ASK OF ALL PERSONS IN THE HOUSEHOLD. MOTHERS OR GUARDIANS TO ANSWER FOR CHILDREN UNDER 10 YEARS OF AGE.]

D01	D02	D03	D04	D05		D06		D07		D08	D09
I D C O D E	IS THE INFORMATION SELF-REPORTED OR IS IT BEING PROVIDED BY ANOTHER HOUSEHOLD MEMBER? SELF- REPORTED1>>D04 ANOTHER HH MEMBER2	ATION FOR THE INDI- VIDUAL? LIST FROM HOUSEHOLD ROSTER	During the past 2 weeks have you suffered from an illness or injury?	FEVER, MALARIA . 1 B DIARRHEA 2 P STOMACH ACHE 3 VOMITING 4 D SORE THROAT 5 M UPPER RESPIRATORY (SINUSES) 6 S LOWER RESPIRATORY (CHEST, LUNGS) . 7 FLU 8 B ASTHMA 9 F HEADACHE 10 W FAINTING 11 P SKIN PROBLEM 12 P DENTAL PROBLEM 12 EYE PROBLEM 14 EAR/NOSE/THROAT 5 BACKACHE 16 O HEART PROBLEM 17	CHEST, LUNGS 7 DISEASE			What action did relief for your illr DID NOTHING, NO DID NOTHING, NO DID NOTHING, NO USED MEDICINE ! PERSONALLY KNOOL SOUGHT TREATME! HEALTH FACILI' SOUGHT TREATME! PRIVATE HEALT! SOUGHT TREATME! HEALTH CLINIC/SURVEILLANCE A: WENT TO LOCAL ! WENT TO LOCAL ! MEDICINE SOUGHT TREATME! TRADITIONAL HI SOUGHT TREATME! TRADITIONAL HI SOUGHT TREATME! FAITH HEALER. OTHER (SPECIFY)	HESS? DT SERIOUS . 1 D MONEY 2 HAD IN STOCK 3 HN REMEDIES. 4 HT AT GOVT. TY AT N FACILITY . 6 HT AT H FACILITY . 7 HT AT VILLAGE WITH HEALTH SSISTANT . 8 PHARMACY 9 PROCERY FOR	During the past 2 weeks, for how many days did you have to stop your normal activities because of this (these) illness(es)? IF NONE, RECORD ZERO AND >> D10.	During the past 2 weeks, for how many days, did anyone else in the household have to stop their normal activities to care for you? IF NONE, RECORD ZERO.
1		ID CODE		Problem 1	Problem 2	Problem 1	Problem 2	Problem 1	Problem 2	DAYS	DAYS
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7	<u> </u>	<u> </u>			<u> </u>		<u> </u>	<u> </u>	<u>, - , - , - , - , - , - , - , - , - , -</u>	<u>, , , , , , , , , , , , , , , , , , , </u>	
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9											
10: 11:											
12											

D01	D10	D11	D12	D13	D14	D15	D16	D17	D18	D19
о соош	did you spend in the past 4 weeks for all illnesses and injuries, including for medicine, tests, con-sultation, & inpatient fees, if any? INCLUDE ESTIMATED VALUE OF ANY IN-KIND	did you spend in the past 4 weeks for medical care not related to an illness - preventative health care, pre- natal visits, check- ups, etc., if any?	How much in total did you spend in the past 4 weeks for non-prescription medicines - Panadol, Fansidar, cough syrup, etc.? INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS.	had an overnight	hospital- ization(s) or overnight stay(s) in a medical facility during the last 12 months? INCLUDE ESTIMATED	medical facility for overnight stay(s) during the last 12 months? INCLUDE ESTIMATED VALUE OF ANY IN-	food during overnight stay(s) at the medical facility during the last 12 months? INCLUDE ESTIMATED VALUE OF ANY IN	Did you or other members of your household have to borrow money or sell assets in order to pay for these costs during the last 12 months?	12 months, did you stay over-night(s) at a traditional healer's or faith healer's dwelling?	What was the total cost of your stay(s) at the traditional healer's or faith healer's dwelling during the last 12 months? INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS.
•	MK	MK	MK	YES1 NO2>>D18	MK	MK	MK	YES1 NO2	YES1 NO2>>D23	MK
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8										
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D01	D20	D21	D22	D23	D24	D25	D26	D27	D28	D29
I D C O D E	travel to the traditional healer's or faith healer's dwelling for overnight stay(s) during the last 12	you spend on food during overnight stay(s) at the traditional healer's or faith healer's dwelling during the last 12 months?	household have to borrow money or sell assets in order to pay	ENUMERATOR: IS THIS PERSON [NAME] LESS THAN 5 YEARS OF AGE?	Do you have difficulty seeing, even if he/she is wearing glasses? READ RESPONSES		Do you have difficulty walking or climbing steps? READ RESPONSES	Do you have difficulty remembering or concentrating? READ RESPONSES	self care such as) washing all over or dressing, feeding, toileting etc?	Using your usual language, do you have difficulty communicating; for example understanding or being understood?
	ESTIMATED VALUE OF ANY IN-KIND	INCLUDE	for these costs during the last 12 months?	YES1>>D33 NO2	No difficulty1 Yes - Some difficulty2 Yes - A lot of difficulty3 Cannot Perform Activity At All4	No difficulty1 Yes - Some difficulty2 Yes - A lot of difficulty3 Cannot Perform Activity At All4	No difficulty1 Yes - Some difficulty2 Yes - A lot of difficulty3 Cannot Perform Activity At All4	No difficulty1 Yes - Some difficulty2 Yes - A lot of difficulty3 Cannot Perform Activity At All4	No difficulty1 Yes - Some difficulty2 Yes - A lot of difficulty3 Cannot Perform Activity At All4	No difficulty1 Yes - Some difficulty2 Yes - A lot of difficulty3 Cannot Perform Activity At All4
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D01	D30	D31			D32	D33	D34		D35		D36	
I D C O D E		Yes, s No NA (If or att school	nt of work ne, at work ll the tir ometimes not work ending	you can for at	During the past 12 months, what measures are taken to improve your performance in activities? NONE	from a chronic	CHRONIC MALA TUBERCULOSIS HIV/AIDS DIABETES . ASTHMA BILHARZIA/ SCHISTOSOMI. ARTHRITIS/ RHEUMATISM. NERVE DISORD. STOMACH DISO. SORES THAT D. NOT HEAL . CANCER	RIA/FEVER 12	How lor you suff from thi (these illnesse	fered s illness	Who diagnos illness? MEDICAL WORKE (DOCTOR, CL) OFFICER, NU AT HOSPITAL MEDICAL WORKE AT OTHER HEZ FACILITY. HSA TRADITIONAL FONN-HH MEMBER (NOT MEDICZ (NOT MEDICZ)	ER NICAL SSE)1 SR LLTH23
	YES1 NO2>>D33	AT HOME	AT SCHOOL	AT WORK	TRAINING. 7 COUNSELING. 8 SPIRITUAL/TRADITIONAL HEALER. 9 OTHER (SPECIFY). 10	YES1 NO2>> D37	PNEUMONIA . EPILEPSY MENTAL ILLNE OTHER (SPEC.	13 SS 14	11		SELF OTHER HH MEME OTHER (SPECIF	6 BER7
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D01	D37	D38	D39	D40	D41	D42	D43
I D C O D E	IS THIS PERSON, [NAME], LESS THAN 15 YEARS OLD?	What did you have for breakfast yesterday? TEA/DRINK WITH SUGAR1 MILK/MILK TEA WITH SUGAR2 SOLID FOOD ONLY3 TEA/DRINK WITH SOLID FOOD4 PORRIDGE WITH G/NUT FLOUR.5	[NAME], A WOMAN AGED 12 TO 49	month's, did you <u>give</u> <u>birth</u> to a child, even if born dead?	regularly go to a health clinic when	you deliver your last child born in the last 24	Who assisted in delivering this child?
	YES1 NO2>>D39	WITH GYNOT FECOR. S PORRIDGE WITH SOLID FOOD. 6 PORRIDGE WITH SUGAR	YES1 NO2>>NEXT MODULE	YES1 NO2>>NEXT MODULE	YES1 NO2	HOSPITAL/ MATERNITY CLINIC1 AT HOME2 OTHER (SPECIFY).3	DOCTOR/ CLINICAL OFFICER . 1 NURSE/MIDWIFE 2 PATIENT ATTENDANT . 3 TRADITIONAL BIRTH ATTENDANT 4 RELATIVE/FRIEND 5 NO ONE 6 OTHER (SPECIFY) . 7 (THEN >> NEXT MODULE)
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MODULE E: TIME USE & LABOUR

[ASK ALL HOUSEHOLD MEMBERS AGED 5 YEARS AND OLDER.] IF DID NOT DO TASK, WRITE ZERO; IF LESS THAN 1/2 HOUR, WRITE '0.5'; OTHERWISE, ROUND TO NEAREST HOUR.

E01	E02	E03	E04	E05	E06	E07	E08	E09	E10	E11	E12	E13
I D C O D E	FOR ALL INDI- VIDUALS	REPORTING FOR HIM/HERSELF?	ON BEHALF OF [NAME]? LIST FROM HOUSEHOLD ROSTER HH ROSTER	you spend yester- day collect- ing water?	How many hours did you spend yesterday collecting firewood (or other fuel materials)?	hours in the last seven days did you spend on household agricultural activities (including livestock and fishing-related activities) whether for sale or for household food?	last seven days did you run or do any kind of non-agricultural or non-fishing household business, big or small, for yourself?	you help in any of the household's non-agricultural or non-fishing household businesses, if any?	last seven days did you engage in casual, part- time or ganyu labour?	seven days did you do any work for a wage, salary, commission, or any payment in kind, excluding ganyu?	How many hours in the last seven days did you engage in an unpaid apprenticeship?	REVIEW QUESTIONS E07 TO E11. DID THIS PERSON, [NAME], WORK FOR ANY HOURS AT THESE TASKS OVER THE LAST SEVEN DAYS? YES.1>>E18 NO2
			ID CODE	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	
1												
2												
3												
4												
5												
6												
7	-:-:-:-:-	<u> </u>	[-:-:-:-:-:	1:::::::		<u> </u>	1-1-1-1-1-1-1-1	1::::::::	1-1-1-1-1-1-1-1	1-1-1-1-1-1-1-1	1	1-1-1-1-1-1-1-1-
8												
9												
10												
11												
-												
12												

MAIN JOB OVER THE LAST 12 MONTHS

E01	E14	E15	E16	E17	E18	E19		E20	
- D	activities in the last seven days, do you have a job, business, or other economic or farming activity that you will return to?	reason you did not work at this activity during the last seven days?	four weeks have you taken any action to look	offered a job, would you be willing to accept the job?	At any time over the last 12 months, were you employed for a wage, salary, commission or any payment in kind, excluding ganyu, for anyone who is not a	Describe your main job over the last	12 months.	Describe what kind of trade or busine job over the last 12 months is connected to the	
	NOT GANYU.	BUSINESS CLOSED			member of your		(Supervisor		(Supervisor
			activity?		household?		to put in occupation		to put in industry
		NOT FARMING SEASON 4					code <u>after</u>		code <u>after</u>
	YES.1 NO2>>E16	OTHER (specify) .5	YES.1	YES.1	YES.1 NO2>>E46		interview)		interview)
	110277210	(THEN »E18)	NO2	NO2	NO2//E46				
		(IHEN »EIO)				WRITTEN DESCRIPTION	OCCUP. CODE	WRITTEN DESCRIPTION	IND. CODE
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

E01	E21	E22	E23	E24	E25	E26	E27	E28	
I D C O D E	occupation over the last 12 months	In how many months over the last 12 months, did you work at this job?	months, approximately how many weeks per month did you	how many hours	last payment for	What period of time do each of your sala payments cover?	How much do you usually receive in allowances or gratuities, including in-kind payments such as uniform, housing, food, and transport, that were not included in the salary you just reported? ESTIMATE CASH VALUE OF ANY IN-KIND PAYMENTS RECEIVED. IF NOTHING, RECORD ZERO, >> E29.	gratuity payn	reporting ces and
	Organization					TIME UN	IT		TIME UNIT
	Other (Specify)	NUMBER OF MONTHS	NUMBER OF WEEKS / MONTH	NUMBER OF HOURS / WEEK	MK	NUMBER OF WEEK . TIME UNITS MONTH.		NUMBER OF TIME UNITS	WEEK .4 MONTH.5
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

ISECONDARY JOB OVER THE LAST 12 MONTHS

					SECONDARY JOB OVER THE	LAST 12 WIO	MIIIO	
E01	E29	E30	E31	E32	E33		E34	
	Is this job considered an apprenticeship?	any payments to your employer for your apprenticeship?	total have you	At any time over the last 12 months, were you employed for a second job, including casual/part-time labour, for a wage, salary, commission or any payment in kind, excluding ganyu, for anyone who is not a	Describe your secondary job over the months.	e last 12	Describe what kind of trade or busine secondary job over the last 12 month connected with.	
				member of your		(Supervisor		(Supervisor
				household?		to put in		to put in
						occupation code <u>after</u>		industry code <u>after</u>
	YES.1 NO2>>E32	YES.1 NO2>>E32		YES.1 NO2>>E46		interview)		interview)
					WRITTEN DESCRIPTION	OCCUP. CODE	WRITTEN DESCRIPTION	IND. CODE
1								
2								
3								
4								
5								
6								
7								
8								
9					·			
10								
11								
12								

E01	E35	E36	E37	E38	E39	E40		E41	E42			
I D C O D E	secondary job over the last 12 months READ RESPONSES Private Company1 Private Individual2 Government3 State-Owned Enterprise (Parastatal)4 MASAF/Public Works Program5 Church/Religious	In how many months over the last 12 months, did you work at this job?	how many weeks per month did you	During these weeks, approximately how many hours per week did you work at this job?	your last	What period of time do each of your salary payments cover?		do each of your salary payments cover? receive in <u>allowances or gratuities</u> , including in-kin payments such as uniform, housing, food, and transport, that were not included in the salary you just reported? ESTIMATE CASH VALUE CANY IN-KIND PAYMENTS RECEIVED. IF NOTHING, RECORD		receive in <u>allowances or gratuities</u> , including in-kind payments such as uniform, housing, food, and transport, that were not included in the salary you just reported? ESTIMATE CASH VALUE OF ANY IN-KIND PAYMENTS RECEIVED. IF NOTHING, RECORD	Over what page of time are your reporting you allowances gratuity pay	u our and
	Organization6 Political Party7					TIM	E UNIT	ZERO, >> E43.		TIME UNIT		
	Other (Specify)8						ч3			DAY3		
		NUMBER OF MONTHS	NUMBER OF WEEKS / MONTH	NUMBER OF HOURS / WEEK	MK		EK .4 NTH.5	MK	NUMBER OF TIME UNITS	WEEK .4 MONTH.5		
1		10011110	nggre / nevri	13010 / 11221					111111111111111111111111111111111111111	1101111110		
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												

					UNPAID APPRENTICESHIP			
E01	E43	E44	E45	E46	E47		E48	
I D СО D	Is this job considered an apprenticeship?	any payments to your employer to for your apprenticeship?	12 months for your apprenticeship?	the <u>last 12</u> months, were you <u>employed as</u> an unpaid	Describe your unpaid apprenticeship 12 months? REFER TO MAIN UNPAID APPRENTICE MORE THAN ONE	Describe what kind of trade or busine unpaid apprenticeship over the last 1 connected with? REFER TO MAIN UNPAID APPRENTICE MORE THAN ONE	2 months is	
Е	YES.1 NO2>>E46	YES.1 NO2>>E46	VALUE OF ANY IN- KIND PAYMENTS.	YES.1 NO2>>E55	WRITTEN DESCRIPTION	(Supervisor to put in occupation code after interview)	WRITTEN DESCRIPTION	(Supervisor to put in industry code after interview)
1			API		WAITTEN DESCRIPTION	OCCUP. CODE	WRITTEN DESCRIPTION	IND. CODE
2								
3								
4								
5								
6								
7					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
8								
9								
10								
11								
12								

GANYU LABOUR OVER THE LAST 12 MONTHS

E49 E50 E51 E52 E53 E54 E55 E56 E57 E59 E59								CANTO LADO	OK OVER THE	LAST 12 WONTHS
upaid apprenticeship over the last 12 months. (READ ALL RESPONSES) C C O D E FILVES COMPANY	E01	E49	E50	E51	E52	E53	E54	E55	E56	E57
Organization 6	C O D	unpaid apprenticeship over the last 12 months (READ ALL RESPONSES) Private Company1 Private Individual2 Government3 State-Owned Enterprise (Parastatal)4 MASAF/Public Works Program5	months over the last 12 months, did you work at this unpaid	months, approximately how many weeks per month did you work at this unpaid	weeks, approximately how many hours per week did you work at this unpaid	any payments to your employer for your unpaid apprenticeship?	total have you paid over the last 12 months for your unpaid apprenticeship? ESTIMATE CASH VALUE OF ANY IN-	the <u>last 12</u> <u>months</u> , did you <u>do any ganyu</u> <u>labour</u> for anyone who is not a member of your household?	months over the last 12 months, did you do ganyu	approximately how many weeks per month did you do
Political Party										
MICHAEL		Political Party7	NUMBER OF	NIIMBED OF	NIIMBED OF				NUMBER OF	NUMBED OF
1 2 3		Other (Specify)8					MK			
3 3 4	1									
3 3 4	2									
34: 35: 3										
8 9 1	3		ļ	<u> </u>			ļ		<u> </u>	
8 9 1	4									
8 9 1	5									
8 9 1	6									
9	7									
	8									
10 11 12	9									
12	10									
	11									
	12									

OTHER UNPAID LABOUR OVER THE LAST 12 MONTHS

E01	E58	E59	E60	E61	E62	E63	E64	E65
	per week did you	What was the average daily wage, in cash or in kind, that you received for the days worked at ganyu over the last 12 months?	last 12 months, did you work for other households, free of charge, as exchange labourer or to assist for nothing in return?	Over the last 12 months, for how many households in total did you work as exchange labourer or to assist for nothing in return?	Among the households for whom you worked as exchange laborer or to assist for nothing in return, how many were households of relatives? RECORD ZERO IF NONE.	Among the households for whom you worked as exchange laborer or to assist for nothing in return, how many were households of friends/neighbors? RECORD ZERO IF NONE.	Was the household of the village headman among the households for whom you worked as exchange laborer or to assist for nothing in return?	Over the last 12 months, for how many days in total did you work for other households as exchange labourer or to assist for nothing in return?
	NUMBER OF		NO2>>NEXT PERSON	NUMBER OF HHS	NUMBER OF HHS	NUMBER OF HHS	YES.1	NUMBER OF
	DAYS / WEEK	MK		IN TOTAL	OF RELATIVES	OF FRIENDS/ NEIGHBORS	NO2	DAYS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

MODULE F: HOUSING

is it provided to you by an employer, do you use it for free, or do you rent this house?	THEN >>F05)	dwelling?		house built?	CONSTRUCTION MATERIALS ARE USED FOR THE DWELLING? PERMANENT 1 SEMI-PERMANENT 2	DWELLING OF THE HOUSEHOLD ARE PREDOMINANTLY MADE OF WHAT MATERIAL? GRASS 1 MUD (YOMATA) 2	DWELLING IS PREDOMINAN	MAIN DWELLING IS PREDOMINANTLY MADE OF WHAT MATERIAL?
BEING PURCHASED . 2 EMPLOYER PROVIDES3>>F03 FREE, AUTHORIZED4>>F03 FREE, NOT AUTHORIZED5>>F03 RENTED6>>F04 MK MK	DAY3 WEEK4 MONTH5 YEAR6	МК	DAY3 WEEK4 MONTH5 YEAR6	YEARS	TRADITIONAL3 (SEMI-PERMANENT IS MIX OF TRADITIONAL (GRASS, MUD) & MODERN MATERIALS	MUD BRICK (UNFIRED) 4 BURNT BRICKS 5 CONCRETE 6 WOOD 7		SAND 1 SMOOTHED MUD2 SMOOTH CEMENT .3 WOOD 4 TILE 5 OTHER (SPECIFY) 6

F10	F11	F12	F13	F14	F15	F16		F17	F18	F19
rooms do the	What is your main source of lighting fuel?	main source of	Do you ever use firewood for fuel?	collect	firewood?	Ŭ	r dwelling to where to collect	week, how much of it did you purchase?	total value of the firewood	Do you have <u>electricity</u> working in your dwelling?
(DO NOT COUNT BATHROOMS, TOILETS, STOREROOMS, OR GARAGE)	ELECTRICITY5	COLLECTED FIREWOOD. 1 (»F15) PURCHASED FIREWOOD. 2 (»F14) PARAFFIN . 3 ELECTRICITY. 4 GAS 5 CHARCOAL 6			OWN WOODLOT .1 COMMUNITY WOODLOT .2 FOREST RESERVE .3 UNFARMED			ALL 1 ALMOST ALL 2 MORE THAN	whether gathered or purchased? (Estimate purchase cost of gathered firewood.)	
NUMBER OF ROOMS		CROP RESIDUE 7 SAW DUST 8 ANIMAL WASTE 9 OTHER (SPECIFY)10	YES1 NO2>> F19	YES1 NO2>> F18	AREAS OF COMMUN- ITY 4 OTHER (SPECIFY) . 5	TIME AMOUNT	MINUTE1 HOUR2 UNIT	LESS THAN HALF 5 A LITTLE. 6 NONE 7	MK	YES1 NO2>> F27

MODULE F: HOUSING (CONTINUED)

F20	F21	F22	F23	F24	F25	F26		F27	F28
In the event of a black out, what source of energy do you use for?	Do you get your electricity via ESCOM?	application to get electricity, how many	unofficial fee to get a connection?	months, how	How much did you last pay for electricity? IF NEVER PAYS FOR ELECTRICITY, RECORD 9999 AND >> F31	electricity refer?	»F31)	do not have electricity in your dwelling, does your village / neighborhood have access to electricity provided by	ENUMERATOR: IS THE DWELLING OWNED BY THE HOUSEHOLD ACCORDING TO F01?
LIGHTING FIREWOOD1 PARAFFIN2 CANDLES3 OTHER (SPECIFY)4 COOKING CHARCOAL1 FIREWOOD2 GAS3 PARAFFIN4 OTHER (SPECIFY)5	YES1 NO2>>F25	APPLY, RECORD 9999.	YES1 NO2	Every day2 Several times a week3 Several times a month4	мк	DAY3 WEEK4 MONTH5 YEAR6 TIME TIME AMOUNT UNIT		YES1 NO2>> F31	YES1 NO2 >>F31

F29	F30	F31	F32	F33		F34	F35	F36	F37
reason for your household not to have	weeks have you been waiting for?	working condition in the dwelling unit?	total cost for MTL telephone	To what length o		phones in total does		drinking water? PIPED INTO DWELLING. 1 PIPED INTO YARD/PLOT. 2 COMMUNAL STANDPIPE . 3 OPEN WELL IN YARD/PLOT. 4 OPEN PUBLIC WELL . 5 PROTECTED WELL IN	What was the total cost of <u>drinking</u> water for your house-hold last month? IF NONE, ENTER 0 AND CONTINUE TO F38.
FOR CONNECTION3>>F31 APPLICATION PENDING4 LINE WAS DISCONNECTED5>>F31 OTHER (SPECIFY)6>>F31	WEEKS	YES1 NO2>>F34	МК	TIME AMOUNT	DAY3 WEEK4 MONTH5 YEAR6 TIME UNIT	NUMBER	MK	RIVER/STREAM	MK

MODULE F: HOUSING (CONTINUED)

F38		F39	F40	F41	F42	F43	F44	F45
How long does it take yow WAY) to the main water your dwelling?	•	,	drinking water in the other season?	toilet facility does your household	facility for the use of:	rubbish disposal facilities does your	your household sleep under a bed	Has/have the bed net(s) ever been dipped in insecticide against mosqui-toes in the past six
IF THE WATER SOURCE PREMISES, RECORD 99 AMOUNT AND CONTINUI	FOR TIME		PIPED INTO DWELLING. 1 PIPED INTO YARD/PLOT. 2 COMMUNAL STANDPIPE . 3 OPEN WELL IN YARD/PLOT. 4 OPEN PUBLIC WELL 5 PROTECTED WELL IN YARD/PLOT 6	FLUSH TOILET 1 VIP LATRINE 2	RESPONSES		net to protect against mosquitoes at some time during the year?	months?
TIME AMOUNT	MINUTE1 HOUR2	ALL YEAR AROUND1>>F41 ONLY RAINY SEASON2 ONLY DRY SEASON3	BOREHOLE 8 SPRING 9 RIVER/STREAM 10 POND/LAKE	TRADIT. LATRINE W/ROOF. 3 TRADIT. LATRINE W/O ROOF. 4 NONE5>>F43 OTHER (SPECIFY) 6	Household members only1 Other households	COLLECTED FROM RUBBISH BIN1 RUBBISH PIT .2 BURNING3 PUBLIC RUBBISH HEAP4 OTHER (SPECIFY)5 NONE6	YES1 NO2>>NEXT MODULE	YES

F46	F47
ENUMERATOR: DOES THIS HOUSEHOLD HAVE ANY CHILDREN BELOW 5 YEARS OF AGE?	Do the children under 5 in the household sleep under a bed net at those times of the year when there are mosquitoes present?
YES1 NO2>>NEXT MODULE	YES, FOR ALL CHILDREN UNDER FIVE 1 YES, FOR SOME CHILDREN UNDER FIVE 2 NO, NONE OF THE CHILDREN UNDER FIVE 3

MODULE G: FOOD CONSUMPTION OVER PAST ONE WEEK

DATA ENTRY LINE NUMBER	Over the past one week (7 days), did you or others in your household consume any []? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.	YES1 NO2>> NEXT	G02	G03 How much in t did your house consume in the week?	ehold e past	G04 How much cam purchases?	e from	G05 How much did you spend?	G06 How much confrom own- production?		G07 How much ca from gifts and sources?	other	
1	Cereals, Grains and Cereal Products		CODE	QUANTITY	UNIT	QUANTITY	UNIT	MK	QUANTITY	UNIT	QUANTITY	UNIT	
2	Maize <i>ufa mgaiwa</i> (normal flour)		101										CODES FOR UNIT:
3	Maize <i>ufa</i> refined (fine flour)	1	102										KILOGRAMME 1 50 KG. BAG 2
4	Maize <i>ufa madeya</i> (bran flour)		103										90 KG. BAG 3
5	Maize grain (not as <i>ufa</i>)		104										PAIL (SMALL)4 PAIL (LARGE)5
6	Green maize		105										No. 10 PLATE6 No. 12 PLATE7
7	Rice		106										BUNCH 8 PIECE 9
8	Finger millet (<i>mawere</i>)		107										HEAP 10
9	Sorghum (<i>mapira</i>)		108										BALE 11 BASKET (<i>DENGU</i>)
10	Pearl millet (mchewere)		109										(SHELLED)12 BASKET (<i>DENGU</i>)
11	Wheat flour		110										(UNSHELLED) 13 OX-CART
12	Bread		111										(UNSHELLED) 14
13	Buns, scones		112										LITRE 15 CUP 16
14	Biscuits		113										TIN 17 GRAM 18
15	Spaghetti, macaroni, pasta		114										MILLILITRE 19 TEASPOON 20
16	Breakfast cereal		115										BASIN 21
17	Infant feeding cereals		116										SATCHET/TUBE22 OTHER (SPECIFY). 23
18	Other (specify)		117										,
19	Roots, Tubers, and Plantains		T			_	r			_	•		
20	Cassava tubers		201										
21	Cassava flour		202										
22	White sweet potato		203										
23	Orange sweet potato		204										
24	Irish potato		205										
25	Potato crisps		206										
26	Plantain, cooking banana		207										
27	Cocoyam (<i>masimbi</i>)		208						1				
28	Other (specify)		209										

DATA ENTRY LINE NUMBER	Over the past one week (7 days), did you or others in your household consume any []?	G01 YES1 NO2>> NEXT ITEM		G03 How much in to did your house consume in the week?	hold	G04 How much cam purchases?	e from	G05 How much did you spend?	G06 How much ca from own- production?	me	G07 How much cal from gifts and sources?	
29	Nuts and Pulses			~ -		~ -	l .		~ -		~ -	İ
30	Bean, white		301									CODES FOR UNIT:
31	Bean, brown		302									KILOGRAMME1
32	Pigeonpea (<i>nandolo</i>)		303									- 50 KG. BAG
33	Groundnut		304									PAIL (SMALL)4 PAIL (LARGE)5
34	Groundnut flour		305									No. 10 PLATE6 No. 12 PLATE7
35	Soyabean flour		306									BUNCH 8
36	Ground bean (nzama)		307									PIECE 9 HEAP 10
37	Cowpea (khobwe)		308									BALE 11 BASKET (<i>DENGU</i>)
38	Macademia nuts		309									(SHELLED) 12
39	Other (specify)		310									BASKET (<i>DENGU</i>) (UNSHELLED) 13
40	Vegetables											OX-CART (UNSHELLED) 14
41	Onion		401									LITRE 15 CUP 16
42	Cabbage		402									TIN 17
43	<i>Tanaposi</i> /Rape		403									GRAM 18 MILLILITRE 19
44	Nkhwani		404									TEASPOON 20 BASIN 21
45	Chinese cabbage		405									SATCHET/TUBE22
46	Other cultivated green leafy vegetables		406									OTHER (SPECIFY). 23
47	Gathered wild green leaves		407									_
48	Tomato		408									_
49	Cucumber		409									
50	Pumpkin		410									
51	Okra / Therere		411									1
52	Tinned vegetables (specify:		412									
53	Mushroom		413									1
54	Other vegetables (specify:		414									

DATA ENTRY LINE NUMBER	Over the past one week (7 days), did you or others in your household consume any []? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.	YES1 NO2>> NEXT ITEM	G02	G03 How much in t did your house consume in the week?	hold	G04 How much cam purchases?	ne from	G05 How much did you spend?	G06 How much ca from own- production?	ame	G07 How much ca from gifts and sources?		
55 55	Meat, Fish and Animal products		CODE	QUANTITY	UNIT	QUANTITY	UNIT	MK	QUANTITY	UNIT	QUANTITY	UNIT	
56	Eggs		501										CODES FOR UNIT:
57	Dried fish		502							+		1	KILOGRAMME1
	Fresh fish		503							+		1	50 KG. BAG
58 59	Beef		504										PAIL (SMALL)4 PAIL (LARGE)5
	Goat		505										No. 10 PLATE6 No. 12 PLATE7
60	Pork		506										BUNCH 8
62	Mutton		507										PIECE 9 HEAP 10
63	Chicken		508										BALE 11 BASKET (<i>DENGU</i>)
64	Other poultry - guinea fowl, doves, etc.		509										(SHELLED) 12
65	Small animal – rabbit, mice, etc.		510										BASKET (<i>DENGU</i>) (UNSHELLED) 13
66	Termites, other insects (eg Ngumbi, caterpillar)		511										OX-CART (UNSHELLED) 14 LITRE 15
67	Tinned meat or fish		512										CUP 16 TIN 17
68	Smoked fish		513										GRAM 18
69	Fish Soup/Sauce		514										MILLILITRE 19 TEASPOON 20
70	Other (specify)		515										BASIN 21 SATCHET/TUBE 22
71	Fruits												OTHER (SPECIFY). 23
72	Mango		601										
73	Banana		602										
74	Citrus – naartje, orange, etc.		603										
75	Pineapple		604										
76	Рарауа		605										
77	Guava		606										
78	Avocado		607										
79	Wild fruit (masau, malambe, etc.)		608										
80	Apple		609										
81	Other fruits (specify)		610										

DATA ENTRY LINE NUMBER	Over the past one week (7 days), did you or others in your household consume any []? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.	G01 YES1 NO2>> NEXT ITEM	G02	G03 How much in to did your house consume in the week?	hold	G04 How much cam purchases?	e from	G05 How much did you spend?	G06 How much of from own- production?	came	G07 How much car from gifts and sources?		
	Cooked Foods from Vendors		CODE	QUANTITY	UNIT	QUANTITY	UNIT	MK	QUANTITY	UNIT	QUANTITY	UNIT	
82	Maize - boiled or roasted (vendor)		820							7	1		CODES FOR UNIT:
83	Chips (vendor)		821							+			KILOGRAMME 1
85	Cassava - boiled (vendor)		822							+	+		50 KG. BAG
86	Eggs - boiled (vendor)		823							//			PAIL (SMALL)4 PAIL (LARGE)5
87	Chicken (vendor)		824							//	+		No. 10 PLATE6
88	Meat (vendor)		825							//			No. 12 PLATE7 BUNCH 8
89	Fish (vendor)		826							1			PIECE 9 HEAP 10
90	Mandazi, doughnut (vendor)		827							/ /			BALE 11 BASKET (DENGU)
91	Samosa (vendor)		828							1/			(SHELLED) 12
92	Meal eaten at restaurant		829										BASKET (<i>DENGU</i>) (UNSHELLED) 13
93	Other (specify)		830										OX-CART (UNSHELLED) 14
94	Milk and Milk Products					•							LITRE 15 CUP 16
95	Fresh milk		701										TIN 17
96	Powdered milk		702										GRAM 18 MILLILITRE 19
97	Margarine - Blue band		703										TEASPOON 20 BASIN 21
98	Butter		704										SATCHET/TUBE22 OTHER (SPECIFY). 23
99	Chambiko - soured milk		705										OTHER (SPECIFY), 23
100	Yoghurt		706										
101	Cheese		707										
102	Infant feeding formula (for bottle)		708										
103	Other (specify)		709										
104	Sugar, Fats, and Oil												
105	Sugar		801										
106	Sugar Cane		802										
107	Cooking oil		803										
108	Other (specify)		804										

DATA ENTRY LINE NUMBER	Over the past one week (7 days), did you or others in your household consume any []? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.	YES1 NO2>> NEXT	G02	G03 How much in t did your house consume in the week?	ehold e past	G04 How much cam purchases?	e from	G05 How much did you spend?	G06 How much of from own- production?		G07 How much ca from gifts and sources?	other	
109	Beverages		CODE	QUANTITY	UNIT	QUANTITY	UNIT	MK	QUANTITY	UNIT	QUANTITY	UNIT	
110	Tea		901			I							CODES FOR UNIT:
111	Coffee		902			<u> </u>							KILOGRAMME 1 50 KG. BAG 2
112	Cocoa, millo		903										90 KG. BAG 3
113	Squash (Sobo drink concentrate)		904										PAIL (SMALL)4 PAIL (LARGE)5
114	Fruit juice		905										No. 10 PLATE 6 No. 12 PLATE 7
115	Freezes (flavoured ice)		906										BUNCH 8 PIECE 9
116	Soft drinks (Coca-cola, Fanta, Sprite, etc.)		907										HEAP 10
117	Chibuku(commercial traditional-style beer)		908										BASKET (<i>DENGU</i>) (SHELLED)12
118	Bottled water		909										BASKET (<i>DENGU</i>) (UNSHELLED) 13
119	Maheu		910										OX-CART (UNSHELLED) 14
120	Bottled / canned beer (Carlsberg, etc.)		911										LITRE 15
121	Thobwa		912										CUP 16 TIN 17
122	Traditional beer (masese)		913										GRAM 18 MILLILITRE 19
123	Wine or commercial liquor		914										TEASPOON 20 BASIN 21
124	Locally brewed liquor (kachasu)		915										SATCHET/TUBE22
125	Other (specify)		916										OTHER (SPECIFY). 23
126	Spices & Miscellaneous	1	1	I	1	T		T	1	1	1	1	
127	Salt		810										
128	Spices		811			ļ							
129	Yeast, baking powder, bicarbonate of soda		812										
130	Tomato sauce (bottle)		813						1				
131	Hot sauce (Nali, etc.)		814						1				
132	Jam, jelly		815							_			
133	Sweets, candy, chocolates		816							_			
134	Honey		817							_			
135	Other (specify)		818										

		G08. Over the past one week (7 days), how many days did you or others in
		your household consume any []?
		IF NOT CONSUMED, RECORD ZERO.
		NUMBER OF DAYS
A	Cereals, Grains and Cereal Products (Previous Page: 100s) (Maize Grain/Flour; Green Maize; Rice; Finger Millet; Pearl Millet; Sorghum; Wheat Flour; Bread; Pasta; Other Cereal)	
В	Roots, Tubers, and Plantains [Previous Page: 200]	
	(Cassava Tuber/Flour; Sweet Potato; Irish Potato; Other Tuber/Plantain)	
С	Nuts and Pulses [Previous Page: 300s] (Bean; Pigeon Pea; Macademia Nut; Groundnut; Ground Bean; Cow Pea; Other Nut/Pulse)	
D	Vegetables [Previous Page: 400s] (Onion; Cabbage; Tanaposi; Nkhwani; Wild Green Leaves; Tomato; Cucumber; Other Vegetables/Leaves)	
E	Meat, Fish and Animal Products [Previous Page: 500s] Egg;Dried/Fresh/Smoked Fish (Excluding Fish Sauce/Powder); Beef; Goat Meat; Pork; Poultry; Other Meat)	
F	Fruits [Previous Page: 600s] (Mango; Banana; Citrus; Pineapple; Papaya; Guava; Avocado; Apple; Other Fruit)	
G	Milk/Milk Products [Previous Page: 700s] (Fresh/Powdered/Soured Milk; Yogurt; Cheese; Other Milk Product - Excluding Margarine/Butter or Small Amounts of Milk for Tea/Coffee)	
Н	Fats/Oil [Previous Page: 703, 704, 803, 804 (if app.)] (Cooking Oil; Butter; Margarine; Other Fat/Oil)	
I	Sugar/Sugar Products/Honey [Previous Page: 801, 802, 804 (if app.), 815, 816, 817, 817 (if app.)] (Sugar; Sugar Cane; Honey; Jam; Jelly; Sweets/Candy/Chocolate; Other Sugar Product)	
J	Spices/Condiments [Previous Page: 900s, 810-814, 817 (if app.)] (Tea; Coffee/Cocoa/Millop; Salt; Spices; Yeast/Baking Powder; Tomato/Hot Sauce;Fish Powder/Sauce; Other Condiment - Including Small Amounts of Milk for Tea/Coffee)	

yo	O9. Over the past one week (7 or u did not list as household mer H ROSTER] eat any meals in your YES1 NO2>> NEXT MODULE	nbers [READ L	IST FROM
	r G10-G11: NOT SHARED, RECORD ZERO.	G10 What was the total number of days in which any meal was shared with people []?	G11 What was the total number of meals that were shared over past 7 days with []?
		NUMBER OF DAYS	NUMBER OF MEALS
А	Children 0-5 years		
В	Children 6-15 years		
C	Adults 16-65 years		
D			

MODULE H: FOOD SECURITY

H01	H02					H03		H04
In the past	In the past 7 days, ho	w many da	ys have you	ı or someone in your h	ousehold had to:	How many meals, incl	In the last 12	
7 days, did						day in your household	?	months, have you
you worry	IF NO DAYS, RECORD	ZERO.						been faced with a
that your								situation when you
household								did not have
would not								enough food to
have		I	I	Ī				feed the
enough								household?
food?						a. Adults	b. Children	
		b. Limit	c. Reduce			a. Addits	(6-59 months)	
		portion size		d. Restrict con-sumption	e. Borrow food, or rely on		LEAVE BLANK IF NO CHILDREN	YES.1
YES1		l'			help from a friend or			NO2 >>NEXT
NO2	foods?	times?	in a day?	small children to eat?	relative?			MODULE
	DAYS	DAYS	DAYS	DAYS	DAYS	NUMBER	NUMBER	

105													H06			
/hen did you experience this incident in the last 12 months?											What was the cause of this					
/ARK X IN F	ARK X IN EACH MONTHOF 2009 AND 2010 THE HOUSEHOLD DID NOT HAVE ENOUGH FOOD												situation?			
													LIST UP TO 3 IN ORDER OF			
EAVE CELL	BLANK FOR	R FUTURE M	ONTHS FRO	OM INTERVI	EW DATE C	R MOTNHS	MORE THA	N 12 MONT	HS AGO FR	OM INTERV	IEW DATE.		IMPORTAN		ODES ON	
													THE RIGHT	Γ.		
				200	9					20)10	1				
Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb					
												-				
				201	0						2011		a.	b.	C.	
Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	1ST	2ND	3RD	

	CODES FOR H06:
	Inadequate household
	stocks due to
	drought/ poor
	rains1
	T
	Inadequate household food stocks due to
	crop pest damage2
	crop pest damage2
	Inadequate household
	food stocks due to
	small land size3
N	
	Inadequate household
	food stocks due to
	lack of farm inputs.4
	Food in the market was
	very expensive5
	very expensive
	Unable to reach the
	market due to high
	transportation
	costs6
	l
	No food in the
	market7
	Floods/water
	logging8
	Other (Specify)9

MODULE I: NON-FOOD EXPENDITURES - OVER PAST ONE WEEK & ONE MONTH

ONE WEEK RECALL

DATA ENTRY LINE NUMBER	Over the past one week (7 days), did your household purchase or pay for any []?	YES.1 NO2>>NEXT	ITEM CODE	I03 How much did you pay in total?
1	Charcoal		101	
2	Paraffin or kerosene		102	
3	Cigarettes or other tobacco		103	
4	Candles		104	
5	Matches		105	
6	Newspapers or magazines		106	
7	Public transport - Bicycle Taxi		107	
8	Public transport - Bus/Minibus		108	
9	Public transport - Other (Truck, Oxcart, Etc)		109	

ONE MONTH RECALL

		I01	102	103
. ~	Over the past one month, did your			How much did
F B	household purchase or pay for any []?			you pay in total?
		YES.1 NO2>>NEXT		
DATA ENTRY LINE NUMBER		ITEM	ITEM	•
Z Z			CODE	MK
1	Milling fees, grain		201	
2	Bar soap (body soap or clothes soap)		202	
3	Clothes soap (powder, paste)		203	
4	Toothpaste, toothbrush		204	
5	Toilet paper		205	
6	Glycerine, Vaseline, skin creams		206	
	Other personal products (shampoo, razor		207	
7	blades, cosmetics, hair products, etc.)		207	
8	Light bulbs		209	
9	Postage stamps or other postal fees		210	
10	Donation - to church, charity, beggar, etc.		211	
11	Petrol or diesel		212	
12	Motor vehicle service, repair, or parts		213	
13	Bicycle service, repair, or parts		214	
14	Wages paid to servants		215	
15	Mortgage - regular payment to purchase house		216	
16	Repairs & maintenance to dwelling		217	
	Repairs to household and personal items		1	
	(radios, watches, etc., excluding battery		218	
17	purchases)			
18	Expenditures on pets		219	
19	Batteries		220	
20	Recharging batteries, cell phones		221	

MODULE J: NON-FOOD EXPENDITURES OVER PAST THREE MONTHS

Over the past three months, did your household purchase or pay for any []?	J01 YES.1 NO2>>NEXT ITEM	J02	J03 How much did you pay in total?
		ITEM CODE	MK
Infant clothing		301	
Baby nappies/diapers		302	
Boy's trousers		303	
Boy's shirts		304	
Boy's jackets		305	
Boy's undergarments		306	
Boy's other clothing		307	
Men's trousers		308	
Men's shirts		309	
Men's jackets		310	
Men's undergarments		311	
Men's other clothing		312	
Girl's blouse/shirt		313	
Girl's dress/skirt		314	
Girl's undergarments		315	
Girl's other clothing		316	
Lady's blouse/shirt		317	
Chitenje cloth		318	
Lady's dress/skirt		319	
Lady's undergarments		320	

	J01	J02	J03
Over the past three months, did your household purchase or pay for any []?	YES.1 NO2>>NEXT		How much did you pay in total?
	ITEM	ITEM	
		CODE	MK
Lady's other clothing		321	
Boy's shoes		322	
Men's shoes		323	
Girl's shoes		324	
Lady's shoes		325	
Cloth, thread, other sewing material		326	
Laundry, dry cleaning, tailoring fees		327	
Bowls, glassware, plates, silverware, etc.		328	
Cooking utensils (cookpots, stirring spoons and whisks, etc.)		329	
Cleaning utensils (brooms, brushes, etc.)		330	
Torch / flashlight		331	
Umbrella		332	
Paraffin lamp (hurricane or pressure)		333	
Stationery items (not for school)		334	
Books (not for school)		335	
Music or video cassette or CD/DVD		336	
Tickets for sports / entertainment events		337	
House decorations		338	
Night's lodging in rest house or hotel		339	

MODULE K: NON-FOOD EXPENDITURES OVER PAST 12 MONTHS

	K01	K02	K03
Over the past one year (twelve months), did your household purchase or pay for any []?	YES.1 NO2>>NEXT ITEM		How much did you pay in total?
	ITEM	CODE	MK
Carpet, rugs, drapes, curtains		401	
Linen - towels, sheets, blankets		402	
Mat - sleeping or for drying maize flour		403	
Mosquito net		404	
Mattress		405	
Sports & hobby equipment, musical instruments, toys		406	
Film, film processing, camera		407	
Cement		408	
Bricks		409	
Construction timber		410	
Council rates		411	
Insurance - health (MASM, etc.), auto, home, life		412	
Losses to theft (value of items or cash lost)		413	
Fines or legal fees		414	
Lobola (bridewealth) costs		415	
Marriage ceremony costs		416	
Funeral costs, household members		417	
Funeral costs, nonhousehold members (relatives, neighbors/friends)		418	

NON-FOOD ITEMS THAT MAY NOT HAVE BEEN PURCHASED

	K01	K02	K03	K04
Over the past one year (twelve months) did your household gather, purchase, or pay for any []?	YES.1 NO2>>NEXT ITEM	ITEM	estimated total value of	What was the cost of that which you purchased?
		CODE	MK	MK
Woodpoles, bamboo		419		
Grass for thatching roof or other use		420		

MODULE L: DURABLE GOODS

	L01	L02	L03	L04	L05	L06	L07
	Does your household own a [ITEM]?	D G U O R O A D B L E	How many [ITEM]s do you own?	What is the age of this [ITEM]? IF MORE THAN ONE ITEM, AVERAGE AGE.	If you wanted to sell one of this [ITEM] today, how much would you receive? IF MORE THAN ONE, AVERAGE VALUE.	Did you purchase or pay for any [ITEM] in the last 12 months?	How much in total did pay for [ITEM] in the last 12 months?
	YES1 NO2 >> NEXT ITEM	ITEM				YES1 NO2 >> NEXT ITEM	
ITEM		CODE	NUMBER	YEARS	MK		MK
Mortar/pestle (<i>mtondo</i>)		501					
Bed		502					
Table		503					
Chair		504					
Fan		505					
Air conditioner		506					
Radio ('wireless')		507					
Tape or CD/DVD player; HiFi		508					
Television		509					
VCR		510					
Sewing machine		511					
Kerosene/paraffin stove		512					
Electric or gas stove; hot plate		513					
Refrigerator		514					
Washing machine		515					
Bicycle		516					

MODULE L: DURABLE GOODS (CONTINUED)

	L01	L02	L03	L04	L05	L06	L07
	Does your household own a [ITEM]?	D G U O O A D B L E	How many [ITEM]s do you own?	What is the age of this [ITEM]? IF MORE THAN ONE ITEM, AVERAGE AGE.	If you wanted to sell one of this [ITEM] today, how much would you receive? IF MORE THAN ONE, AVERAGE VALUE.	Did you purchase any [ITEM] in the last 12 months?	How much in total did you pay for [ITEM] in the last 12 months?
	YES1 NO2>>	ITEM				YES1 NO2 >>	
ITEM	NEXT ITEM	CODE	NUMBER	YEARS	MK	NEXT ITEM	MK
Motorcycle/scooter		517					
Car		518					
Mini-bus		519					
Lorry.		520					
Beer-brewing drum		521					
Upholstered chair, sofa set		522					
Coffee table (for sitting room)		523					
Cupboard, drawers, bureau		524					
Lantern (paraffin)		525					
Desk		526					
Clock		527					
Iron (for pressing clothes).		528					
Computer equipment & accessories		529					
Sattelite dish		530					
Solar panel		531					
Generator		532					

MODULE M: FARM IMPLEMENTS, MACHINERY, AND STRUCTURES

A. Did your household own or rent any farm implements, machinery and/or structures, such as hand hoe, panga knife, treadle pump, ox cart, tractor, plough, generator, chicken house, storage house, barn, etc... in the last 12 months?

| YES...1 | NO....2>> NEXT MODULE |

			Does your household	How many [ITEM] does	What is the age of the	If you wanted to sell one of this	M04 Did your household buy any [ITEM]	M05 How many [ITEM] did your household buy?	M06 What was the value of these	M07 ENUMERATOR: IS THE [ITEM] A FARM STRUCTURE/	M08 How many [ITEM] did vour
			[ITEM] ?	household currently	IF MORE THAN ONE [ITEM], ASK FOR	how much would you receive?	during the last 12 months?	incuccincia say.		BUILDING?	household build during the last 12 months?
DATA ENTRY LINE NUMBER			YES1 NO2>> M04		ED AGE OF	IF MORE THAN ONE [ITEM], ASK FOR THE AVERAGE VALUE.	YES1			YES1 NO2>> M10	IF NONE, RECORD ZERO AND >> M10.
LINE DAT	ITEM			NUMBER	YEARS	MK	NO2>> M07	NUMBER	MK	10277 MIO	NUMBER
1	IMPLE	MENTS		WOLDER	THING	1111		NOTIBER	1111		WOLLDER
2		HAND HOE									
3	602	SLASHER									
4	603	AXE									
5	604	SPRAYER				· . · . · . · . · . · . · . · .					
6	605	PANGA KNIFE									
7	606	SICKLE									
8	607	TREADLE PUMP									
9	608	WATERING CAN									
10	MACHI	NERY									
11	609	OX CART									
12		OX PLOUGH									
13		TRACTOR									
14	612	TRACTOR PLOUGH									
15	613	RIDGER									
16		CULTIVATOR									
17		GENERATOR									
18		MOTORISED PUMP									
19		GRAIN MILL									
20		OTHER (SPECIFY)									
21		TURES/BUILDINGS	1			1	1	•	ı		
22		CHICKEN HOUSE									
23		LIVESTOCK KRAAL									
24	_	POULTRY KRAAL									
25		STORAGE HOUSE	· · · · · · · · · · · · · · · · · · ·		<u> </u>	<u> </u>	<u> </u>	<u> </u>	 	[· · · · · · · · · · · · · · · · · · ·	
26		GRANARY BARN									
27 28					<u> </u>			<u> </u>		<u> </u>	
28	625	PIG STY									

MODULE M: FARM/FISHERY IMPLEMENTS, STRUCTURES AND MACHINERY (CONTINUED)

			M09	M10	M11	M12	M13	M14
			How much did it		What was the main		How many [ITEM]	How much did your
					reason for not	household rent or		household pay to
					using the [ITEM]?		household rent or	rent or borrow
				the last 12				[ITEM] during the
				months?	NO NEED FOR		last 12 months?	last 12 months?
					ONE1			
					NEEDS			ESTIMATE THE
~					REPAIRS2			VALUE OF IN-KIND
주 류					LENT TO OTHERS3			PAYMENTS
불					RENTED TO			
A E				YES1>> M12	OTHERS4	YES1 NO2 >>NEXT		
DATA ENTRY LINE NUMBER				NO2	OTHER (SPECIFY)5	ITEM		
1	ITEM IMPLEN	MENTS	MK		(SIECIFI)3		NUMBER	MK
2		HAND HOE		T		Π	Π	
3		SLASHER						
4		AXE						
5		SPRAYER						
6		PANGA KNIFE						
7		SICKLE						
8		TREADLE PUMP						
9		WATERING CAN						
10	MACHI	NERY						
11	609	OX CART						
12	610	OX PLOUGH						
13	611	TRACTOR						
14		TRACTOR PLOUGH						
15	613	RIDGER						
16	614	CULTIVATOR				• . • . • . • . • . • . • . • . • . • .		
17	615	GENERATOR						
18	616	MOTORISED PUMP						
19		GRAIN MILL						
20		OTHER (SPECIFY)						
21		TURES/BUILDINGS		1				
22		CHICKEN HOUSE						
23		LIVESTOCK KRAAL						
24		POULTRY KRAAL						
25		STORAGE HOUSE	· . · . · . · . · . · . · . · . · . · .			· · · · · · · · · · · · · · · · · · ·		
26		GRANARY						
27		BARN						
28	625	PIG STY						

MODULE N: HOUSEHOLD ENTERPRISES

accountant, lawyer, translator, private tutor, midwife, mason, etc?

[ASK OF HOUSEHOLD HEAD]

[ASK OF HOUSEHOLD HEAD]	
A. Over the <u>past 12 months</u> , has anyone in your household operated any <u>non-agricultural</u> income-gene has anyone in your household owned a shop or operated a trading business?	erating enterprise which produces goods or services or YES . 1 NO . 2
ENUMERATOR: REFER TO THE ANSWER TO A . IF THE RESPONDENT STATED " YES ," ASK THE FOLLOWIN AGRICULTURAL INCOME GENERATING ENTERPRISES OPERATED BY YOUR HOUSEHOLD OVER THE PAST FOLLOWING SET OF QUESTIONS.	
ENUMERATOR : REFER TO THE ANSWER TO A . IF THE RESPONDENT STATED " NO ," STATE THE FOLLOW YOUR HOUSEHOLD OPERATED ANY NON-AGRICULTURAL INCOME-GENERATING ENTERPRISE OVER THE MEAN BY "NON-AGRICULTURAL INCOME-GENERATING ENTERPRISE."	
Over the past 12 months has anyone in your household	FOR QUESTIONS NO1 THROUGH NO8 YES1 NO2
N01 owned a non-agricultural business or provided a non-agricultural service from home or a household-owned shop, as a carwash owner, metal worker, mechanic, carpenter, tailor, barber, etc.?	N06 driven a household-owned taxi or pick-up truck to provide transportation or moving services?
N02 processed and sold any agricultural by-products, including flour, starch, juice, beer, jam, oil, seed, bran, etc., but excluding livestock by-products, fresh/processed fish?	N07 owned a bar or restaurant?
N03 owned a trading business on a street or in a market?	N08owned any other non-agricultural business, even if it is a small business run from home or on a street?
N04 offered any service or sold anything on a street or in a market, including firewood, home-made charcoal, curios, construction timber, woodpoles, traditional medicine, mats, bricks, cane furniture, weave baskets, thatch grass etc.?	B. ENUMERATOR: IS THERE A "1" FOR ANY OF THE QUESTIONS N01 THROUGH N08? YES1 NO2>> MODULE O
N05 owned a professional office or offered professional services from home as a doctor,	NO277 MODULE 0

PLEASE INCLUDE HOUSEHOLD BUSINESS VENTURES THAT HAVE BEEN SHUT DOWN PERMANENTLY OR TEMPORARILY DURING THE PAST 12 MONTHS.

	N09		N10		N11	N12		N13		N14	N15	
Е	Please provide details on the main prod	uct or service	Who in the ho	usehold	RECORD THE	Who in the ho	usehold owns	How many		What share of the	When wa	s this
Ν	of each [ENTERPRISE] that your house	hold operated	manages this		ID OF THE	this [ENTERP		individuals	outside of	profits from this	[ENTERF	PRISE] first
T	during the past 12 months.		is most familia		RESPONDENT,					[ENTERPRISE] is	started?	
E R					FOR THIS [ENTERPRISE].	LIST UP TO 2 J	OINT	owners of		kept by your		
P	PROVIDE A WRITTEN DESCRIPTION CON MAIN PRODUCT/SERVICE OF EACH ENTE		LIST UP TO 2 F HOUSEHOLD F		[LIVILIXI IXIOL].	OWNERS		[ENTERP	RISE]?	household, rather		
R	THE HOUSEHOLD OPERATED DURING THE		HOUSEHOLD F	ROSTER	LIST FROM			IF NONE, R	FOODD	than the other		
1	MONTHS, BEFORE GOING ON TO N10. PL				HOUSEHOLD			ZERO IN BO		owners?		
S E	BUSINESS VENTURES THAT HAVE BEEN	SHUT DOWN			ROSTER			COLUMNS,		READ RESPONSES		
-	PERMANENTLY OR TEMPORARILY DURIN	IG THE PAST 12						N15.		NEAD NEOF ONCE		
1	MONTHS.											
D												
1												
		(Supervisor								Almost none1		
		to put in								About 25%2		
		code after								About half3		
		interview)								About 75%4 Almost all5		
		INDUSTRY	MANAGER 1	MANAGER 2		OWNER 1	OWNER 2	MALE	FEMALE	Other		
	WRITTEN DESCRIPTION	CODE	HH ROSTER	HH ROSTER	ROSTER	HH ROSTER	HH ROSTER	NUMBER	NUMBER	(Specify)6	MONTH	YEAR
			ID CODE	ID CODE	ID CODE	ID CODE	ID CODE					(4-DIGIT)
1												
2												
-												
3												
4												
5												

	N16		N17	N18	N19	N20		N21			N22
E N T E R P R I	What weres the so capital for this enter READ ANSWERS. LONLY ONE SOURCITHE SECOND COLL SOURCES OF STAR RECORD "99" IN BO	erprise? IST UP TO 2. IF E, RECORD "99" IN JMN. IF NO RT-UP CAPITAL, ITH COLUMNS.	Where do you operate this [ENTERPRISE]? READ RESPONSES	Does this [ENTERPRISE] have access to working electricity?	source of electricity for this	To whom do you products or servio READ RESPONSE LIST UP TO 2 BUY	ces?	Is this [ENTE registered wi		ficially	Does this [ENTER- PRISE] or any of its owners or managers belong to
SE I D	Own-savings fro agriculture Own-savings fro on-agriculture Sale of assets Proceeds from a business Agricultural in Non-agricultur. credit from bar or other instituon from mone; Loan from fami. Savings club Gift from fami. Inherited Other (specify		Home (inside residence)1 >> N20 Home (outside residence)2 >> N20 Industrial site3 Traditional market place4 >> N20 Commercial area shop5 Roadside6 >> N20 Other fixed place7	Yes. 1	ESCOM/GRID1 SOLAR PANEL2 GENERATOR3	Final consumer Traders Other small bu Large establis businesses/ins Export Manufacturer Marketing boar Other (specify	2 sinesses3 hed titutions456 d7	a. Registrar of Companies?	b. Malawi Revenue Authority?	c. Local Assembly?	any registered business association?
	151	ZND	Mobile8 >> N20	No2 >> N20	OTHER (SPECIFY)4	131	ZND				NO2
1											
2											
3											
4											
5											

	N23	N24	N25																									N26	
Е		What is the source of	Durin		past	12 m	onths,	, was	this [ENTE	RPR	ISE]	opera	tional	in the	mor	nth of	(MOM	NTH],	and i	f so, \	were :	your s	sales	high,	avera	age,	Why was this	
N	: DOES THIS BUSINESS		or lov	v?																								[ENTERPRIS	•
E	SELL FOREST- BASED	product sold by this [ENTERPRISE]?	MARK	FOR	EACH	I MON	ITH IN	TUR	N. STA	ART FI	ROM	ГНЕ М	OST	RECE	NT MC	NTH	THAT	WAS	СОМ	PLETE	D, GO	DING I	BACK	MON	TH BY	MON		operation for [INDICATED I	N N25]?
R P R	PRODUCTS?	READ RESPONSES	MAKE	SURI	E ALL	APPL	ICABL	E MO	NTHS	IN TH	IE PA	ST 12	MON ⁻	TH PE	RIOD	ARE N	MARKI	ED WI	10 HT	NE OF	THE	CODE	ES BE	LOW.				READ RESPON LIST UP TO 2	ISES
I S			IF THE	ERE IS	NO I	MONT	Н МАГ	RKED	WITH	"0" IN	THE	PAST	12 M	ONTH	S, SKII	P TO (QUES	TION	N27.										
E																													
I D																												Lack of non-labour i	nputs 1
									NONE	E:NOT	TN (PERA	TTON	0														Lack of credit	-
									LOW.	RAGE.				1														Lack of cash	13
										KAGE.																		Seasonal wor Bad weather.	
		Own land1 Forest/wild																										Not profitab	ole6
		park reserve2																										Own-Illness, to care for	Neea
		Communal land3 Purchased from																										household me Other (Speci	
		someone else4 Other (Specify).5					200	09										20	10							2011		other (bpeci	11 // 0
	YES1 NO2>> N25	cener (specify, to	MAR	ADD	MAV	шы		ALIC	CED.	ОСТ	NOV	DEC	IAN	EED	MAD	A D D	MAY	IIINI		ALIC	¢ED	2	NOV	DEC	IAN	CED	MAD	1ST	2ND
			IVIAN	AFK	IVIAI	JUN	JUL	AUG	SEF	001	NOV	DEC	JAN	FEB	WAK	AFK	IVIAI	JUN	JUL	AUG	JEF	001	NOV	DEC	JAN	FEB	IVIAN		
1																													
2																													
L																													
3																													
H																													
4																													
5																													
L																													

	N27	N28	N29		N30															
E	ENUMERATOR:	Are you planning	Why not?		A. Du	uring th	e last mo	nth of ope	ration,	which	househo	ld membei	s wor	ked for	this [EN	TERPRISE]?			
NTERPRISE ID	REFER TO N25. WAS THIS [ENTERPRISE] IN OPERATON IN THE LAST MONTH?	to resume the operations of this [ENTERPRISE] within the next 12 months?	LIST UP TO 2	inputs123 able4 //Need	LIST (QUES B. Du [ENT C. Du	UP TO 4 STIONN uring th ERPRI uring th	ID CODE AIRE. e last mo SE]? ose days	PONDENT I S FROM HO onth of open , approxim months, ho	ouser ration ately,	in the p	OSTER. IF	MORE TH	AN 4 F w man	y days	HOLD MEI did each	househole	RE EN	MPLOYE	D, USE AI	
			household m Other (Spec				WNER #1			0	WNER # 2									
				_			MEMBER #				MEMBER #				MEMBER #	-			MEMBER #	
	YES1 >> N30 NO2	YES1 >> N30 NO2	1ST	2ND	ID	DAYS	HOURS	MONTHS	ID	DAYS	HOURS	MONTHS	ID	DAYS	HOURS	MONTHS	ID	DAYS	HOURS	MONTHS
1																				
2																				
3																				
4																				
5																				

	N31												N32
Е	A. During t	the last mo	onth of ope	eration, how many	non-house	hold mem	ber men/\	women/children (u	nder-15) w	orked for tl	his [ENTE	RPRISE] ?	During the last month of
N	MAKE OUD	E TUE DEO	DONDENT	10 DEFENDING TO	THE LAST 1	MONTHOE	. ODED ATI	ON 40 OT 4 TED IN 4	OLIFOTION A	105 IE TUE	DE 14/40 N	0.1110501.4000	operation, what was the
E				IS REFERRING TO R" COLUMNS AND				ON AS STATED IN	JUESTION	125. IF THE	RE WAS N	O HIRED LABOR,	value of total sales
R													(<i>zogulitsa</i>) of products, goods or services of this
P R	B. During t	the last mo	onth of ope	eration in the past	12 months	, how man	y days did	d a typical man/w	oman/child	employee	work?		[ENTERPRISE]?
ı	C. During t	the days o	f employm	nent in the last mo	nth of opera	ation in the	e past 12	months, how man	y hours did	a typical	man/wom	an/child	
S E	employee		, ,		•		•	•	,	,			MAKE SURE THE
l.	D. During t	the last mo	onth of one	eration in the past	12 months	what was	the total	expenditure of this	s IFNTERP	RISEI on s	salaries o	wages of All	RESPONDENT IS REFERRING TO THE LAST MONTH OF
D	men/wome				12 1110111110	, mac mac	rino total	experientare or tric	, [Jaiai 100 01	agoo oi 71 	OPERATION AS STATED IN
	INOLLINE E			E IN IZIND DAYAMEN	TO 15 THED	E WEDE N	0.144.05/0)	IN KIND) DA	VALENTO E			QUESTION N25, AND THAT HE/SHE IS NOT NETTING OUT
	INCLUDE: E	ESTIMATEL	VALUE O	F IN-KIND PAYMEN	IS. IF THER	E WERE N	O WAGE/S	SALARY (CASH OR	IN-KIND) PA	YMENIS, F	RECORD Z	ERU.	ANY COSTS INCURRED.
			MEN				WOMEN				DREN (U-15	•	SALES (MK)
	NUMBER	DAYS PER MONTH	MEN HOURS PER	TOTAL WAGES / SALARIES	NUMBER	DAYS PER MONTH	WOMEN HOURS PER	TOTAL WAGES / SALARIES LAST	NUMBER	CHIL DAYS PER MONTH	DREN (U-15 HOURS PER	TOTAL WAGES /	SALES (MK) LAST MONTH OF OPERATION
	NUMBER		HOURS		NUMBER	DAYS PER	HOURS		NUMBER	DAYS PER	HOURS	TOTAL WAGES /	1
1	NUMBER		HOURS PER	SALARIES	NUMBER	DAYS PER	HOURS PER	SALARIES LAST	NUMBER	DAYS PER	HOURS PER	TOTAL WAGES / SALARIES	1
1	NUMBER		HOURS PER	SALARIES	NUMBER	DAYS PER	HOURS PER	SALARIES LAST	NUMBER	DAYS PER	HOURS PER	TOTAL WAGES / SALARIES	1
1	NUMBER		HOURS PER	SALARIES	NUMBER	DAYS PER	HOURS PER	SALARIES LAST	NUMBER	DAYS PER	HOURS PER	TOTAL WAGES / SALARIES	1
1 2	NUMBER		HOURS PER	SALARIES	NUMBER	DAYS PER	HOURS PER	SALARIES LAST	NUMBER	DAYS PER	HOURS PER	TOTAL WAGES / SALARIES	1
-	NUMBER		HOURS PER	SALARIES	NUMBER	DAYS PER	HOURS PER	SALARIES LAST	NUMBER	DAYS PER	HOURS PER	TOTAL WAGES / SALARIES	1
1 2 3	NUMBER		HOURS PER	SALARIES	NUMBER	DAYS PER	HOURS PER	SALARIES LAST	NUMBER	DAYS PER	HOURS PER	TOTAL WAGES / SALARIES	1
-	NUMBER		HOURS PER	SALARIES	NUMBER	DAYS PER	HOURS PER	SALARIES LAST	NUMBER	DAYS PER	HOURS PER	TOTAL WAGES / SALARIES	1
	NUMBER		HOURS PER	SALARIES	NUMBER	DAYS PER	HOURS PER	SALARIES LAST	NUMBER	DAYS PER	HOURS PER	TOTAL WAGES / SALARIES	1
3	NUMBER		HOURS PER	SALARIES	NUMBER	DAYS PER	HOURS PER	SALARIES LAST	NUMBER	DAYS PER	HOURS PER	TOTAL WAGES / SALARIES	1
3	NUMBER		HOURS PER	SALARIES	NUMBER	DAYS PER	HOURS PER	SALARIES LAST	NUMBER	DAYS PER	HOURS PER	TOTAL WAGES / SALARIES	1

	N33	N34	N35	N36	N37	N38	N39	N40
Е	ENUMERATOR: REFER TO	During the last	During the last	During the last	During the last	During the last		During the last
N	QUESTION 25.	month of	month of high	month of low	month of high	month of low		month of
T E	WAS THE LAST MONTH OF	average sales,	sales, what was		sales, what was	sales, what was		operation, what
R	OPERATION A MONTH OF	what was the		the value of total		the value of total		was the profit
Р		value of total			sales (zogulitsa)			(phindu)of this
R		, - ,	of products,		of products,	of products,		[ENTERPRISE]?
S		of products, goods or services			goods or services of this	of this	of products, goods or services	
E		of this			[ENTERPRISE]?	[ENTERPRISE]?	of this	
		[ENTERPRISE]?	[EIVIEIX IXIOE].	[EIVIEIX IXIOE].	[2111211111102].	[211121411402].	[ENTERPRISE]?	
1							,	
D								
	LOW SALES1							
	AVERAGE SALES2 >> N36		N/40		N40			
	HIGH SALES3 >> N38	AVG SALES	>> N40 HIGH SALES	LOW SALES	>> N40 HIGH SALES	LOW SALES	AVG SALES	PROFIT (MK)
		MK	MK	MK	MK	MK	MK	` '
								LAST MONTH OF OPERATION
								OI ERATION
1								
2								
\vdash								
3								
4								
L								
_								
5								

ENTERP	MAKE SURE THE RES	n of operation, what wa PONDENT IS REFERRIN VALUE OF IN-KIND PA'	NG TO THE LAST MONT			N25.		
	a. Raw Materials	b. Purchase of Goods for Sale (Inventory)	c. Freight / Transport	d. Fuel / Oil	e. Electricity	f. Water	g. Insurance	h. Other (Specify)
	MK	MK	MK	MK	MK	MK	MK	MK
1								
2								
3								
4								
5								

MODULE O: CHILDREN LIVING ELSEWHERE

A. Does the household head or spouse have any biological sons and/or daughters who are 15 years old and over and do not live NES..1 NO...2 >> NEXT MODULE

L I N E			O02 Age	O03 Sex	What is the highest grade [NAME] has completed in school? NEVER ATTENDED FORM 5 - 13 SCHOOL- 0 FORM 6 - 14 PRIMARY UNIVERSITY STND. 1 - 1 UNIV. 1 - 15	O05 Has [NAME] ever lived in this household?	O06 In which year did [NAME] leave the household?	O07 Where does [NAME] currently live? IF IN MALAWI, ASK FOR THE NAME OF DISTRICT OF CURRENT RESIDENCE. IF ABROAD, ASK FOR THE NAME OF COUNTRY OF	O08 For how long has [NAME] lived in this [DISTRICT/ COUNTRY REPORTED IN O07]?	O09 What is [NAME]'s current activity status?
N U M B E R	NDENT -D		YEARS	MALE1 FEMALE2	STND. 1 - 1 ONIV. 1 - 1 STND. 2 - 2 UNIV. 2 - 16 STND. 3 - 3 UNIV. 3 - 17 STND. 4 - 4 UNIV. 4 - 18 STND. 5 - 5 UNIV. 5 & STND. 6 - 6 ABOVE - 19 STND. 7 - 7 STND. 8 - 8 TRAINING COLLECE SECONDARY FORM 1 - 9 TC YR. 1 - 20 FORM 2 - 10 TC YR. 3 - 22 FORM 3 - 11 TC YR. 4 - 23 FORM 4 - 12		YEAR	CURRENT RESIDENCE. REFER TO THE MANUAL FOR DISTRICT AND COUNTRY CODES. DISTRICT OF CODE COUNTRY	CODES FOR UNIT: MONTH1 YEAR2	WORKING1 UNEMPLOYED.2>>011 STUDENT3>>011 HOUSE WORK.4>>011 HANDI- CAPPED5>>011 OTHER (SPECIFY)6>>011
01			1 LANC				(4-DIGIT)			
02									 	
									 	
03									<u> </u>	
04	• • •									
05	• : •									
06										
07								<u> </u>	<u> </u>	
08										
\vdash									 	
09	-	<u> </u>						<u> </u>	 	
10										
11										
12										

MODULE O: CHILDREN LIVING ELSEWHERE (CONTINUED)

	O10		O11	O12	O13	O14	O15	O16	O17
LIZE ZUM	O10 What is the current main occupation of [NAME		Did [NAME]	At what frequency did [NAME] send cash to this household during the last 12 months? READ RESPONSES Twice or More Per Month1	How much cash did [NAME] send to this household each month during the last 12 months?	How much cash did [NAME] send to this household in total during the	Did [NAME] send any in-kind assistance to this household at any point	At what frequency did [NAME] send in- kind assistance to this household during the last 12 months?	O17 What was the total estimated cash value of all food and other in-kind assistance that [NAME] sent to this household during the last 12 months?
B E R	DESCRIPTION	to put in occupation code <u>after</u> interview)	YES1 NO2> >015	Monthly2 Quarterly3>>014 Semi- Annually4>>014 Annually5>>014 Sporadically As Needed6>>014 Other (Specify)7>>014	KWACHA. >>015 AMOUNT/ MONTH	AMOUNT IN TOTAL	Yes1 No2>>NEXT PERSON	Per Month1 Monthly2 Quarterly3 Semi- Annually4 Annually5 Sporadically As Needed6 Other (Specify)7	(THEN >>NEXT PERSON)
01									
02									
03									
04									
05		· · · · · · · · · · · · · · · · · · ·							
06		· · · · · · · · · · · · · · · · · · ·							
07		<u></u>	<u> </u>			<u> </u>			
08									
09									
10									
11		· · · · · · · · · · · · · · · · · · ·							
11									
12				<u> </u>		1-1-1-1-1-1-1-1-1-	† .		. · . · . · . · . · . · . · . · . · .

MODULE P: OTHER INCOME

	Т			P01				P02			P03						F	P04		
					ng th			How mu						RCE] ca				Who in yo		
					ths, c			[SOUR			rural/u	rban/in	ternation	onal loca	ations	?		nousehold cept/decid		t to
	ı			,	hous			total du										do with the		נו נט
	ı				ive a			12 mon	-									earnings?		
	ı			[SO	URC	E]?														
	ı							ESTIMA VALUE										JIST UP TO HOUSEHO		М
	ı							TRANSF	ERS									ROSTER.		
								RECEIV	ED											
					s.1															
RY SER					2 >> URCE	> NE	ХТ													
IN S											FROM	RURAL	FROM	I URBAN	FRO	M OTHE	R	нн	нн	
DATA ENTRY LINE NUMBER	L	2005									ARI	EAS	A	REAS	CC	UNTRIES		ROSTER ID CODE	ROSTE ID COL	
E P	Ľ	CODE	SOURCE					 	MK		N	IK		MK		MK		#1	# 2	DE
1			Incoming Transfers/Gifts	Ш				Ш		Щ			Ш		Ш		Щ			Ш
		101	Cash Transfers/Gifts from Individuals (Friends/Relatives) [DO NOT INCLUDE REMITTANCES																	
			FROM HH HEAD'S AND SPOUSE'S OWN CHILDREN.																	
			THESE ARE RECORDED IN THE PREVIOUS MODULE.]					/												
2	Ļ	100	Food Topodo as Offic foods by dividuals										<u> </u>				_			
		102	Food Transfers/Gifts from Individuals (Friends/Relatives) [DO NOT INCLUDE REMITTANCES																	
			FROM HH HEAD'S AND SPOUSE'S OWN CHILDREN.						/											
3			THESE ARE RECORDED IN THE PREVIOUS MODULE.]																	
	t	103	Non-Food In-Kind Transfers/Gifts from Individuals																	
			(Friends/Relatives) [DO NOT INCLUDE REMITTANCES																	
			FROM HH HEAD'S AND SPOUSE'S OWN CHILDREN. THESE ARE RECORDED IN THE PREVIOUS MODULE.]					/												
4	ł		Pension & Investment Income					/////	тт		<u> </u>		 		 	ттт	-		<u> </u>	Н
5			rension & investment income																	
	T	104	Savings, Interest or Other Investment Income									$\overline{}$	1		1		1			
6	ļ	105	Pension Income														$\not\perp$			_
7		105	rension income													/				
			Rental Income	Ш							Ш		ПΠ		П					П
8	Ł	106	Income from Non-Agricultural Land Rental	Ш				<u> </u>	111	<u> </u>		Щ	Щ	Щ	Щ	<u> </u>	丩			Щ
9		100	Income from Norr-Agricultural Land Nerital													/				
10	Ī	107	Income from Apartment, House Rental									/	1_	/		/	1			
10																-				

MODULE P: OTHER INCOME (CONTINUED)

			P01 During the last 12 months, did you or any members of your household receive any [SOURCE]?	P02 How much [SOURCE] did your household receive in total during the last 12 months? ESTIMATE THE CASH VALUE OF IN-KIND TRANSFERS RECEIVED	P03 How much of the total [SOURCE] came from rural/urban/international locations?	P04 Who in your household kept/decided what to do with these earnings? LIST UP TO 2 FROM HOUSEHOLD ROSTER.
DATA ENTRY LINE NUMBER	CODE	SOURCE	NO2 >> NEXT SOURCE	мк	FROM RURAL FROM URBAN FROM OTHER COUNTRIES	ROSTER ROSTER ID CODE
11		Rental Income (Continued)	 		MK	#1 #2
12	108	Income from Shop, Store Rental				1
13		Income from Car, Truck, Other Vehicle Rental (DO NOT INCLUDE ANY NON-FARM ENTERPRISE INCOME)				
14		Revenue from Sales of Assets				
15	110	Income from Real Estate Sales]
16		Income from Household Non-Agricultural Asset Sales				
17	112	Income from Household Agricultural/Fishing Asset Sales]
18		Other Income				
19	113	Inheritance				
20	114	Lottery/Gambling Winnings				
21	115	Other Income (Specify)				

MODULE Q: GIFTS GIVEN OUT

			Q01	Q02			Q03	
			During the last 12 months, did you or any members of your household give away any [ITEM] to individuals (friends/family) outside your household?	destined to rule locations?	f the [ITEM] giv ural/urban/inter		Who in the h decided on the of [ITEM] given individuals on household (friends/fami) the last 12 mm. LIST UP TO 2 HOUSEHOLD	he allocation ren away to utside your ly) during ionths?
DATA ENTRY LINE NUMBER	CODE	ITEM	YES.1 NO2 >> NEXT ITEM	TO RURAL AREAS MK	TO URBAN AREAS MK	TO OTHER COUNTRIES	HH ROSTER ID CODE # 1	HH ROSTER ID CODE # 2
1		Outgoing Transfers/Gifts						
2	201	Cash Transfers/Gifts [DO NOT INCLUDE GIFTS GIVEN FOR WEDDINGS, CEREMONIES OR FUNERALS. THESE EXPENDITURES ARE RECORDED IN MODULE K]						
3	202	Food Transfers/Gifts [DO NOT INCLUDE GIFTS GIVEN FOR WEDDINGS, CEREMONIES OR FUNERALS. THESE EXPENDITURES ARE RECORDED IN MODULE K.]						
4	203	Non-Food In-Kind Transfers/Gifts [DO NOT INCLUDE GIFTS GIVEN FOR WEDDINGS, CEREMONIES OR FUNERALS.THESE EXPENDITURES ARE RECORDED IN MODULE K.]						

MODULE R: SOCIAL SAFETY NETS

[ASK OF HOUSEHOLD HEAD]

[HOUSEHOLD HEAD]	IDO4	IDOO			IDOO
		R01	R02			R03
		In the last 12		onths, what was		Was the assistance
		months, has any	assistance rece	eived from [PRC	JGRAMMEJ?	given to
		member of your				
		household received				READ RESPONSES
		cash, food, or other				
		aid from				
		[PROGRAMME]?				
						Entire
						нн1 >> к5
	PROGRAM	YES1				Specific HH
	PROGRAM	NO2 >>NEXT PROGRAMME				Members2
	DO NOT INCLUDE PENSIONS AND VOUCHERS FOR FERTILIZER AND	PROGRAMME	CASH	IN-KIND	MAIZE	
	SEED.		MK	CASH	KG	-
CODE	0225 .		WIT	VALUE - MK	NO NO	
101	Free Maize					
102	Free Food (other than Maize)					
	, , , , , , , , , , , , , , , , , , , ,					
103	Food/Cash-for-Work Programme					
	(e.g., MASAF - Public Works Programme [PWP])					
104	Inputs-For-Work Programme					1
105	School Feeding Programme:		 	 		
100						
100	Free Distribution of Likuni Phala to Children and Mothers					
106						
	(Targeted Nutrition Programme [TNP]).					
107	Supplementary Feeding for Malnourished Children					
	at a Nutritional Rehabilitation Unit					
108	Scholarships/Bursaries for Secondary Education.					
	(e.g., CRECCOM)					
109	Scholarships for Tertiary Education					
	(e.g.University Scholarship, Upgrading Teachers)					
110	Tertiary Loan Scheme					
110	(Government Loan for University and Other Tertiary Education)					
444		<u> </u>	<u> </u>	<u> </u>		
	Direct Cash Transfers from Government					
112	Direct Cash Transfers from others (Development Partners, NGOs)					
	SPECIFY					
113	Other,					
	Specify:					
		1				

MODULE R: SOCIAL SAFETY NETS (CONTINUED)

[ASK OF HOUSEHOLD HEAD]

	- HOUSEHOLD HEAD]	D04					ln.c		Inc	ln-z	
		R04					R5		R6	R7	
			ousehold r				Who in you	r	In the last 12	When wa	
		assistand	ce in the la	ast 12 mo	nths?		household		months, for how		household
							controls/de		many months did	received	
			HOUSEHOLI	ROSTER	ID OF EACH	MEMBER	the use of a		your household	assistand	e
		MENTIONE	D				from [PRO	GRAMME]?	receive		
							_		assistance from		
							LIST UP TO 2	FROM	[PROGRAMME]?		
							HOUSEHOLD	ROSTER			
										(THEN >	> NEXT
	PROGRAM									PROGRAM	IME)
	PROGRAM										
	DO NOT WALLES DEVOICES AND VOLUE DO FOR FERTURES AND								1		
	DO NOT INCLUDE PENSIONS AND VOUCHERS FOR FERTILIZER AND SEED.	ID CODE	ID CODE	ID CODE	ID CODE	ID CODE	HH ROSTER	HH ROSTER	MIMPER		
CODE	SEED.	ID CODE #1	ID CODE # 2	ID CODE # 3	ID CODE # 4	ID CODE # 5	ID CODE #1	ID CODE #2	NUMBER	MONTH	YEAR (4-DIGIT)
101	Free Maize	# 1	# 2	# 3	# 7	#3				WONTH	(4-DIGIT)
101	1 100 Mai20										
400	Free Food (athor there Maire)										
102	Free Food (other than Maize)										
103	Food/Cash-for-Work Programme										
	(e.g., MASAF - Public Works Programme [PWP])										
104	Inputs-For-Work Programme										
-:-:-:]-:-:-:-:-			
105	School Feeding.Programme:										
	1				-:-:-:-	l • : • : • : • : •					
400				• • • • •			<i></i>				
106	Free Distribution of Likumi Phala to Children and Mothers						/				
• • • • • • •	(Targeted Nutrition Programme [TNP])		• • • • • • • •						1.1.1.1.1.1.1.1.1.1.		
107	Supplementary Feeding for Malnourished Children										
	at a Nutritional Rehabilitation Unit										
108	Scholarships/Bursaries for Secondary Education.										
	(e.g., CRECCOM)										
109	Scholarships for Tertiary Education								1		
109	(e.g.University Scholarship, Upgrading Teachers)										
							<u> </u>				
110	Tertiary Loan Scheme										
	(Government Loan for University and Other Tertiary Education)										
111	Direct Cash Transfers from Government						· . · . · . · . · . · . ·	· 	· . · · · · · · · · · · · · · · · · · ·		
112	Direct Cash Transfers from others (Development Partners, NGOs).										
114	SPECIFY		 -:-:-:-				 - - - - - -	1-1-1-1-1-1-			
440								· · · · · · · · · · · · · · · · · · ·			
113	Other,										
	Specify:										

MODULE S: CREDIT

[ASK OF HOUSEHOLD HEAD]

Over the past 12 months, did you or anyone else in this household borrow on credit from someone outside the household or from an institution for business or farming purposes, receiving either cash or inputs?

NO....2>>**\$12**

S02 L O A N N	S03 What are the names of the persons or institutions from whom you or anyone else in your household borrowed on credit money for business or farming over the past 12 months?	CODE SOURC E OF LOAN	S05 Which housel was responsib loan? LIST UP TO 2 F HOUSEHOLD F	ole for the		S07 How much was borrowed?	S08 When did y loan within months? JAN1 FEB2 MAR3 APR4 MAY5 JUN6 JUL7 AUG8	ou get the the past 12		S10 Approximate do you expense back the median series of the series of t	ect to pay	How much did you pay (do you expect to have paid) in total when you (will have) paid off this loan (interest + principal)? (THEN >> NEXT LOAN.
	LIST ALL NAMES BEFORE GOING TO THE NEXT QUESTION.	USE CODES ON THE NEXT PAGE.	HH ROSTER	HH ROSTER	BUSINESS START- UP CAPITAL 5 PURCHASE NON- FARM INPUTS 6 CONSUMPTION 7		SEP9 OCT. 10 NOV. 11 DEC. 12	CALENDAR	YES1>> S11 NO2	SEP9 OCT. 10 NOV. 11 DEC. 12	CALENDAR	WHEN ALL LOANS DONE, >> 12)
1			ID CODE # 1	ID CODE # 2	OTHER (SPECIFY).8	MK	MONTH	YEAR		MONTH	YEAR	MK
2												
3												
4												
5												
7												
8												
L												

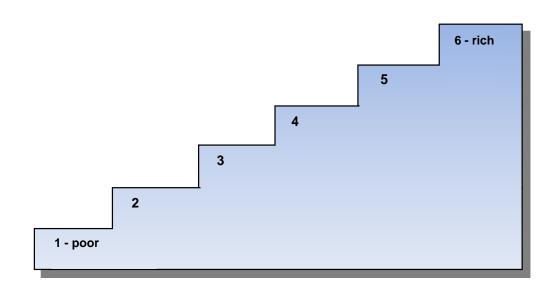
MODULE S: CREDIT (CONTINUED)

S12	S13		S14	S15	S16		S17	S18	S19	
During the last	Who turne	ed you	What was main reason	Are you awaiting word on	From who	om or	What was main reason	ENUMERATOR: WAS THE	Why did you ne	ot attempt to
12 months, did	down?		for trying to obtain the	a loan that you applied	which ins	titution	for trying to obtain the	ANSWER TO QUESTIONS	borrow in the la	ast 12
you try to borrow	LIST UP TO	O 2.	loan? Was it: [READ	for during the last 12	are you a	waiting	loan? Was it: [READ		months? [LIST	UP TO TWO
from someone			RESPONSES]	months?	word on a	a loan?	RESPONSES]	"NO"?	ANSWERS IN OR	DER OF
outside the			PURCHASE LAND1		LIST UP T	O 2.	PURCHASE LAND1		IMPORTANCE.]	
household or			PURCHASE AGRI-				PURCHASE AGRI-		NO NEED	1
from an insti-			CULTURAL INPUTS FOR FOOD CROP .2				CULTURAL INPUTS FOR FOOD CROP .2		BELIEVED WOULD	
tution and were			PURCHASE INPUTS				PURCHASE INPUTS	ANSWER TO ALL	REFUSED TOO EXPENSIVE	
turned down?			FOR TOBACCO3 PURCHASE INPUTS				FOR TOBACCO3 PURCHASE INPUTS	THREE QUESTIONS	TOO MUCH TROUE FOR WHAT IT 1	
			FOR OTHER CASH				FOR OTHER CASH	WAS ALWAYS "NO"1	INADEQUATE COI	
	USE CO BELOV		CROPS 4		USE CO BELO		CROPS 4	1.0 1.12	DO NOT LIKE TO	
	BELOV	٧.	BUSINESS START- UP CAPITAL5		BELU	w.	BUSINESS START- UP CAPITAL5	ANSWER TO ALL	DO NOT KNOW AN	
YES1			PURCHASE NON-	YES1 NO2 >>s18			PURCHASE NON-	THREE QUESTIONS	OTHER (SPECIFY	7) 8
NO2 >> S15			FARM INPUTS6 CONSUMPTION7	NO2 >>516			FARM INPUTS6 CONSUMPTION7	WAS NOT ALWAYS "NO"2>>NEXT MODULE	(THEN >> NE	XT MODULE)
	1ST	2ND	OTHER (SPECIFY).8		1ST	2ND	OTHER (SPECIFY).8	NO ::277 HEAT HODGE	1ST	2ND

CODES FOR S4, S13 & S16:	
RELATIVE 1	
NEIGHBOUR 2	
GROCERY/LOCAL	
MERCHANT 3	
MONEY LENDER	
(KATAPILA)4	
EMPLOYER 5	
RELIGIOUS	
INSTITUTION 6	
MARDEF	
MRFC 8	
SACCO 9	
BANK (COMMERCIAL). 10	
NGO 11	
OTHER (SPECIFY) 12	

MODULE T: SUBJECTIVE ASSESSMENT OF WELL-BEING

household's food consumption over the past one month, which of the following is	ing your housing, which of the following is true?	ing your house- hold's <u>clothing</u> , which of the following is	the standard of <u>health care</u> you receive for household members,	Imagine six s bottom, the fi poorest peop step, the sixt	rst step, standle, and on the ri	d the e highest ich.	true? Your current income [READ]: ALLOWS YOU TO BUILD YOUR SAVINGS 1 ALLOWS YOU TO SAVE JUST A LITTLE	How many	What do you (HH HEAD) <u>sleep on</u> ?	(HH HEAD) sleep under in the cold season	T12 What do you (HH HEAD) sleep under in the hot season (October)?
It was less than adequate for household needs. 1 It was just adequate for household needs 2 It was more than adequate for household needs. 3 (NOTE THAT 'ADEQUATE' MEANS NO MORE OR NO LESS THAN WHAT THE RESPONDENT CONSIDERS TO BE THE MINIMUM CONSUMPTION NEEDS OF THE HOUSEHOLD.)				On which step are you today?	On which step are most of your neighbors	On which step are most of your friends today?	IS NOT SUFFICIENT, SO YOU NEED TO USE YOUR SAVINGS TO MEET EXPENSES 4 IS REALLY NOT SUF- FICIENT, SO YOU NEED TO BORROW TO MEET EXPENSES 5	NUMBER	MATTRESS ON FLOOR. 4 MAT (GRASS) ON FLOOR 5 CLOTH/SACK ON FLOOR 6 FLOOR (NOTHING ELSE) 7 OTHER (SPECIFY) 8	BLANKET ONLY SHEETS ONLY CHITENJE CLC FERTILIZER o SACK CLOTHES NOTHING OTHER (SPECI	2 3 TH4 r GRAIN 5 6



MODULE U: SHOCKS & COPING STRATEGIES

[ASK OF HOUSEHOLD HEAD]

CODE SHOCK YES1 NO2 >> NEXT SHOCK	Severe cond
101 Drought/Irregular Rains	THE
102 Floods/Landslides	QUEST- IONS TO
103 Earthquakes Uhusually High Level of Crop	THE RIGHT
Pests or Disease.	SHOULD
105 Unusually High Level of Livestock Disease	ONLY BE ASKED
106 Unusually Low Prices for Agricultural Output	CON- CERNING THE
107 Unusually High Costs of Agricultural Inputs	THREE MOST
108 Unusually High Prices for Food	<u>SEVERE</u> SHOCKS,
109 End of Regular Assistance/Aid/ Remittances From Outside Household	AS NOTED IN
Reduction in the Earnings from Household 110 (Non-Agricultural) Business (Not due-to Illness or Accident) 111 Household (Non-Agricultural) Business	U02. LEAVE
Failure (Not due to Illness or Accident)	ALL OTHER ROWS
Reduction in the Earnings of Currently 112 Salaried Household Member(s) (Not due to Illness or Accident)	BLANK.
Loss of Employment of Previously Salaried 113 Household Member(s) ((Not due to Illness or Accident)	• • •
Serious Ilness or Accident of Household Member(s)	
115 Birth in the Household	
116 Death of Income Earner(s)	
117 Death of Other Household Member(s)	
.118 Break-Up of Household	
Theft of Money/Valuables/Assets/Agricultural Output	
120 Conflict/Violence	
121 Other (Specify)	_

		[SHOCK], did			response to	ur household this [SHOCK]	to try to	RELIED ON OWN-SAVINGS1 RECEIVED UNCONDITIONAL HELE FROM RELATIVES/FRIENDS2 RECEIVED UNCONDITIONAL HELE FROM GOVERNMENT3 RECEIVED UNCONDITIONAL HELE FROM NGO/RELIGIOUS INSTITUTION4		
READ RES	Increa: Decrea	se1 se2 t Change3	MN		FOR EACH S ANSWERS E IMPORTANCI THAN ONCE MONTHS, AS	ormer welfare HOCK, LIST UI Y ORDER OF E. IF HAPPENE DURING THE I K ABOUT THE IDENT. USE CO	P TO 3 ED MORE LAST 12 MOST			
INCOME	ASSETS	FOOD	FOOD	FOOD		OND.	000	CHANGED EATING PATTERNS (RELIED ON LESS PREFERRED		
IIIOOIIIL	AGGETG	PRODUCTION	STOCKS	PURCHASES	1ST	2ND	3RD	FOOD OPTIONS, REDUCED THE		
								PROPORTION OR NUMBER OF MEALS PER DAY, OR		
								HOUSEHOLD MEMBERS SKIPPED DAYS OF EATING, ETC.)		
								EMPLOYED HOUSEHOLD MEMBERS		
								TOOK ON MORE EMPLOYMENT		
<u> </u>								ADULT HOUSEHOLD MEMBERS WH		
<u> </u>					· . · . · . · . · . · . ·			WERE PREVIOUSLY NOT WORKIN		
<u>:::</u> :::		<u> </u>	<u> -:-</u> :-:-	<u> - : - : - : - : - : - : - : - : - : - </u>	<u> -:-:</u> -::-:	<u> -:-:</u> -::-:		HOUSEHOLD MEMBERS		
								MIGRATED		
								REDUCED EXPENDITURES ON HEALTH AND/OR EDUCATION		
								OBTAINED CREDIT1		
								SOLD AGRICULTURAL ASSETS.1		
<u> </u>			• • • • •					SOLD DURABLE ASSETS1		
<u> </u>		<u> </u>	<u> </u>	<u> </u>	·	-:-: <u>-</u> -:-	· · · · · · · · · · · · · · · · · · ·	SOLD LAND/BUILDING1		
:-:-:-								SOLD CROP STOCK1		
<u> </u>								SOLD LIVESTOCK1		
								INTENSIFY FISHING		
								SENT CHILDREN TO LIVE		
								ELSEWHERE1		
								ENGAGED IN SPIRITUAL EFFOR		
<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	- PRAYER, SACRIFICES, DIVINER		
								CONSULTATIONS		
								DID NOT DO ANYTHING1		
	<u> </u>	• • • • • • • • • • • • • • • • • • •		<u> </u>	<u> </u>					
			l	l	I	İ	i			

MODULE V: CHILD ANTHROPOMETRY

V01	V02	V03	V04		V05	V06	V07	V08	V09	V10	V11	V12	V13	V14
I D C O D E	PUT AN 'X' FOR ALL INDIVIDUALS WHO ARE AGED UNDER SIX MONTHS OR OLDER THAN EXACTLY FIVE YEARS OLD (60 MONTHS). DO NOT ADMINISTER THIS MODULE TO	RECORD THE ID OF THE MOTHER / GUARDIAN OF THE CHILD IN THE HOUSE- HOLD	How old [NAME] RECON EXACT MUST IN BOTH Y AND MC]? FIRM AGE - NCLUDE EARS	WAS [NAME] MEAS-URED?	WHY NOT?	IS THE ANSWER TO V05 "NO"?	WEIGHT OF CHILD	HEIGHT / LENGTH OF CHILD CHILDREN AGED UNDER 24 MONTHS SHOULD BE MEASURED LYING DOWN. ALL OTHERS, STANDING.	HEIGHT / LENGTH MEASURED WITH CHILD STANDING OR LYING DOWN?	WAS THE MEASURE- MENT OF THE CHILD DONE IN A NORMAL MANNER, OR WAS MEASURE- MENT DIFFICULT?	MOTHER / GUARDI- AN: Does the child partici-	ASK OF MOTHER/ GUARDIAN: Does the child participate in an <u>under-</u> five clinic?	DID CHILD APPEAR TO HAVE OEDEMA (SWELLING THAT IS NOT NORMAL)?
	THESE INDIVIDUALS.				VEC	NOW AW HOME		DECIMAL PLACE.	DECIMAL PLACE.					
	IF NONE AGED SIX				YES, MEASURED FULLY1>>V07	NOT AT HOME DURING SURVEY		(IF LESS THAN 10 KG, PUT ZERO	(IF LESS THAN 100 CM PUT ZERO	, 			YES1 NO2	
	TO 59 MONTHS,				YES, MEASURED	PERIOD1 TOO ILL2		IN FIRST BLANK.)	IN FIRST BLANK.)	STANDING1			(IF CHILD NOT MEASURE	
	»NEXT MODULE.	HH ROSTER			PARTIALLY.2		YES1>>V12 NO2			LYING DOWN.2 NOT APPLICABLE.3	NORMAL1		» NEXT CHILD)	YES1 NO2
1		ID	YEARS	MONTHS						APPLICABLE.3	DIFFICULI.2	NO2	· ·	NO2
Ľ								·						
2														
3								_						
4														
5														
6														
7														
8														
9														
10														
11														
12														

MODULE W: DEATHS IN HOUSEHOLD

W01. Over the past two years, did any member of your household die, including any infants?

YES..1
NO...2>>NEXT MODULE

W02	W03	W04	W05	W06	W07	W08	W09	W10	W11		W12		W13	W14	W15
S	NAME OF	DECEASED'S	SEX	AGE AT DEATH	ACCORDING	What kind of work did	Did	What was the	What wa	s the	For how	long was	Was this cause	After this	What was
Е	DECEASED	RELATION-					[NAME]	[NON-ILLNESS]	illness th			suffering		person died,	the value of
R		SHIP TO		IF UNDER 5	THE	his/her life?	die of old	cause of [NAME]'s	caused		from this			did you or	the land or
1		HEAD OF		YEARS,	DECEASED	FARMING 1	age, an	death?	[NAME]'s	3	before he	e/she	this only your	members of	assets lost?
A		HOUSEHOLD		INCLUDE MONTHS	UNDER 12 YEARS OLD	FISHING 2 TRADER/MERCHANT . 3	illness, or		death?		died?		own percep-tion?	your house-	
-				WONTES	WHEN HE/	TRANSPORT 4	of some	TRAFFIC	CAN NOT	E UP				hold <u>lose any</u>	
N					SHE DIED?	TRADESMAN (MASON, CARPENTER, ETC). 5	other	ACCIDENT 1	TO TWO.					land or other	
0						CIVIL SERVANT 6	cause?	OTHER ACCIDENT OR INJURY 2						assets due to	
						TEACHER 7 DOCTOR/NURSE/ETC. 8		CHILDBIRTH OR					MEDICAL	inheritance traditions?	
						OTHER PROFESSION. 9		COMPLICATIONS. 3 MURDER 4					DIAGNOSIS 1	traditions?	
						CLERK/SECRETARY .10 FACTORY WORKER11	OLD AGE .1	SUICIDE 5				DAY . 3	NON-MEDICAL		
					YES 1>>W09	RESTAURANT, BAR .12	(>>W14)	WITCHCRAFT/ SORCERY6				WEEK. 4	DIAGNOSIS .2		
					NO2	GENERAL LABOURER.13 HOME WORKER14	ILLNESS .2 (>>W11)	OTHER (SPEC.) . 7	CODES	DET OW		MONTH 5 YEAR. 6		YES1 NO2	
			MALE1			STUDENT	OTHER		1ST	2ND	TIME	ILAK. 0	OWN PERCEPTION	(»NEXT	
		CODES BELOW	FEMALE.2	YEARS MONTHS	1	MILITARY16 OTHER17	CAUSE3	(THEN >>W13)	ILLNESS	ILLNESS	AMOUNT	UNIT	3	DECEASED)	MK
31															
32															
33															
34	+1+1+1+1+1+1	1 + 1 + 1 + 1 + 1 + 1	1 - 1 - 1 - 1 -	. + . + . + . + . + . + .							1+1+1+1	•1•1•1•	*:*:*:*:*:*:	• I • I • I • I • I • I • I	1-1-1-1-1-1-
04															
35															
36															
بننا	EL AUTONOUTD	CODEC	[-[-[-	<u> </u>	<u> </u>	<u> </u>		[-1-1-1-1-1-1-1-1-1	1 - 1 - 1 - 1	<u>: : : : :</u>	1 + 1 + 1 + 1	- [- [- [-]	-1-1-1-1-1-1-1-1	<u> </u>	11-1-1-1-1-1
	RELATIONSHIP CODES WIFE/HUSBAND														
						MALARIA .		/AIDS				SEXUALLY TRA		1.1	
							MEASLES 2 HIGH BLOOD PERSSURE OR CIRCULATORY DISEASE								
FATHER/MOTHER 6 SERVANT OR SERVANT'S PARIMONIA A PROBLEM 10								1PLICATION	16						
SISTER/BROTHER 7 RELATIVE 13 MENINGITIS 5 STROK								OKE				DOES NOT KNO	WC	17	
	ON/DAUGHTER- ROTHER/SISTE			TENANT OR TENA			MALNUTRIT	LION6	NEY DISE				REFUSED TO A		
1		IN IN IDW . 3		VETWIIAE	14		TUBERCULO	0818/					OTHER (SPECI	FY)	19

MODULE X: FILTER QUESTIONS FOR AGRICULTURE & FISHERY QUESTIONNAIRES

HOUSEHOLD?	NO . 2			
CROSS-SECTIONAL HOUSEHOLDS		•	PANEL HOUSEHOLDS	
X02. ENUMERATOR: WHAT WAS THE LAST COMPLETED RAINY SEASON?	2009/101 2008/092		X10. Did you or anyone in your household own or cultivate a plot during the 2009/2010 rainy season?	YES1 NO . 2
X03. Did you or anyone in your household own or cultivate a plot during the [LAST COMPLETED RAINY SEASON - IN X02]?	YES1 NO . 2		X11. Did you or anyone in your household own any livestock in the last 12 months?	YES1 NO . 2
X04. ENUMERATOR: WHAT WAS THE LAST COMPLETED DRY (DIMBA) SEASON?	20091 20102		X12. ENUMERATOR: SHOULD THE AGRICULTURE VISIT 1 QUESTIONNAIRE BE ADMINISTERED? MARK 'YES' IF RESPONDENT SAID 'YES' TO ONE OF X10 OR X11.	YES1 NO . 2
X05. Did you or anyone in your household own or cultivate any plot during the [LAST COMPLETED DRY (DIMBA) SEASON - IN X04]?	YES1 NO . 2		X13. Did you or anyone in your household harvest any cassava, tea, coffee or other fruits in the last 6 months?	YES1 NO . 2
X06. Did you or anyone in your household produce any cassava, tea, coffee or any other fruits in the last 12 months?	YES1 NO . 2		X14. Do you or anyone in your household plan to harvest any cassava, tea, coffee or other fruits in the next 6 months?	YES1 NO . 2
X07. Did you or anyone in your household own any livestock in the last 12 months?	YES1 NO . 2		X15. ENUMERATOR: MARK 'YES' IF RESPONDENT SAID 'YES' TO ONE OF X13 or X14.	YES1 NO . 2
X08. ENUMERATOR: SHOULD THE AGRICULTURE QUESTIONNAIRE BE ADMINISTERED?	YES1 NO . 2		X16. Did you or anyone in this household do any fishing or fish trading in the last 12 months?	YES1 NO . 2
MARK 'YES' IF RESPONDENT SAID 'YES' TO ONE OF X03, X05, X06, OR X07.			IF X16 IS "YES" AND HOUSEHOLD IS IN <u>PANEL</u> <u>GROUP A, FISHERY QUESTIONNAIRE</u> HAS TO BE ADMINISTERED DURING VISIT 1.	
X09. Did you or anyone in this household do any fishing or fish trading in the last 12 months?	YES1 NO . 2		IF X16 IS "YES" AND HOUSEHOLD IS IN PANEL GROUP B, FISHERY QUESTIONNAIRE HAS TO BE ADMINISTERED DURING VISIT 2.	
IF YES, <u>FISHERY QUESTIONNAIRE</u> HAS TO BE ADMINISTERED.			DE ADMINIOTENED DONNIO VIOIT E.	

END OF QUESTIONS END OF QUESTIONS

SURVEY HOUSEHOLD MEMBER LIST

	B02	B03	B05	
	NAMES OF HOUSEHOLD MEMBERS	SEX	AGE	
-D CODE	ONLY LIST HOUSEHOLD MEMBERS, NO OTHERS.	MALE1	YEARS	MONTHS
1		FEMALE2		
2				
3				
				::::::::
4				
5				
6				
7				
8				
9				
10				
11				
12				
	<u> -1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1</u>	<u> -:-:-:-:-:</u>	1::::::	<u> </u>