



REPUBLIC OF ZAMBIA

QUESTIONNAIRE NO: OF

FORM

L	C	M	S	B
---	---	---	---	---

STRICTLY CONFIDENTIAL

CENTRAL STATISTICAL OFFICE
 P.O. BOX 31908, LUSAKA, ZAMBIA
 TEL Nos. 251377/251380/252575/ 250195
 253609/251385/253908/253468/226087
 FAX Nos. 253609/250195/253468/253908/226087 email: Censtat @Zamnet.zm

LIVING CONDITIONS MONITORING SURVEY III (LCMS III) - 2002-2003

MAIN QUESTIONNAIRE – PART I

HOUSEHOLD IDENTIFICATION PARTICULARS	CODE NUMBER
1. PROVINCE NAME	<input style="width: 20px; height: 20px;" type="text"/>
2. DISTRICT NAME	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
3. CONSTITUENCY NAME	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
4. WARD NAME	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
5. CSA NUMBER	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
6. SEA NUMBER	<input style="width: 20px; height: 20px;" type="text"/>
7. RURAL.....1 URBAN.....2	<input style="width: 20px; height: 20px;" type="text"/>
8. STRATUM RURAL: 1. Small Scale 2. Medium Scale 3. Large Scale 4. Non-Agric URBAN: 5. Low Cost 6. Medium Cost 7. High Cost	<input style="width: 20px; height: 20px;" type="text"/>
9. HOUSEHOLD NUMBER (HHN)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
10. CENTRALITY	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
11. PANEL NUMBER	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
12. VILLAGE OR LOCALITY NAME	
13. CHIEF'S/CHIEFTAINNESS' AREA (RURAL AREAS ONLY) FOR URBAN= 888 (NOT APPLICABLE)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
14. HOUSEHOLD STATUS: 1 = Originally selected household, 2 = Replacement household	<input style="width: 20px; height: 20px;" type="text"/>
15. IF REPLACEMENT HOUSEHOLD, REASON FOR REPLACING: 1. Refusal 2. Non-contact 3. Dwelling cannot be found 4. Other (Specify).....	<input style="width: 20px; height: 20px;" type="text"/>
16. ENUMERATED HOUSEHOLD Residential Sampling Serial Name of Head.....Address..... Number	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
17. NAME OF MAIN RESPONDENT SERIAL NUMBER FROM HOUSEHOLD ROSTER	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
18. TOTAL NUMBER OF PERSONS WHO LIVE IN THIS HOUSEHOLD	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
19. ENUMERATOR'S NAME.....DATE OF FIRST INTERVIEW	DD <input style="width: 20px; height: 20px;" type="text"/> MM <input style="width: 20px; height: 20px;" type="text"/> YY <input style="width: 20px; height: 20px;" type="text"/>
20. SUPERVISOR'S NAME..... DATE OF CHECKING	DD <input style="width: 20px; height: 20px;" type="text"/> MM <input style="width: 20px; height: 20px;" type="text"/> YY <input style="width: 20px; height: 20px;" type="text"/>

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 in this household. Start with the head of the household and exclude visitors. Include usual members, who are away visiting, in hospital, at boarding schools or college or university etc. Also include visitors who have lived in the household for six months or more.	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 below 5 YEARS , RECORD AGE IN COMPLETED YEARS (SPECIFY AGE BELOW) 1 YEARS 2 MONTHS
<input type="text"/> <input type="text"/>		CODE AGE <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>		<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 1: HOUSEHOLD ROSTER (Continued)

	4	5	6	
PID	What is the relationship of to the head of the household? HEAD.....01 SPOUSE.....02 OWN CHILD.....03 STEP CHILD.....04 GRAND CHILD.....05 BROTHER/SISTER.....06 NIECE/NEPHEW.....07 BROTHER/SISTER-IN LAW.....08 PARENT.....09 PARENT-IN-LAW.....10 OTHER RELATIVE.....11 MAID/NANNY/HOUSE-SERVANT.....12 NON-RELATIVE.....13	Is male or female? MALE.....1 FEMALE.....2	Is..... blind, partially sighted, deaf, dumb, crippled, mentally retarded, mentally ill , ex-mental or has multiple disabilities? BLIND.....1 PARTIALLY SIGHTED.....2 DEAF.....3 DUMB.....4 CRIPPLED.....5 MENTALLY RETARDED.....6 MENTALLY ILL.....7 EX-MENTAL.....8 NONE.....9	
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³	

SECTION 1: HOUSEHOLD ROSTER (Continued)

	7	8	9	10
PID	Where was.....residing 12 months ago? SAME DWELLING.....1 >> SEC 2 DIFFERENT DWELLING, SAME LOCALITY/SAME DISTRICT.....2 >> SEC 2 DIFFERENT LOCALITY/SAME DISTRICT.....3 >> Q9 DIFFERENT DISTRICT SAME PROVINCE.....4 DIFFERENT PROVINCE.....5 DIFFERENT COUNTRY.....6 >> Q10	What district was.... residing in? [ENTER DISTRICT NAME & CODE BELOW]	Was the part of the Districtwas residing 12 months ago Rural or Urban? (SEE LIST OF URBAN CENTRES IN APPENDIX) 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 GOT MARRIED.....07 NEW HOUSEHOLD.....08 RETIREMENT.....09 RETRENCHMENT.....10 DECIDED TO RESETTLE.....11 ACQUIRED OWN/DIF ACCOMODATION.....12 FOUND NEW AGRICULTURAL LAND.....13 OTHER (SPECIFY).....14
<input type="text"/>	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>

SECTION 5: ECONOMIC ACTIVITY (CONT'D)

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

SECTION 5: ECONOMIC ACTIVITY (CONT'D)

	18	19	20
PID	What was the main reason for leaving that job/business? LOW WAGE./SALARY.....01 FIRED.....02 ENTERPRISE CLOSED.....03 ENTERPRISE PRIVATISED.....04 ENTERPRISE LIQUIDATED.....05 RETRENCHED/DECLARED REDUNDANT...06 GOT ANOTHER JOB.....07 BANKRUPTCY.....08 LACK OF PROFIT.....09 WAS A TEMPORARY JOB.....10 RETIRED.....11 OTHER (SPECIFY).....12	Are you currently engaged in any income generating activities or farming? YES.....1 NO.....2 >> NEXT SECTION	What is the main income generating activity or type of farming you are engaged in? [CHECK RELEVANT APPENDIX FOR CODES]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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 6: 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
1	What kind of dwelling does your household live in?	TRADITIONAL HUT.....01 IMPROVED TRADITIONAL HOUSE.....02 DETACHED HOUSE.....03 FLAT/APARTMENT/MULTI-UNIT.....04 SEMI-DETACHED HOUSE.....05 SERVANT QUARTERS.....06 GUEST HOUSE/WING.....07 HOUSE ATTACHED TO/ON TOP OF SHOP, ETC.....08 HOSTEL.....09 NON-RESIDENTIAL BUILDING (E.G. SCHOOL CLASSROOM, ETC).....10 UNCONVENTIONAL (E.G. KANTEMBA, STORAGE CONTAINER, ETC).....11 OTHER (SPECIFY).....12	<input type="checkbox"/> <input type="checkbox"/>
2.	On what basis does your household occupy the dwelling you live in? Is it.....	Owner-occupied1 >> Q5B Rented from local Government (District council)?...2 Rented from Central Government?.....3 Rented from Private Company?.....4 Rented from Parastatal (e.g. ZSIC, NAPSA, NHA, INDECO, etc).....5 Rented from private persons (landlord).....6 House owned and provided free by employer.....7 Other free housing?.....8] >> Q6 Other (Specify).....9	<input type="checkbox"/>
3	How is the rent paid? Is it.....	Deducted from salary but paid in full.....1 Deducted from salary and subsidized by employer...2 Paid directly by the household.....3 Paid by employer.....4 >> Q6	<input type="checkbox"/>
4	How much rent are you charged per month?	AMOUNT IN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KWACHA	
5A.	In what installments or period do you pay your rent? Is it.....	Monthly.....1 Every two (2) months.....2 Every three (3) months.....3 Every six (6) months.....4 Yearly.....5 Other (Specify).....6	<input type="checkbox"/>
5B.	How much do you pay for ground rates per quarter?	<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 NO.....2 >> QUESTION 5E	<input type="checkbox"/>
5D.	How much do you pay for mortgage?	GO TO QUESTION 6 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
5E.	How much would you pay if you were to rent your home?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

SECTION 6: HOUSEHOLD AMENITIES AND HOUSING CONDITIONS (Cont'd)

6	What kind of building materials is/are theof this dwelling made of ? [IF A MULTI-STOREY/UNIT BUILDING RECORD BUILDING MATERIALS OF THE OUTER ROOF (ROOF TOP) AND OUTER WALL].	<p align="center">(A) ROOF</p> ASBESTOS SHEETS.....1 ASBESTOS TILES.....2 IRON SHEETS.....3 GRASS/STRAW.....4 OTHER (SPECIFY).....5	<input type="checkbox"/>																								
		<p align="center">(B) WALLS</p> PAN BRICK.....01 CONCRETE BRICK.....02 MUD BRICK.....03 MUD BURNT BRICK.....04 POLE.....05 POLE & DAGGA.....06 MUD.....07 GRASS/STRAW.....08 IRON SHEETS.....09 HARDBOARD.....10 A MIXTURE OF HARDBOARD, TIN SHEET, PLASTIC, ETC.....11 OTHER (SPECIFY).....12	<input type="checkbox"/>																								
		<p align="center">(C) FLOOR</p> CONCRETE ONLY.....1 COVERED CONCRETE.....2 MUD.....3 WOODEN ONLY.....4 OTHER (SPECIFY).....5	<input type="checkbox"/>																								
7.	What is the main source of water supply for this household during the wet and dry seasons?	<table border="0"> <tr> <td>Wet Season</td> <td>Dry Season</td> </tr> <tr> <td>DIRECTLY FROM THE RIVER/ LAKE/STREAM/DAM.....01</td> <td>DIRECTLY FROM THE RIVER/ LAKE/STREAM/DAM.....01</td> </tr> <tr> <td>UNPROTECTED WELL.....02</td> <td>UNPROTECTED WELL.....02</td> </tr> <tr> <td>PUMPED (PIPED) FROM THE RIVER/LAKE/DAM.....03</td> <td>PUMPED (PIPED) FROM THE RIVER/LAKE/DAM.....03</td> </tr> <tr> <td>PROTECTED WELL.....04</td> <td>PROTECTED WELL.....04</td> </tr> <tr> <td>BOREHOLE.....05</td> <td>BOREHOLE.....05</td> </tr> <tr> <td>PUBLIC TAP.....06</td> <td>PUBLIC TAP.....06</td> </tr> <tr> <td>OWN TAP.....07</td> <td>OWN TAP.....07</td> </tr> <tr> <td>OTHER TAP (E.G. FROM.....08 NEAR BY BUILDING)</td> <td>OTHER TAP.....08</td> </tr> <tr> <td>BOUGHT FROM WATER VENDOR.....09</td> <td>BOUGHT FROM WATER VENDOR.....09</td> </tr> <tr> <td>OTHER (SPECIFY).....10</td> <td>OTHER (SPECIFY).....10</td> </tr> </table>	Wet Season	Dry Season	DIRECTLY FROM THE RIVER/ LAKE/STREAM/DAM.....01	DIRECTLY FROM THE RIVER/ LAKE/STREAM/DAM.....01	UNPROTECTED WELL.....02	UNPROTECTED WELL.....02	PUMPED (PIPED) FROM THE RIVER/LAKE/DAM.....03	PUMPED (PIPED) FROM THE RIVER/LAKE/DAM.....03	PROTECTED WELL.....04	PROTECTED WELL.....04	BOREHOLE.....05	BOREHOLE.....05	PUBLIC TAP.....06	PUBLIC TAP.....06	OWN TAP.....07	OWN TAP.....07	OTHER TAP (E.G. FROM.....08 NEAR BY BUILDING)	OTHER TAP.....08	BOUGHT FROM WATER VENDOR.....09	BOUGHT FROM WATER VENDOR.....09	OTHER (SPECIFY).....10	OTHER (SPECIFY).....10	<p align="center">WET SEASON</p> <input type="checkbox"/> <p align="center">DRY SEASON</p> <input type="checkbox"/>		
Wet Season	Dry Season																										
DIRECTLY FROM THE RIVER/ LAKE/STREAM/DAM.....01	DIRECTLY FROM THE RIVER/ LAKE/STREAM/DAM.....01																										
UNPROTECTED WELL.....02	UNPROTECTED WELL.....02																										
PUMPED (PIPED) FROM THE RIVER/LAKE/DAM.....03	PUMPED (PIPED) FROM THE RIVER/LAKE/DAM.....03																										
PROTECTED WELL.....04	PROTECTED WELL.....04																										
BOREHOLE.....05	BOREHOLE.....05																										
PUBLIC TAP.....06	PUBLIC TAP.....06																										
OWN TAP.....07	OWN TAP.....07																										
OTHER TAP (E.G. FROM.....08 NEAR BY BUILDING)	OTHER TAP.....08																										
BOUGHT FROM WATER VENDOR.....09	BOUGHT FROM WATER VENDOR.....09																										
OTHER (SPECIFY).....10	OTHER (SPECIFY).....10																										
8.	How far is this source of water supply during the wet and dry seasons? [IF LESS THAN ONE KILOMETRE ENTER 00]	<p align="right">Wet Season</p> <p align="right">Dry Season</p>	<input type="checkbox"/> KM <input type="checkbox"/> KM																								
9.	What is the main source of drinking water for this household during the wet and dry seasons?	<table border="0"> <tr> <td>Wet Season</td> <td>Dry Season</td> </tr> <tr> <td>DIRECTLY FROM THE RIVER/ LAKE/STREAM/DAM.....01</td> <td>DIRECTLY FROM THE RIVER/ LAKE/STREAM/DAM.....01</td> </tr> <tr> <td>UNPROTECTED WELL.....02</td> <td>UNPROTECTED WELL.....02</td> </tr> <tr> <td>PUMPED (PIPED) FROM THE RIVER/LAKE/DAM.....03</td> <td>PUMPED (PIPED) FROM THE RIVER/LAKE/DAM.....03</td> </tr> <tr> <td>PROTECTED WELL.....04</td> <td>PROTECTED WELL.....04</td> </tr> <tr> <td>BOREHOLE.....05</td> <td>BOREHOLE.....05</td> </tr> <tr> <td>PUBLIC TAP.....06</td> <td>PUBLIC TAP.....06</td> </tr> <tr> <td>OWN TAP.....07</td> <td>OWN TAP.....07</td> </tr> <tr> <td>OTHER TAP (E.G. FROM.....08 NEAR BY BUILDING)</td> <td>OTHER TAP.....08</td> </tr> <tr> <td>BOUGHT FROM WATER VENDOR.....09</td> <td>BOUGHT FROM WATER VENDOR.....09</td> </tr> <tr> <td>MINERAL/BOTTLED WATER.....10 >> Q 11</td> <td>MINERAL BOTTLED WATER.....10>>Q 11</td> </tr> <tr> <td>OTHER (SPECIFY).....11</td> <td>OTHER (SPECIFY).....11</td> </tr> </table>	Wet Season	Dry Season	DIRECTLY FROM THE RIVER/ LAKE/STREAM/DAM.....01	DIRECTLY FROM THE RIVER/ LAKE/STREAM/DAM.....01	UNPROTECTED WELL.....02	UNPROTECTED WELL.....02	PUMPED (PIPED) FROM THE RIVER/LAKE/DAM.....03	PUMPED (PIPED) FROM THE RIVER/LAKE/DAM.....03	PROTECTED WELL.....04	PROTECTED WELL.....04	BOREHOLE.....05	BOREHOLE.....05	PUBLIC TAP.....06	PUBLIC TAP.....06	OWN TAP.....07	OWN TAP.....07	OTHER TAP (E.G. FROM.....08 NEAR BY BUILDING)	OTHER TAP.....08	BOUGHT FROM WATER VENDOR.....09	BOUGHT FROM WATER VENDOR.....09	MINERAL/BOTTLED WATER.....10 >> Q 11	MINERAL BOTTLED WATER.....10>>Q 11	OTHER (SPECIFY).....11	OTHER (SPECIFY).....11	<p align="center">WET SEASON</p> <input type="checkbox"/> <p align="center">DRY SEASON</p> <input type="checkbox"/>
Wet Season	Dry Season																										
DIRECTLY FROM THE RIVER/ LAKE/STREAM/DAM.....01	DIRECTLY FROM THE RIVER/ LAKE/STREAM/DAM.....01																										
UNPROTECTED WELL.....02	UNPROTECTED WELL.....02																										
PUMPED (PIPED) FROM THE RIVER/LAKE/DAM.....03	PUMPED (PIPED) FROM THE RIVER/LAKE/DAM.....03																										
PROTECTED WELL.....04	PROTECTED WELL.....04																										
BOREHOLE.....05	BOREHOLE.....05																										
PUBLIC TAP.....06	PUBLIC TAP.....06																										
OWN TAP.....07	OWN TAP.....07																										
OTHER TAP (E.G. FROM.....08 NEAR BY BUILDING)	OTHER TAP.....08																										
BOUGHT FROM WATER VENDOR.....09	BOUGHT FROM WATER VENDOR.....09																										
MINERAL/BOTTLED WATER.....10 >> Q 11	MINERAL BOTTLED WATER.....10>>Q 11																										
OTHER (SPECIFY).....11	OTHER (SPECIFY).....11																										

SECTION 6: HOUSEHOLD AMENITIES AND HOUSING CONDITIONS (Cont'd)

10	Does this household boil or treat drinking water during the wet and dry seasons?	YES.....1 NO.....2 Wet Season Dry Season	<input type="checkbox"/> <input type="checkbox"/>
11	How much on average are you charged for water per month ? [ENTER '00' IF THEY DON'T PAY]	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"/>
12	What is the main type of energy used for lighting in your household?	Kerosine/Paraffin.....1 Electricity.....2 Candle.....3 Diesel.....4 Open Fire.....5 Torch.....6 Solar Panel.....7 Other (Specify).....8 None.....9	<input type="checkbox"/>
13	What is the main type of energy that your household uses for cooking?	Collected Firewood.....01 Purchased Firewood.....02 Charcoal Own Produced.....03 Charcoal Purchased.....04 Coal.....05 Kerosine/Paraffin.....06 Gas.....07 Electricity.....08 Crop/Livestock Residues.....09 Other (Specify).....10	<input type="text"/> <input type="text"/>
14	What type of cooking device is used by your household?	Stove/Cooker.....1 Brazier (Mbaula).....2 Clay Stove (Mbaula).....3 Brick/Stone Stand on Open Fire4 Metal Stand on Open Fire.....5 Vehicle Tyre Rim.....6 Hot Plate without Stand.....7 Welded Stand with Hot Plate/s on.....8 Other Device (Specify).....9	<input type="checkbox"/>
15	How much on average are you charged for electricity per month? [ONLY FOR THOSE WHOSE ANSWER WAS ELECTRICITY IN QUESTIONS 12 AND/OR 13] [ENTER '00' IF THEY DON'T PAY]	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"/>
16	What is the main type of toilet facility for this household?	Own Flush Toilet Inside the House.....01 Own Flush Toilet Outside the House.....02 Communal/Shared Flush Toilet.....03 Own Pit Latrine.....04 Communal Pit Latrine.....05 Neighbour's/Another Household's Pit Latrine.....06 Bucket/Tin/Other Container.....07 Aqua Privy.....08 Other (Specify).....09 None.....10	<input type="text"/> <input type="text"/>
17.	What is the main method of garbage disposal that this household uses?	Refuse Collected.....1 Pit.....2 Dumping.....3 Burning.....4 Other (Specify).....5	<input type="checkbox"/>

SECTION 7: HOUSEHOLD ACCESS TO FACILITIES

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

		1	2	3	4	5
		How far is it to the nearest.....? [READ OUT FACILITIES] GIVE DISTANCE IN KM. IF LESS THAN A KILOMETRE ENTER 00 IF MORE THAN 90 KM ENTER 90 IF DON'T KNOW ENTER 99	Do you use this facility? YES.....1 NO.....2 >>Q 5	Normally how long does it take you to get there? LESS THAN 10 MIN.....1 BETWEEN 10 - 20 MIN.....2 BETWEEN 20 - 30 MIN.....3 BETWEEN 30 - 1 HOUR.....4 ABOVE 1 HOUR.....5	By what means? ON FOOT.....1 BICYCLE.....2 MOTORBIKE.....3 SCOTCH CART.....4 PUBLIC TRANSPORT.....5 PERSONAL VEHICLE.....6 OTHER (SPECIFY).....7	What is the reason for not using the facility? TOO EXPENSIVE.....1 TOO FAR.....2 POOR ADMINISTRATION.....3 POOR QUALITY.....4 CORRUPTION.....5 DID NOT NEED.....6 OTHER SPECIFY.....7
1.1	Food Market	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Post Office/postal agency	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3	Community School	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4	Lower Basic School (1 – 4)	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5	Middle Basic School (1 – 7)	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.6	Upper Basic School (1 – 9)	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.7	High School	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.8	Secondary School	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.9	Health Facility (Health post/center/clinic/hospital)	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.10	Hammer mill	<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="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.12	Police station/post	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.13	Bank	<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="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.15	Public Phone	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.16	Internet Cafe	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 8: HOUSEHOLD ASSETS

INTRODUCTION: I am now going to ask you questions about whether or not your household owns the following items

	ASSETS	1.Does this household own a/annow 1.... YES 2....NO	2.How long ago was.....obtained? IF LESS THAN ONE YEAR PUT ZERO	3. What was the value of at the time of purchase? IF GIFTS PUT ZERO	4. For how much would you sell now?
1	Plough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
2	Crop sprayer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
3	Fishing boat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
4	Canoe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
5	Brazier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
6	Fishing net	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
7	Bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
8	Motor cycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
9	Motor vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
10	Tractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
11	Television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
12	Video player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
13	Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
14	Grinding/Hammer Mill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
15	Electric Iron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
16	Non-electric Iron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
17	Refrigerator /Deep freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
18	Land telephone line (operating)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
19	Cellular phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
20	Satellite Dish/Decoder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
21	Sewing machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
22	Knitting machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
23	Electric or gas stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
24	Non-residential building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
25	Residential house/building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
26	Scotch cart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
27	Donkeys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
28	Computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
29	Hoe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
30	Axe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
31	Hunting gun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

SECTION 9: SELF ASSESSED POVERTY AND HOUSEHOLD COPING STRATEGIES

No.	QUESTION	CATEGORY AND CODE	CODE
1	Do you consider your household to be not poor, moderately poor or very poor?	NOT 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 REASON]. [STARTING WITH THE MOST IMPORTANT]	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 OUR 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 (SPECIFY).....28	1ST <input type="checkbox"/> <input type="checkbox"/> 2ND <input type="checkbox"/> <input type="checkbox"/> 3RD <input type="checkbox"/> <input type="checkbox"/>
3	Compared to last year, do you consider your household to be today?	Better off.....1 >> Q 5 The same.....2 Worse off.....3	<input type="checkbox"/>
4	Why do you think you are the same or worse off?	<p align="center">[GET THE CODES FROM QUESTION 2]</p> <p align="center">ASK FOR THE MAIN THREE REASONS, STARTING WITH THE MOST IMPORTANT</p>	1ST <input type="checkbox"/> <input type="checkbox"/> 2ND <input type="checkbox"/> <input type="checkbox"/> 3RD <input type="checkbox"/> <input type="checkbox"/>
5	How much money do you think is needed in a month to have an adequate/ minimum standard of living?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

SECTION 10: AGRICULTURAL PRODUCTION

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

NO.	QUESTION	CATEGORY AND CODE	CODE
1.	Did any member of this household grow any food crops in the last agriculture season?	YES.....1 NO.....2 >> QUESTION 7	<input type="checkbox"/>
2.	How much land was cultivated in total in the last agriculture season for all food crops by all members of this household? [IF HOUSEHOLD HAS CULTIVATED SEVERAL FIELDS, ADD AND GIVE TOTAL]	LIMA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ACRE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

PRODUCTION

	3	4	5	6
CROPS	Did any member of this household or anybody grow on their behalf any..... during the last agriculture season? YES1 NO.....2 >> NEXT CROP	How many kg bags of did all the members of the household harvest?	How many.....kg bags of..... did the household sell?	At what price did the household sell their per.... kg bag? [KWACHA]
A Local Maize	<input type="checkbox"/>	50Kg bags <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	50Kg bags <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
B Hybrid maize	<input type="checkbox"/>	50Kg bags <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	50Kg bags <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
C Cassava (Flour)	<input type="checkbox"/>	90Kg bags <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	90Kg bags <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
D Millet (Threshed)	<input type="checkbox"/>	90Kg bags <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	90Kg bags <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E Rice (Paddy)	<input type="checkbox"/>	80Kg bags <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	80Kg bags <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
F Mixed beans	<input type="checkbox"/>	90Kg bags <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	90Kg bags <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
G Soya Beans	<input type="checkbox"/>	90Kg bags <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	90Kg bags <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
H Sweet Potatoes	<input type="checkbox"/>	25Kg Pkt <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	25Kg Pkt <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
I Irish Potatoes	<input type="checkbox"/>	10Kg Pkt <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	10Kg Pkt <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
J Groundnuts (Shelled)	<input type="checkbox"/>	80Kg bags <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	80Kg bags <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
K Sorghum	<input type="checkbox"/>	50Kg bags <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	50Kg bags <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION 10: AGRICULTURAL PRODUCTION (Cont'd)

7		8		
Did any member of this household grow any during the last agriculture season?		How much land was cultivated in total in the last agriculture season for all non-food crops by all members of the household? [IF THE HOUSEHOLD CULTIVATED SEVERAL FIELDS ADD AND RECORD TOTAL]		
NON-FOOD CROPS	YES.....1 NO.....2>>NEXT CROP	LIMA	ACRE	HECTARE
Cotton	<input type="checkbox"/>	[][][][][] []	[][][][][] []	[][][][][] []
Tobacco	<input type="checkbox"/>	[][][][][] []	[][][][][] []	[][][][][] []
Sunflower	<input type="checkbox"/>	[][][][][] []	[][][][][] []	[][][][][] []
Paprika	<input type="checkbox"/>	[][][][][] []	[][][][][] []	[][][][][] []
Flowers (Horticulture)	<input type="checkbox"/>	[][][][][] []	[][][][][] []	[][][][][] []
LIVESTOCK		CATEGORY AND CODE		
9.	Does anybody in this household own any.....?	YES.....1 NO.....2 >> NEXT TYPE OF LIVESTOCK		
A	Cattle.....	<input type="checkbox"/>	NUMBER OF CATTLE	[][][][][][][][]
B	Goats.....	<input type="checkbox"/>	NUMBER OF GOATS	[][][][][][][][]
C	Pigs.....	<input type="checkbox"/>	NUMBER OF PIGS	[][][][][][][][]
D	Sheep.....	<input type="checkbox"/>	NUMBER OF SHEEP	[][][][][][][][]
10.	Does anybody in this household own any.....?	YES.....1 NO.....2 >> NEXT TYPE OF POULTRY		
A	Chickens.....	<input type="checkbox"/>	NUMBER OF CHICKENS	[][][][][][][][]
B	Ducks & geese.....	<input type="checkbox"/>	NUMBER OF DUCKS & GEESE	[][][][][][][][]
C	Guinea fowls.....	<input type="checkbox"/>	NUMBER OF GUINEA FOWLS	[][][][][][][][]
D	Any other poultry (e.g. turkey, rabbits, pigeons).....	<input type="checkbox"/>	NUMBER OF OTHER POULTRY	[][][][][][][][]
11.	Are you engaged in fish farming?.....	YES.....1 NO.....2 >> Quest 12		
11.1	NUMBER OF FISH PONDS	[][]		
11.2	NUMBER OF OPERATIONAL PONDS	[][]		
11.3	QUANTITY OF FISH (KILOGRAMS) HARVESTED IN THE LAST 12 MONTHS	[][][][]		

SECTION 10: AGRICULTURAL PRODUCTION (Cont'd)

I am now going to ask you questions about production of non-food crops, livestock and fish by the household

LIVESTOCK PRODUCTION	12 Did you use during the last agriculture season? YES.....1 NO.....2>> Next Item	13 What was the source of? PRIVATE SECTOR.....1 COOPERATIVES.....2 MIN OF AGRICULTURE.....3 NGOs.....4 OTHER SPECIFY.....5	14 How much was spent in cash and in kind on..... during the Last agriculture season?	15 Was.....Unobtainable at any time during the year when needed? YES SOMETIMES...1 YES ALL THE TIME.....2 NO.....3	16 Why was unobtainable? TOO EXPENSIVE...1 INPUT MARKET TOO FAR.....2 INPUTS GIVEN NOT ENOUGH.....3 LATE DELIVERY OF INPUTS.....4 OTHER SPECIFY.....5
A. Animal Feed including salt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Veterinary services including vaccination and medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Paid Labour for herding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Maintenance of pens, stables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Transports of animal feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Commission on sale of animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Compensation for damage caused by animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Other Livestock costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Hired Labour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
FISH PRODUCTION					
A. Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Hired Labour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Spare Parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Repairs and Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Mining of Equipments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Other Inputs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 10: AGRICULTURAL PRODUCTION (Cont'd)

I am now going to ask you questions about costs and expenses incurred over the last agriculture season for the production of crops

	17	18	19	20	21
CROP PRODUCTION	Did you use during the last agriculture season ? YES.....1 NO.....2>> Next Item	What was the source of? PRIVATE SECTOR.....1 COOPERATIVES.....2 MIN OF AGRICULTURE.....3 NGOs.....4 OTHER SPECIFY.....5	How much was spent in cash and in kind on..... during the last agriculture season?	Was..... unobtainable at any time during the year when needed? YES SOMETIMES.....1 YES ALL THE TIME.....2 NO.....3	Why was unobtainable? TOO EXPENSIVE.....1 INPUT MARKET TOO FAR.....2 INPUTS GIVEN NOT ENOUGH.....3 LATE DELIVERY OF INPUTS.....4 OTHER SPECIFY.....5
A. Fertilizer (Inorganic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Organic Fertilizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Insecticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Herbicides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Storage of crops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Purchased seed, seedlings etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Irrigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Bags, containers, string	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Petrol/ diesel/ oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Spare parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Hired labour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Transport crops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Renting animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Renting equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Local hand tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Imported hand tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Repairs/ maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 11: ANTHROPOMETRY

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

[IF THERE ARE MORE THAN FIVE CHILDREN IN THIS AGE CATEGORY 0-59 MONTHS IN ONE HOUSEHOLD

USE A CONTINUATION QUESTIONNAIRE]

1	2	3	4	5	6			
PID OF CHILD [FROM HOUSE - HOLD ROSTER]	PID FOR CHILD'S BIOLOGICAL MOTHER [FROM HHOLD ROSTER] IF THE BIOLOGICAL MOTHER IS NOT A MEMBER OF THE HOUSEHOLD ENTER 88]	NAME OF CHILD [FROM THE HOUSEHOLD ROSTER]	DATE OF BIRTH OF CHILD	Is..... being breastfed now? YES...1 NO.....2>>Q7	In addition to breast milk is fed on any of the following?			
					6.1 Bottled milk	6.2 Water	6.3 Other liquids	6.4 Solids (e.g. custard, porridge, cereal, nshima, etc)
					YES....1 NO.....2	YES...1 NO.....2	YES....1 NO.....2	YES...1 >>Q8 NO.....2>>Q10
<input type="text"/>	<input type="text"/>		DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>		DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>		DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>		DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>		DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 11: ANTHROPOMETRY

[TO BE COMPLETED FOR CHILDREN AGED 0 MONTHS TO 59 MONTHS] (Continued)

	7	8	9	10				
PID OF CHILD [FROM HOUSE - HOLD ROSTER]	Has ever been breastfed? YES.....1 NO.....2>>Q9	At what age (in months) did you first give..... water or other fluids or food? MON THS [IF LESSTHAN ONE MONTH ENTER 00]	How many times is currently given solids foods in a day (nshima, rice, potatoes, porridge, cereal, 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	[INDICATE SOURCE OF INFORMATION] INFORMATION OBTAINED FROM: UNDER FIVE CLINC CARD.....1 INTERVIEWEE.....2	How many times has received the following vaccinations?			
					NUMBER OF TIMES RECEIVED VACCINATIONS			
					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"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<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 11: ANTHROPOMETRY

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

	11	12	13	14
PID OF CHILD [FROM HOUSEHOLD ROSTER]	IS THE BCG SCAR PRESENT ON THE CHILD'S ARM? YES.....1 NO.....2	Who usually looks after..... in the absence of parents/guardians? NURSERY SCHOOL/DAYCARE.....1 >> Q14 NANNY/MAID.....2 MALE SERVANT.....3 OLDER SISTER/BROTHER OF CHILD.....4 OTHER RELATIVES.....5 NEIGHBOURS.....6 OTHER (SPECIFY).....7 NOT APPLICABLE (N/A).....8	Is..... currently attending/being looked after by a nursery school/daycare/pre-school? [FOR CHILDREN AGED 3 – 59 MONTHS] YES.....1 NO.....2	WEIGHT OF THE CHILD [FOR CHILDREN AGED 3 – 59 MONTHS]
<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="checkbox"/> KG
<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="checkbox"/> KG
<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="checkbox"/> KG
<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="checkbox"/> KG
<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="checkbox"/> KG

SECTION 11: ANTHROPOMETRY

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

	15	16	17	18
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] [IF AGED 24-59 MONTHS, MEASURE WHILE STANDING]	[IF THE CHILD IS NOT MEASURED RECORD THE REASON WHY] [FOR CHILDREN AGED 3-59 MONTHS] 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 NO2
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CENTIMETRES	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DAY MONTH YEAR	<input type="checkbox"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CENTIMETRES	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DAY MONTH YEAR	<input type="checkbox"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CENTIMETRES	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DAY MONTH YEAR	<input type="checkbox"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CENTIMETRES	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DAY MONTH YEAR	<input type="checkbox"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CENTIMETRES	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DAY MONTH YEAR	<input type="checkbox"/>

THE END OF PART I