

SECTION 1: HOUSEHOLD ROSTER

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

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

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

	9	10	11	12
PID	Where was.....residing 12 months ago?	What district was.... residing in? [ENTER DISTRICT NAME & CODE BELOW]	Was the part of the Districtwas residing in 12 months ago Rural or Urban? RURAL.....1 URBAN.....2	Why did..... move from his/her previous residence? FOR SCHOOL.....01 BACK FROM SCHOOL/STUDIES.....02 TO SEEK WORK/ BUSINESS.....03 TO START WORK/ BUSINESS.....04 TRANSFER OF HEAD OF HOUSEHOLD.....05 PREVIOUS HOUSEHOLD COULD NOT AFFORD TO KEEP HIM/HER.....06 DEATH OF PARENT/GUARDIAN.....07 GOT MARRIED.....08 NEW HOUSEHOLD.....09 RETIREMENT.....10 RETRENCHMENT.....11 DECIDED TO RESETTLE.....12 ACQUIRED OWN/DIFFERENT ACCOMODATION.....13 FOUND NEW AGRICULTURAL LAND.....14 REFUGEE/ASYLUM SEEKER15 OTHER (SPECIFY).....16
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SECTION 3: HEALTH FOR ALL PERSONS

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

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

	4	5	6	7	8
PID	What is your employment status? SELF EMPLOYED.....01 CENTRAL GOVT EMPLOYEE..... 02 LOCAL GOVT/COUNCIL EMPLOYEE.....03 PARASTATAL/ QUASI- GOVT EMPLOYEE.....04 PRIVATE SECTOR EMPLOYEE...05 NGO EMPLOYEE.....06 INTERNATIONAL ORGANISATION/ EMBASSY EMPLOYEE.....07 EMPLOYER/PARTNER.....08 HOUSEHOLD EMPLOYEE.....09 UNPAID FAMILY WORKER.....10 PIECE WORKER.....11 } >>Q8 OTHER SPECIFY).....12 }	In your main job/business, are you entitled to pension, gratuity or social security? YES.....1 NO.....2	Are you entitled to paid leave in your main job/business? YES.....1 NO.....2	Are there five (5) or more people working in this company/business including the owner? YES.....1 NO.....2 [INCLUDING ALL WORKERS IN ALL BRANCHES OF THE SAME COMPANY/BUSINESS]	During the last 12 months, have you changed employment/businesses? YES.....1 NO.....2 >> Q10
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SECTION 5: ECONOMIC ACTIVITY (CONT'D)

	9	10	11	12
PID	What was the main reason for leaving that job/business?	Do you have another job/business?	What type of job/business is this?	What sort of business/service is carried out by your employer/establishment/business in this job/business?
	LOW WAGE./SALARY.....01	YES.....1	[GIVE OCCUPATION BELOW IN BOTH WORDS AND CODE NUMBER] [IF MORE THAN ONE SECONDARY JOB/BUSINESS RECORD THE MAIN ONE]	[RECORD INDUSTRY OF SECONDARY JOB/BUSINESS IN BOTH WORDS AND CODE NUMBER]
	FIRED/DISMISSED.....02	NO.....2 >>		
	ENTERPRISE CLOSED.....03	NEXT SECTION		
	ENTERPRISE PRIVATISED.....04			
	ENTERPRISE LIQUIDATED.....05			
	RETRENCHED/DECLARED			
	REDUNDANT.....06			
	GOT ANOTHER JOB.....07			
	BANKRUPTCY.....08			
	LACK OF PROFIT.....09			
	WAS A TEMPORARY JOB.....10			
	RETIRED.....11			
	CONTRACT EXPIRED.....12			
	POOR WORKING CONDITIONS.....13			
OTHER (SPECIFY).....14				
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SECTION 5: ECONOMIC ACTIVITY (CONT'D)

	13	14	15	16	17
PID	What is your employment status in this job/business? SELF EMPLOYED.....01 CENTRAL GOVT EMPLOYEE.....02 LOCAL GOVT/COUNCIL EMPLOYEE.....03 PARASTATAL/ QUASI GOVT EMPLOYEE.....04 PRIVATE SECTOR EMPLOYEE.....05 NGO EMPLOYEE.....06 INTERNATIONAL ORGANISATION/ EMBASSY EMPLOYEE.....07 EMPLOYER/PARTNER.....08 HOUSEHOLD EMPLOYEE.....09 UNPAID FAMILY WORKER.....10 PIECEWORKER.....11 OTHER (SPECIFY).....12	In this job/business, are you entitled to pension, gratuity or social security? YES.....1 NO.....2	Are you entitled to paid leave in this job/business? YES.....1 NO.....2	Are there five (5) or more people working in this company/business including the owner? YES.....1 NO.....2 [NEXT SECTION] [INCLUDING ALL WORKERS IN ALL BRANCHES OF THE SAME COMPANY/ BUSINESS]	Did you have a job or business in the last 12 months? YES.....1 NO.....2 >> Q19
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SECTION 5: ECONOMIC ACTIVITY (CONT'D)

	18	19	20
PID	What was the main reason for leaving that job/business?	Are you currently engaged in any income generating activities or farming?	What is the main income generating activity or type of farming you are engaged in?
	LOW WAGE./SALARY.....01	YES.....1	[CHECK RELEVANT APPENDIX FOR CODES]
	FIRED.....02	NO.....2 >> NEXT SECTION	[RECORD ACTIVITY BOTH IN WORDS AND CODE]
	ENTERPRISE CLOSED.....03		
	ENTERPRISE PRIVATISED.....04		
	ENTERPRISE LIQUIDATED.....05		
	RETRENCHED/DECLARED REDUNDANT...06		
	GOT ANOTHER JOB.....07		
	BANKRUPTCY.....08		
	LACK OF PROFIT.....09		
	WAS A TEMPORARY JOB.....10		
	RETIRED.....11		
	BECAME A STUDENT.....12		
	CONTRACT EXPIRED.....13		
	POOR WORKING CONDITIONS.....14		
OTHER (SPECIFY).....15			
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SECTION 6: INCOME FOR ALL PERSONS AGED 5 YEARS AND ABOVE INCLUDING AGRICULTURAL INCOME

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

Yes1

No.....2>> next crop

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

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

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

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

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

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

Section 7: Household Assets

ONLY FILL IN IF SOME MEMBER OF THE HOUSEHOLD HAS A PRIVATE BUSINESS. IF NOT CROSS OUT THIS COLUMN

DO NOT COUNT PERMANENTLY BROKEN ITEMS

IF VALUE OR AGE IS UNKNOWN ASK FOR ESTIMATE
IF MULTIPLE ITEMS USE MOST RECENT

		Q1	Q2	Q3	Q4	Q5	Q6
READ OUT		Does this household own [ITEM]?	How many [ITEM]s does your household own?	How many years ago was [ITEM] obtained? (MOST RECENT ONE) IF LESS THAN ONE YEAR AGO ENTER "0"	What was the value of [ITEM] at the time of purchase? (MOST RECENT ONE)	How much would you get, if you sold [ITEM] today? (MOST RECENT ONE)	Do you use [ITEM] for private or business activities? Please rank usage:
		YES 1 NO 2 >> NEXT ITEM					Mainly private 1 Private and business 2 Mainly business 3
		CODE	NUMBER	YEARS	VALUE IN KWACHA	VALUE IN KWACHA	CODE
GENERAL ITEMS	1	Bed					
	2	Mattress					
	3	Mosquito net					
	4	Table (dining)					
	5	Lounge suit/ sofa					
	6	Radio/ stereo					
	7	Television					
	8	Satellite dish/ decoder (free to air)					
	9	Satellite dish/ decoder (DSTV)					
	10	Other pay TV					
	11	DVD/VCR					
	12	Home theatre					
	13	Land telephone					
	14	Cellular phone					
	15	Computer					
	16	Watch					
	17	Clock					
KITCHEN/ HOUSEHOLD	18	Residential building					
	19	Non-residential building					
	20	Brazier/ Mbaula					
	21	Gas stove					
	22	Electric stove					
	23	Refrigerator					
	24	Deep freezer					
	25	Washing machine					
	26	Dish washer					
	27	Air conditioner/ ventilator					
	28	Electric iron					
	29	Non-electric iron					
	30	Private water pump					
TOOLS & MACHINES I	31	Sewing machine					
	32	Hand hammer mill					
	33	Grinding/hammer mill (powered)					
	34	Sheller					
	35	Rump presses/oil expellers					

Section 7: Household Assets

	Q1	Q2	Q3	Q4	Q5	Q6
READ OUT	Does this household own [ITEM]?	How many [ITEM]s does your household own?	How many years ago was [ITEM] obtained? (MOST RECENT ONE) IF LESS THAN ONE YEAR AGO ENTER "0"	What was the value of [ITEM] at the time of purchase? (MOST RECENT ONE)	How much would you get, if you sold [ITEM] today? (MOST RECENT ONE)	Do you use [ITEM] for private or business activities? Please rank usage:
	YES 1					
	NO 2					
	>> NEXT ITEM					
	CODE	NUMBER	YEARS	VALUE IN KWACHA	VALUE IN KWACHA	CODE

TOOLS & MACHINES 2

36	Hand saw					
37	Carpentry plane					
38	Axe					
39	Pick					
40	Hoe					
41	Hammer					
42	Shovel/spade					
43	Fishing net					
44	Hunting gun					
45	Plough					
46	Crop sprayer					
47	Knitting machine					
48	Lawn mowers					
49	Generator					

TRANSPORT

50	Small/ hand-driven tractor					
51	4 wheel tractor					
52	Wheel barrow					
53	Scotch cart					
54	Bicycle					
55	Motor cycle					
56	Large truck					
57	Small/ pick-up truck					
58	Van/ minibus					
59	Car					
60	Canoe					
61	Boat					

ANI-MAALS

62	Oxen					
63	Donkey					

OTHER

FILL IN OTHER ASSETS OF HIGH VALUE. IF MORE THAN TWO FILL IN ASSETS OF HIGHEST VALUE						
64	Other (specify)					
65	Other (specify)					
66	Other (specify)					

SECTION 8: HOUSEHOLD AMENITIES AND HOUSING CONDITIONS

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

No.	QUESTION	CATEGORY AND CODE	CODE
1A	What kind of dwelling does your household live in?	TRADITIONAL HUT1 HOSTEL..... 10 IMPROVED TRADITIONAL HOUSE2 NON-RESIDENTIAL BUILDING DETACHED HOUSE3 (EG SCHOOL CLASSROOM, ETC) 11 FLAT/APARTMENT/MULTI-UNIT4 UNCONVENTIONAL (EG KANTEMBA, SEMI-DETACHED HOUSE.....5 STORAGE CONTAINER, ETC)..... 12 SERVANTS QUARTERS.....6 OTHER (SPECIFY) 13 GUEST WING7 COTTAGE8 HOUSE ATTACHED TO/ON TOP OF SHOP ETC9	<input type="text"/> <input type="text"/>
1B	How many rooms are occupied by this household excluding bathrooms and toilets? (For rural areas count the number of rooms in each hut belonging to the household collectively)	NUMBER <input type="text"/> <input type="text"/>	
2	On what basis does your household occupy the dwelling you live in? Is it [...]? READ OUT	Owner-occupied 1 >> Q4E House owned and provided Rented from local Government (District council)2 free by employer7 >> Q4E Rented from Central Government.....3 Other free housing 8 >> Q4E Rented from Private Company4 Other (Specify) 9 >> Q4E Rented from Parastatal (e.g. ZSIC, NAPSA, NHA, ZIMCO, etc).....5 Rented from private persons (landlord)6	<input type="text"/> <input type="text"/>
3	How is the rent paid? Is it [...]? READ OUT	Deducted from salary but paid in full 1 Other (Specify)5 >> Q4C Deducted from salary and subsidized by employer..... 2 Not applicable..... 6 Paid directly by the household..... 3 Don't know 7 Paid by employer 4 >> Q4C	<input type="text"/> <input type="text"/>
4A	In what installments or period do you pay your rent? Is it [...]? READ OUT	Monthly.....1 Other (Specify)5 Every two (2) months2 Every three (3) months3 Not applicable..... 6 Every six (6) months4	<input type="text"/> <input type="text"/>
4B	How much rent do you pay per month?	AMOUNT IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
4C	Does this rent include charges for electricity?	YES..... 1 NO 2	<input type="text"/> <input type="text"/>
4D	Does this rent include charges for water?	YES..... 1 NO 2	<input type="text"/> <input type="text"/>
4E	If you were to rent out this house, how much would it fetch per month (excl water and electricity)?	AMOUNT IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
QUESTION 5 ONLY FOR HOUSEHOLDS WHO OWN PROPERTY			
5A	How much do you pay for ground rates per year?	AMOUNT IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
5B	How much do you pay for property rates per six months?	AMOUNT IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
5C	Do you pay mortgage for your dwelling?	YES 1 DON'T KNOW3 >> Q6 NO 2 >> Q6	<input type="text"/> <input type="text"/>
5D	How much do you pay for mortgage per month?	AMOUNT IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

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

6	What kind of building materials is/are the [...] of this dwelling made of ? [IF A MULTI-STOREY/UNIT BUILDING RECORD BUILDING MATERIALS OF THE OUTER ROOF (ROOF TOP) AND OUTER WALL].	(A) ROOF	
		ASBESTOS SHEETS1 OTHER (SPECIFY) 7 ASBESTOS TILES.....2 OTHER/ NON-ASBESTOS TILES3 NOT APPLICABLE..... 8 IRON SHEETS4 DON'T KNOW 9 GRASS/STRAW/THATCH5 CONCRETE6	<input type="text"/> <input type="text"/>
		(B) WALLS	
		PAN BRICK1 STEEL..... 10 CONCRETE BRICK.....2 HARDBOARD..... 11 MUD BRICK3 A MIXTURE OF HARDBOARD, TIN BURNT BRICK4 SHEET, PLASTIC, ETC 12 POLE5 OTHER (SPECIFY) 13 POLE & DAGGA6 MUD.....7 NOT APPLICABLE 14 GRASS/STRAW.....8 DON'T KNOW 15 IRON SHEETS9	<input type="text"/> <input type="text"/>
		(C) FLOOR	
		CONCRETE ONLY.....1 OTHER (SPECIFY).....5 COVERED CONCRETE2 MUD.....3 NOT APPLICABLE6 WOOD ONLY4 DON'T KNOW7	<input type="text"/> <input type="text"/>
7	What is the main source of water supply for this household?	DIRECTLY FROM RIVER/ LAKE/ STREAM/DAM1 OTHER TAP (EG FROM NEARBY BUILDING)..... 10 RAINWATER.....2 WATER KIOSK 11 UNPROTECTED WELL3 BOUGHT FROM OTHER VENDOR..... 12 PROTECTED WELL.....4 OTHER (SPECIFY)..... 13 BOREHOLE5 UNPROTECTED SPRING6 PROTECTED SPRING.....7 PUBLIC TAP8 OWN TAP9	<input type="text"/> <input type="text"/>
8	How far is this source of water from this house? [IF LESS THAN ONE KILOMETRE ENTER "0"]	DISTANCE IN KILOMETRES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
9	What is the main source of drinking water for this household?	DIRECTLY FROM RIVER/ LAKE/ STREAM/DAM1 OTHER TAP (EG FROM NEARBY BUILDING)..... 10 RAINWATER.....2 WATER KIOSK 11 UNPROTECTED WELL3 BOUGHT FROM OTHER VENDOR..... 12 PROTECTED WELL.....4 BOTTLED WATER 13 >> Q12 BOREHOLE5 OTHER (SPECIFY)..... 14 UNPROTECTED SPRING6 PROTECTED SPRING.....7 PUBLIC TAP8 OWN TAP9	<input type="text"/> <input type="text"/>
10	Do you treat your drinking water?	YES1 NO2 >> Q12	<input type="text"/> <input type="text"/>
11	How do you treat your drinking water?	BOIL.....1 OTHER (SPECIFY).....3 ADD CHLORINE.....2	<input type="text"/> <input type="text"/>
12	How much on average are you charged for water per month ? [ENTER "0" IF HOUSEHOLD IS PROVIDED WITH WATER FOR FREE]	AMOUNT IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

SECTION 9: HOUSEHOLD ACCESS TO FACILITIES

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

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

12.3	How much revenue did the household receive from selling fish from fishponds?	AMOUNT IN WORDS KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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SECTION 10: AGRICULTURAL PRODUCTION (Cont'd)

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

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



Q. Any other crop production related costs	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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SECTION 10: AGRICULTURAL PRODUCTION (Cont'd)

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

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

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

A. Purchase of fingerlings	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Feed	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Hired labour	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Repairs and Maintenance of fish ponds	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Repairs and Maintenance of fish pond related equipment	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Medicines for fish	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Transport costs	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H. Hand tools	<input type="checkbox"/>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
I. Other fish farming production related costs	<input type="checkbox"/>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

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

Section 11A: Household Expenditure

GIFTS, FOOD FOR WORK, RELIEF FOOD

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

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

LAST 2 WEEKS	Q1	PURCHASES			OWN PRODUCTION			Q6		Q7
	Did this household purchase/consume/receiveduring the last 2 weeks?	During the last 2 weeks, how much did your household spend on [ITEM]? (IN TOTAL)	How many [UNITS] of [ITEM] did your household purchase for that amount?		During the last 2 weeks, how many [UNITS] of own produced [ITEM] did your household consume?	How much would this [ITEM] cost if you were to buy it?		During the last 2 weeks, how many [UNITS] of [ITEM] did your household receive without payment?	How much would this [ITEM] cost if you were to buy it?	
	YES 1 NO 2 >> NEXT ITEM DON'T KNOW 3 >> NEXT ITEM									
FILL IN PER ROW		VALUE IN KWACHA	QUANTITY	UNIT CODE	QUANTITY	UNIT CODE	VALUE IN KWACHA	QUANTITY	UNIT CODE	VALUE IN KWACHA
Cereals DURING LAST 4 WEEKS										
1	Maize grain unshelled									
2	Maize grain shelled									
3	Breakfast mealie meal									
4	Roller meal									
5	Hammer mealie meal									
6	Pounded maize meal									
7	Cost of milling									
FREQUENT FOODS										
8	Millet									
9	Sorghum unshelled									
10	Sorghum shelled									
11	Rice shelled									
12	Rice unshelled									
13	Wheat/Flour									
14	Bread/Bread rolls									
15	Buns/ scones									
16	Fritters									
17	Other cereal/ bread items									
Roots and Tubers DURING LAST 2 WEEKS										
18	Sweet potatoes unpeeled									
19	Sweet potatoes peeled									
20	Potatoes unpeeled									
21	Potatoes peeled									
22	Cassava (tubers)									
23	Cassava (flour)									
24	Other roots/ tubers									

Section 11A: Household Expenditure

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

FREQUENT FOODS

		DURING LAST 2 WEEKS									UNIT CODES	UNITS	
Pulses and Legumes	25	Fresh beans (excl Green beans) unshelled											
	26	Fresh beans (excl Green beans) shelled										B90 90 KG BAG	
											B50 50 KG BAG		
	27	Sunflower shelled										B25 25 KG BAG	
	28	Soya beans shelled										B10 10 KG BAG	
	29	Dried beans										T20 20 LITRE TIN	
	30	Groundnuts unshelled										T10 10 LITRE TIN	
	31	Groundnuts shelled										T5 5 LITRE TIN	
	32	Bambara shelled										P PIECE/ NUMBER	
	33	Cowpeas unshelled										KG KILOGRAMS	
	34	Peas										GR GRAM	
	35	Other pulses, legumes										LT LITRE	
			DURING LAST 2 WEEKS									ML MILLILITRE	
	Vegetables	36	Onions										BOT500 BOTTLE 500 ML
		37	Tomatoes										BOT750 BOTTLE 750 ML
38		Cabbages										BOT2.5 BOTTLE 2.5 LT	
39		Rape										BP BP	
40		Okra										HP HEAP	
41		Pumpkin leaves (chibwabwa)										PL PLATE	
42		Cassava leaves										CU CUP	
43		Kalembula										GAL GALLON	
44		Bondwe										BK BUCKET	
45		Impwa										BD BUNDLE	
46		Cucumber										MD MEDA	
47		Green beans											
48		Carrots											
49		Pumpkin											
50		Green Maize											
51		Other Vegetables											

Section 11A: Household Expenditure

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

FREQUENT FOODS

Fruits DURING LAST 2 WEEKS												UNIT CODES	UNITS		
52	Oranges													B90	90 KG BAG
53	Apples													B50	50 KG BAG
54	Mangoes													B25	25 KG BAG
55	Bananas													B10	10 KG BAG
56	Pawpaws													T20	20 LITRE TIN
57	Water melons													T10	10 LITRE TIN
58	Lemons													T5	5 LITRE TIN
59	Pineapples													P	PIECE/ NUMBER
60	Pears													KG	KILOGRAMS
61	Guavas													GR	GRAM
62	Avocados													LT	LITRE
63	Other Fruits													ML	MILLILITRE
Fish DURING LAST 2 WEEKS															
64	Kapenta (fresh)													BOT500	BOTTLE 500 ML
65	Kapenta (frozen)													BOT750	BOTTLE 750 ML
66	Kapenta (dried/smoked)													BOT2.5	BOTTLE 2.5 LT
67	Bream (fresh)													BP	BP
68	Bream (frozen)													HP	HEAP
69	Bream (dried/ smoked)													PL	PLATE
70	Buka Buka (fresh)													CU	CUP
71	Buka Buka (frozen)													GAL	GALLON
72	Buka Buka (dried/ smoked)													BK	BUCKET
73	Other fish (fresh)													BD	BUNDLE
74	Other fish (frozen)													MD	MEDA
75	Other fish (dried/smoked)													OT	OTHER
76	Other fish & fish products														
Meat and Poultry I DURING LAST 2 WEEKS															
77	Chicken (fresh)														
78	Chicken (Frozen)														
79	Chicken (dried/smoked)														
80	Other poultry (fresh)														
81	Other Poultry (frozen)														
82	Other poultry (dried/smoked)														
83	Beef (fresh)														
84	Beef (frozen)														
85	Beef (dried/smoked)														

Section 11A: Household Expenditure

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

FREQUENT FOODS

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

Section 11A: Household Expenditure

		PURCHASES			OWN PRODUCTION			GIFTS, FOOD FOR WORK, RELIEF FOOD			
		Q1	Q2	Q3	Q4	Q5	Q6	Q7			
LAST 2 WEEKS	Did this household purchase/consume/receive..... during the last 2 weeks?	During the last 2 weeks, how much did your household spend on [ITEM]? (IN TOTAL)	How many [UNITS] of [ITEM] did your household purchase for that amount?	During the last 2 weeks, how many [UNITS] of own produced [ITEM] did your household consume?	How much would this [ITEM] cost if you were to buy it?	During the last 2 weeks, how many [UNITS] of [ITEM] did your household receive without payment?	How much would this [ITEM] cost if you were to buy it?				
READ OUT	YES	1									
	NO	2									
	>> NEXT ITEM										
	DON'T KNOW	3									
	>> NEXT ITEM										
FILL IN PER ROW			VALUE IN KWACHA	QUANTITY	UNIT CODE	QUANTITY	UNIT CODE	VALUE IN KWACHA	QUANTITY	UNIT CODE	VALUE IN KWACHA
Non-alcoholic beverages		DURING LAST 2 WEEKS									
114	Tea leaves/tea bags										
115	Coffee (fresh, blend or instant)										
116	Drinking chocolate/Milo/cocoa										
117	Juice										
118	Soft drinks										
119	Mineral water										
120	Munkoyo										
121	Maheu										
122	Other non-alcoholic beverages										
Alcoholic beverages		DURING LAST 2 WEEKS									
123	Spirits										
124	Wines										
125	Ciders										
126	Clear beer										
127	Opaque beer										
128	Traditional brews										
129	Other alcoholic beverages										
Baby food		DURING LAST 2 WEEKS									
130	Baby foods (eg Cerelac, vitaso, baby milk,										
Food from Kiosks, Cafes, Restaurants		DURING LAST 2 WEEKS									
131	Food from kiosks, cafes, restaurants										
Other food & beverages		DURING LAST 2 WEEKS									
132	Other foods & beverages, (specify)										
Cigarettes and tobacco		DURING LAST 2 WEEKS									
133	Cigarettes										
134	Tobacco										

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

FREQUENT FOOD, DRINKS AND OTHER

Section 11A: Household Expenditure

GIFTS, FOOD FOR WORK, RELIEF FOOD

NOTE: CHANGE OF REFERENCE PERIOD

		Q8		Q9		Q10		Q11		Q12		Q13		Q14	
		LAST 4 WEEKS	Did this household purchase/consume/receive..... during the last 4 weeks?	During the last 4 weeks, how much did your household spend on [ITEM]? (IN TOTAL)		How many [UNITS] of [ITEM] did your household purchase for that amount?		During the last 4 weeks, how many [UNITS] of own produced [ITEM] did your household consume?		How much would this [ITEM] cost if you were to buy it?		During the last 4 weeks, how many [UNITS] of [ITEM] did your household receive without payment?		How much would this [ITEM] cost if you were to buy it?	
		READ OUT	YES 1												
			NO 2												
			>> NEXT ITEM												
		FILL IN PER ROW	DONT KNOW 3												
			>> NEXT ITEM												
				VALUE IN KWACHA	QUANTITY	UNIT CODE	QUANTITY	UNIT CODE	VALUE IN KWACHA	QUANTITY	UNIT CODE	VALUE IN KWACHA	QUANTITY	UNIT CODE	VALUE IN KWACHA
OTHER FOOD		Non Frequent Foods		DURING LAST FOUR WEEKS											
	135	Salt													
	136	Spices													
	137	Cooking Oil													
		Other non frequent		DURING LAST FOUR WEEKS											
HOUSING EXPENDITURES I	138	Charcoal													
	139	Firewood													
	140	Rent of dwelling													
	141	Water & sewerage charges													
	142	Electricity													
	143	Paraffin													
	144	Diesel (for lighting and cooking only)													
	145	Home repairs (plumbing, painting, stove repairs etc)													
146	Cable/pay TV (DSTV, My TV, SATELITE, ZNBC, etc)														

Section 11A: Household Expenditure

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

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

Section 11A: Household Expenditure

		PURCHASES		GIFTS			
		Q15		Q16		Q17	
LAST YEAR		Did this household purchase/pay for or receive the following items during the last		During the last year,(2009) how much did your household spend on [ITEM]? (IN TOTAL)		During the last year, what was the value of [ITEM] your household received without payment? (IN TOTAL)	
READ OUT		YES	1				
		NO	2				
		>> NEXT ITEM					
		DON'T KNOW	3				
FILL IN PER ROW		>> NEXT ITEM		VALUE IN KWACHA		VALUE IN KWACHA	
HEALTH	191	Purchase of medicines					
	192	Fees for doctors					
	193	Fees for nurses, midwives					
	194	Fees for dentists					
	195	Fees for hospital stays					
	196	Fees for health assistant					
	197	Fees for traditional healers					
	198	Payments to hospital / health centre / surgery					
	199	Pre-payment scheme					
	200	Other health expenses					
WATER	201	Treatment tablets, chemicals, etc					
	202	Other water treatment					
CLOTHING	INCL CLOTHING, SHOES, REPAIRS - EXCL LAUNDRY, EXCL SCHOOL UNIFORMS						
	203	Chitenges					
	204	Children's clothing					
	205	Men's clothing					
	206	Women's clothing (excl Chitenges)					
	207	Fabric/material					
	208	Tailoring charges					
	209	Footwear (eg shoes, sandals, patapata, sofias)					

Section 11A: Household Expenditure

		PURCHASES		GIFTS			
		Q15		Q16		Q17	
LAST YEAR		Did this household purchase/pay for or receive the following items during the last year 2009?		During the last year,(2009) how much did your household spend on [ITEM]? (IN TOTAL)		During the last year (2009), what was the value of [ITEM] your household received without payment? (IN TOTAL)	
READ OUT		YES	1				
		NO	2				
		>> NEXT ITEM					
		DON'T KNOW	3				
FILL IN PER ROW		>> NEXT ITEM		VALUE IN KWACHA		VALUE IN KWACHA	
FINANCIAL SERVICES	210	Loan repayments					
	211	Contributions (Church, Mosques, etc)					
	212	Insurance (car, life, health)					
	213	Funerals, gifts, dowries					
Section 11 B: Remittances				CASH REMITTANCES		IN-KIND REMITTANCES	
		Q18		Q19		Q20	
LAST YEAR		During the last year (2009), did your household send remittances in cash or in-kind?		During the last year (2009), how much did your household spend on cash remittances [...]?		During the last year (2009), what was the value of remittances paid in-kind [...]?	
READ OUT		YES	1				
		NO	2				
		>> NEXT SECTION					
		DON'T KNOW	3				
FILL IN PER ROW		>> NEXT SECTION		VALUE IN KWACHA		VALUE IN KWACHA	
		CODE:					
REMITTANCES	In total						
	215	To persons in rural areas of Zambia (excl any member of the household)					
	216	To persons in urban areas of Zambia (excl any member of the household)					
	217	To persons outside Zambia					

SECTION 12: DEVELOPMENTAL ISSUES

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

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

SECTION 12: DEVELOPMENTAL ISSUES (Cont'd)

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

SECTION 13: CHILD HEALTH AND NUTRITION (ANTHROPOMETRY)

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

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

SECTION 13: CHILD HEALTH AND NUTRITION (ANTHROPOMETRY)

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

	8	9	10	11
PID OF CHILD [FROM HOUSE - HOLD ROSTER]	Has ever been breastfed? YES...1 NO...2>Q11	For how many months did you breastfeed? [INDICATE THE NUMBER OF MONTHS e.g. 01, 03, 0 5, 10 etc]	At what age (in months) did you first give.... water or other fluids or food? MONTHS [IF LESSTHAN ONE MONTH ENTER 00]	How many times is currently given solids foods in a day (nshima, rice, potatoes, porridge, cerelac, other cereals, vitaso, custard, etc)? ONCE.....1 TWICE..... 2 THRICE.....3 FOUR TIMES.....4 FIVE TIMES.....5 MORE THAN FIVE TIMES.....6 NOT YET STARTED ON SOLIDS.....7
□ □	□	□ □	□ □	□
□ □	□	□ □	□ □	□
□ □	□	□ □	□ □	□
□ □	□	□ □	□ □	□
□ □	□	□ □	□ □	□
□ □	□	□ □	□ □	□
□ □	□	□ □	□ □	□
□ □	□	□ □	□ □	□
□ □	□	□ □	□ □	□
□ □	□	□ □	□ □	□
□ □	□	□ □	□ □	□

PID OF CHILD [FROM HOUSEHOLD ROSTER]	SECTION 13: CHILD HEALTH AND NUTRITION (ANTHROPOMETRY) [TO BE COMPLETED FOR CHILDREN AGED 0 MONTHS TO 59 MONTHS ONLY] [Cont'd]
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<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>12. Is’s under-five clinic card available?</p> <p style="text-align: center;">Yes..... 1 No.....2>> Q13</p> <p style="text-align: center;">[THIS QUESTION IS FOR ALL ELIGIBLE CHILDREN. IF THE NUMBER OF CHILDREN AGED BELOW 5 YEARS IS MORE THAN 5 USE ANOTHER QUESTIONNAIRE]</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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- (1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.
(2) WRITE ‘44’ IN DAY COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.
(3) IF MORE THAN TWO VITAMIN ‘A’ DOSES, RECORD DATES FOR MOST RECENT AND SECOND MOST RECENT DOSES
(4) FOR CHILDREN WITH CLINIC CARDS RECORD THE INFORMATION AND SKIP TO QUESTION 18

12.1 FIRST CHILD

	New Card	Old Card
	DAY MONTH YEAR	DAY MONTH YEAR
BCG GIVEN AT BIRTH	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	BCG <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
OVP 0	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	P 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
OVP 1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	P 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
OVP 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	P 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
OVP 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	D1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
OVP 4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	D2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
DPT-HepB+Hib1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DPT1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
DPT-HepB+Hib2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DPT 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
DPT-HepB+Hib3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DPT3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
MEASLES	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	MEASLES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
VITAMIN A (MOST RECENT)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	VIT A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
VITAMIN A (2ND MOST RECENT)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	VIT A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**PID OF
CHILD**

**SECTION 13: CHILD HEALTH AND NUTRITION (ANTHROPOMETRY)
[TO BE COMPLETED FOR CHILDREN AGED 0 MONTHS TO 59 MONTHS ONLY] [Cont'd]**

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

12.2 SECOND CHILD

	DAY	MONTH	YEAR		DAY	MONTH	YEAR		
BCG GIVEN AT BIRTH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	BCG	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OVP 0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	P 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OVP 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	P 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OVP 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	P 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OVP 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	D1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OVP 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	D2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT-HepB+Hib1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DPT1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT-HepB+Hib2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DPT 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT-HepB+Hib 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DPT3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MEASLES	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	MEASLES	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
VITAMIN A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	VIT A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(MOST RECENT)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	VIT A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
VITAMIN A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	VIT A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2ND MOST RECENT)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					

PID OF CHILD

SECTION 13: CHILD HEALTH AND NUTRITION (ANTHROPOMETRY)
[TO BE COMPLETED FOR CHILDREN AGED 0 MONTHS TO 59 MONTHS ONLY] [Cont'd]

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

12.3 THIRD CHILD

New Card

Old Card

	DAY	MONTH	YEAR		DAY	MONTH	YEAR	
BCG GIVEN AT BIRTH	<input type="text"/>	<input type="text"/>	<input type="text"/>		BCG	<input type="text"/>	<input type="text"/>	<input type="text"/>
OVP 0	<input type="text"/>	<input type="text"/>	<input type="text"/>		P1	<input type="text"/>	<input type="text"/>	<input type="text"/>
OVP 1	<input type="text"/>	<input type="text"/>	<input type="text"/>		P2	<input type="text"/>	<input type="text"/>	<input type="text"/>
OVP 2	<input type="text"/>	<input type="text"/>	<input type="text"/>		P3	<input type="text"/>	<input type="text"/>	<input type="text"/>
OVP 3	<input type="text"/>	<input type="text"/>	<input type="text"/>		D1	<input type="text"/>	<input type="text"/>	<input type="text"/>
OVP 4	<input type="text"/>	<input type="text"/>	<input type="text"/>		D2	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT-HepB+Hib1	<input type="text"/>	<input type="text"/>	<input type="text"/>		DPT 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT-HepB+Hib2	<input type="text"/>	<input type="text"/>	<input type="text"/>		DPT 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT-HepB+Hib 3	<input type="text"/>	<input type="text"/>	<input type="text"/>		DPT3	<input type="text"/>	<input type="text"/>	<input type="text"/>
MEASLES	<input type="text"/>	<input type="text"/>	<input type="text"/>		MEASLES	<input type="text"/>	<input type="text"/>	<input type="text"/>
VITAMIN A	<input type="text"/>	<input type="text"/>	<input type="text"/>		VIT A	<input type="text"/>	<input type="text"/>	<input type="text"/>
(MOST RECENT)	<input type="text"/>	<input type="text"/>	<input type="text"/>		VIT A	<input type="text"/>	<input type="text"/>	<input type="text"/>
VITAMIN A	<input type="text"/>	<input type="text"/>	<input type="text"/>					
(2ND MOST RECENT)	<input type="text"/>	<input type="text"/>	<input type="text"/>					

**PID OF
CHILD**

**SECTION 13: CHILD HEALTH AND NUTRITION (ANTHROPOMETRY)
[TO BE COMPLETED FOR CHILDREN AGED 0 MONTHS TO 59 MONTHS ONLY] [Cont'd]**

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

12.4 FOURTH CHILD

New Card

Old Card

	DAY	MONTH	YEAR		DAY	MONTH	YEAR	
BCG GIVEN AT BIRTH	<input type="text"/>	<input type="text"/>	<input type="text"/>		BCG	<input type="text"/>	<input type="text"/>	<input type="text"/>
OVP 0	<input type="text"/>	<input type="text"/>	<input type="text"/>		P1	<input type="text"/>	<input type="text"/>	<input type="text"/>
OVP 1	<input type="text"/>	<input type="text"/>	<input type="text"/>		P2	<input type="text"/>	<input type="text"/>	<input type="text"/>
OVP 2	<input type="text"/>	<input type="text"/>	<input type="text"/>		P3	<input type="text"/>	<input type="text"/>	<input type="text"/>
OVP 3	<input type="text"/>	<input type="text"/>	<input type="text"/>		D1	<input type="text"/>	<input type="text"/>	<input type="text"/>
OVP 4	<input type="text"/>	<input type="text"/>	<input type="text"/>		D2	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT-HepB+Hib1	<input type="text"/>	<input type="text"/>	<input type="text"/>		DPT 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT-HepB+Hib2	<input type="text"/>	<input type="text"/>	<input type="text"/>		DPT 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT-HepB+Hib 3	<input type="text"/>	<input type="text"/>	<input type="text"/>		DPT3	<input type="text"/>	<input type="text"/>	<input type="text"/>
MEASLES	<input type="text"/>	<input type="text"/>	<input type="text"/>		MEASLES	<input type="text"/>	<input type="text"/>	<input type="text"/>
VITAMIN A (MOST RECENT)	<input type="text"/>	<input type="text"/>	<input type="text"/>		VIT A	<input type="text"/>	<input type="text"/>	<input type="text"/>
VITAMIN A (2ND MOST RECENT)	<input type="text"/>	<input type="text"/>	<input type="text"/>		VIT A	<input type="text"/>	<input type="text"/>	<input type="text"/>

PID OF CHILD

SECTION 13: CHILD HEALTH AND NUTRITION (ANTHROPOMETRY)

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

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

12.5 FIFTH CHILD

New Card

Old Card

	DAY	MONTH	YEAR		DAY	MONTH	YEAR	
BCG GIVEN AT BIRTH	<input type="text"/>	<input type="text"/>	<input type="text"/>		BCG	<input type="text"/>	<input type="text"/>	<input type="text"/>
OVP 0	<input type="text"/>	<input type="text"/>	<input type="text"/>		P1	<input type="text"/>	<input type="text"/>	<input type="text"/>
OVP 1	<input type="text"/>	<input type="text"/>	<input type="text"/>		P2	<input type="text"/>	<input type="text"/>	<input type="text"/>
OVP 2	<input type="text"/>	<input type="text"/>	<input type="text"/>		P3	<input type="text"/>	<input type="text"/>	<input type="text"/>
OVP 3	<input type="text"/>	<input type="text"/>	<input type="text"/>		D1	<input type="text"/>	<input type="text"/>	<input type="text"/>
OVP 4	<input type="text"/>	<input type="text"/>	<input type="text"/>		D2	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT-HepB+Hib1	<input type="text"/>	<input type="text"/>	<input type="text"/>		DPT 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT-HepB+Hib2	<input type="text"/>	<input type="text"/>	<input type="text"/>		DPT 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT-HepB+Hib 3	<input type="text"/>	<input type="text"/>	<input type="text"/>		DPT3	<input type="text"/>	<input type="text"/>	<input type="text"/>
MEASLES	<input type="text"/>	<input type="text"/>	<input type="text"/>		MEASLES	<input type="text"/>	<input type="text"/>	<input type="text"/>
VITAMIN A	<input type="text"/>	<input type="text"/>	<input type="text"/>		VIT A	<input type="text"/>	<input type="text"/>	<input type="text"/>
(MOST RECENT)	<input type="text"/>	<input type="text"/>	<input type="text"/>		VIT A	<input type="text"/>	<input type="text"/>	<input type="text"/>
VITAMIN A	<input type="text"/>	<input type="text"/>	<input type="text"/>					
(2ND MOST RECENT)	<input type="text"/>	<input type="text"/>	<input type="text"/>					

SECTION 13: CHILD HEALTH AND NUTRITION (ANTHROPOMETRY)

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

QUESTIONS 13 – 17 WILL BE ASKED FOR CHILDREN WITHOUT CLINIC CARDS								
13					14			
PID OF CHILD [FROM HOUSE - HOLD ROSTER]	Has ...ever received the following vaccinations? [ASK THIS QUESTION FOR EACH VACCINE] YES.....1 NO.....2				How many times has..... received the vaccinations? NUMBER OF TIMES RECEIVED VACCINATIONS [FOR THOSE WHO HAVE RECEIVED ALL VACCINES SKIP TO QUESTION 16]			
	BCG	DPT	POLIO	MEASLES [FROM 9 MONTHS AND ABOVE]	BCG	DPT	POLIO	MEASLES
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
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SECTION 13: CHILD HEALTH AND NUTRITION (ANTHROPOMETRY)
[TO BE COMPLETED FOR CHILDREN AGED 0 MONTHS TO 59 MONTHS ONLY]

[Cont'd]

PID OF CHILD	15	16	17								
[FROM HOUSE - HOLD ROSTER]	State the reasons why.....did not receive the vaccine. Health Centre too far....1 Too young.....2 Don't know about vaccination.....3 No vaccines at health centre.....4 Other reasons Specify.....5	Has ever received a Vitamin A dose: Yes.....1 No.....2	Did.....receive a Vitamin A dose within the last six months? Yes.....1 No.....2								
<input type="checkbox"/> <input type="checkbox"/>	<table border="0"> <tr> <td align="center">BCG</td> <td align="center">DPT</td> <td align="center">POL IO</td> <td align="center">MEASLES</td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </table>	BCG	DPT	POL IO	MEASLES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BCG	DPT	POL IO	MEASLES								
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SECTION 13: CHILD HEALTH AND NUTRITION

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

[Cont'd]

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

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

[Cont'd]

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

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

1 YES

2 NO >> NEXT SECTION

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

NUMBER OF DEATHS

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

**[RECORD AGE IN COMPLETED YEARS]
 [RECORD 00 IF LESS THAN 1 YEAR]
 [RECORD 888 AND 8 IN BOXES WITHOUT RESPONSES
 FOR AGE AND SEX RESPECTIVELY]**

SEX
 MALE.....1
 FEMALE....2

	AGE			SEX
DECEASED 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
DECEASED 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
DECEASED 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
DECEASED 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
DECEASED 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
DECEASED 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

4. What was the main cause of death?

DECEASED 1

DECEASED 2

DECEASED 3

DECEASED 4

DECEASED 5

DECEASED 6

LIST OF CAUSES OF DEATH

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

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

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

No.	QUESTION	CATEGORY AND CODE	CODE
1	Do you consider your household to be non poor, moderately poor or very poor?	NON POOR.....1 >> QUESTION 3 MODERATELY POOR.....2 VERY POOR.....3	<input type="checkbox"/>
2	What do you think has led your household to be in poverty? ASK FOR THREE MAIN REASONS STARTING WITH THE MOST IMPORTANT. [IF LESS THAN THREE REASONS ARE GIVEN, RECORD 88 IN THE EMPTY BOXES]	CANNOT AFFORD/LACK OF AGRICULTURAL INPUTS SUCH AS FERTILIZERS, SEED, ETC OR PRICES OF AGRICULTURAL INPUTS TOO HIGH.....01 AGRICULTURAL INPUTS (SUCH AS FERTILIZERS, SEEDS, ETC) ARE NOT AVAILABLE FOR BUYING IN THIS AREA.....02 LACK OF AGRICULTURAL INPUTS (SUCH AS FERTILIZERS, SEEDS, ETC) DUE TO OTHER REASONS e.g. SWINDLED/NOT DELIVERED BY SUPPLIER, ETC.....03 LOW AGRICULTURAL PRODUCTION.....04 DROUGHT.....05 FLOODS.....06 LACK OF ADEQUATE LAND.....07 LOW PRICES FOR THEIR AGRICULTURAL PRODUCE.....08 LACK OF MARKET/BUYERS FOR THE HOUSEHOLD'S AGRICULTURAL PRODUCE.....09 LACK OF CATTLE/OXEN.....10 DEATH OF CATTLE DUE TO DISEASES.....11 LACK OF CAPITAL (MONEY) TO START/EXPAND AGRICULTURAL OUTPUT.....12 LACK OF CAPITAL (MONEY) TO DIVERSIFY INTO CASH CROPS.....13 LACK OF CREDIT FACILITIES TO START AGRICULTURAL PRODUCTION OR TO EXPAND OR TO BUY AGRICULTURAL INPUTS.....14 LACK OF CAPITAL (MONEY) TO START OWN BUSINESS OR TO EXPAND.....15 LACK OF CREDIT FACILITIES TO START BUSINESS OR TO EXPAND.....16 LACK OF EMPLOYMENT OPPORTUNITIES/CANNOT FIND A JOB.....17 SALARY/ WAGE TOO LOW.....18 PENSION PAYMENT TOO LOW.....19 RETRENCHMENT/REDUNDANCY.....20 PRICES OF COMMODITIES TOO HIGH.....21 HARD ECONOMIC TIMES/ECONOMIC DECLINE OF OUR COUNTRY.....22 BUSINESS NOT DOING WELL.....23 TOO MUCH COMPETITION.....24 DUE TO DISABILITY.....25 DEATH OF BREAD WINNER.....26 DEBTS.....27 OTHER REASONS (SPECIFY).....28	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>
3	Compared to 12 months ago, do you consider your household to be better off, the same or worse off now?	Better off.....1 } >>Q 5 The same.....2 } Worse off.....3 Not applicable.....4 >>Q6	<input type="checkbox"/>
4	Why do you think your household is worse off?	[USE THE CODES IN QUESTION 2] ASK FOR THE THREE MAIN REASONS, STARTING WITH THE MOST IMPORTANT. [IF LESS THAN THREE REASONS ARE GIVEN, RECORD 88 IN THE EMPTY BOXES]	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>
5	How much money do you think is needed by your household in a month to have an adequate/ minimum standard of living?	AMOUNT IN KWACHA	<input type="text"/>

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

STRATEGIES (Cont'd)

No.	QUESTION	CATEGORY AND CODE	CODE
6.	How many meals excluding snacks do you normally have in a day?	ONE.....1 TWO.....2 THREE.....3 MORE THAN THREE.....4	<input type="checkbox"/>
7.	How many times in the past one month did your household eat fish, poultry or animal products?	ZERO.....1 ONCE.....2 TWICE.....3 THRICE.....4 FOUR TIMES.....5 FIVE TIMES.....6 MORE THAN FIVE TIMES.....7	<input type="checkbox"/>
8.	How many times in the past one week did your household eat vegetables	ZERO.....1 ONCE.....2 TWICE.....3 THRICE.....4 FOUR TIMES.....5 FIVE TIMES.....6 MORE THAN FIVE TIMES.....7	<input type="checkbox"/>

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

STRATEGIES (Cont'd)

RESPONDENT: HOUSEHOLD HEAD OR MOST INFORMED HOUSEHOLD MEMBER

EVENT ID		Q9	Q10	Q11	Q12	Q13			
		During the last twelve months was your household or any member of your household YES.....1 NO.....2	How many times did this [EVENT] occur in the last 12 months?	Over the last 12 months, was the total impact of [EVENT] to your household positive or negative?	During the last 12 months, how severely did [EVENT] affect your household? No impact 0 Low 1 Medium 2 High 3 Don't know 4	Last time [EVENT] occurred, what did you do to deal with the effects of the [EVENT]?			
		READ OUT ALL [EVENTS] (If No skip to next event)	POSITIVE 1 >> Q13		RECORD UP TO 3 COPING STRATEGIES BY ORDER OF IMPORTANCE			COPING STRATEGIES	
			NEGATIVE 2		1st 2nd 3rd			▼	
		DON'T KNOW 3					10	DID NOTHING	
							11	SPENT SAVINGS	
							12	USED INSURANCE	
							13	SOLD ANIMALS	
							14	GREW / SOLD ADDITIONAL / OTHER CROPS	
							15	SOLD ASSETS (TOOLS, FURNITURE, RADIO, TV,	
							16	SOLD FARM LAND	
							17	WORKED MORE HOURS	
							17	STARTED BUSINESS	
							18	SENT CHILDREN TO RELATIVES OR FRIENDS	
							19	WENT ELSEWHERE /MIGRATED TO WORK	
							20	TRAVELLED/ MIGRATED TO SEEK HEALTH CARE	
							21	SENT CHILDREN TO WORK/SELL	
							22	RECEIVED/ ASKED FOR GIFTS/ ASSISTANCE FROM RELATIVES/	
							23	BORROWED MONEY FROM	
							24	BORROWED FROM MONEY	
							25	BORROWED FROM BANK/ OTHER FINANCIAL INSTITUTION/EMPLOYER	
							26	GOT HELP FROM RELIGIOUS ORGANIZATION	
							27	SOUGHT SPIRITUAL HELP	
							28	SOUGHT/GOT HELP FROM	
							29	SOUGHT/OBTAINED HELP	
							30	GOVT CASH TRANSFER	
							32	REMITTANCES FROM	
							33	BOUGHT CHEAPER FOOD	
							34	BOUGHT LESS FOOD	
							35	REDUCED NON-FOOD (eg. Soap, tissue, detegent)	
101	WEATHER & AGRICULTURE	Drought							
102		Flood							
103		Storm							
104		Crop disease/ crop pests							
105		Damage to crop while storage							
106		Livestock disease							
107	BUSINESS & INCOME	Better Pay/ Work							
108		Job Loss / No salary							
109		Rise of profit from business							
110		Collapse of Business							
111		Inability to pay back loan							
112		Change in money received from family / friends							
113	FOOD & PRICES	Change in sale prices of agriculture products (eg crops,							
114		Change in agricultural input prices (eg seeds)							
115		Change in food prices							
116	CRIME & CONFLICT	Victim of Crime/ Business Scam / Cheating							
117		Law suit / Imprisonment							
118		Communal / political crisis/Conflict (Religious,							
119		Person joined household							

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

COPING STRATEGIES (Cont'd)

RESPONDENT: HOUSEHOLD HEAD OR MOST INFORMED HOUSEHOLD MEMBER

EVENT ID		Q9	Q10	Q11		Q12	Q13		
		During the last twelve months was your household or any member of your YES.....1 NO.....2	How many times did this [EVENT] occur in the last 12 months?	Over the last 12 months, was the total impact of [EVENT] to your household positive or negative? POSITIVE 1>>Q13 NEGATIVE 2 DON'T KNOW 3		During the last 12 months, how severely did [EVENT] impact No 0 Low 1 Medium 2 High 3 Don't know 4	Last time [EVENT] occurred, what did you do to deal with the effects of the [EVENT]? RECORD UP TO 3 COPING STRATEGIES BY ORDER OF IMPORTANCE 1st 2nd 3rd		
		READ OUT ALL [EVENTS] (if No skip to next event)							
120		Family conflicts							
121		Marital differences/divorce							
122		Illness							36 PIECE WORK ON FARMS
123		Serious injury / Accident							37 OTHER PIECE WORK
124	HEALTH	Death of bread earner							38 WORKING ON ' FOOD-FOR-WORK OR
125		Death of other household member							39 EATING WILD FOODS ONLY
126		Destruction of housing (eg. from Fire/ storm etc.)							40 SUBSTITUTING ORDINARY MEALS WITH MANGOES, PUMPKINS, SWEET POTATOES etc.
127		Lack of food/adequate food							41 REDUCING NUMBER OF MEALS OR
128		Lack of financial resources/adequate resources							42 PULLING CHILDREN OUT OF SCHOOL 43 PETTY VENDING
129	OTHER	Evicted from house							44 BEGGING FROM THE STREETS 45 SOUGHT REFUGE WITH NEIGHBOURS, FRIENDS OR RELATIVES 46 OTHER (SPECIFY)

END OF INTERVIEW

