

SECTION 1: SOCIO DEMOGRAPHIC CHARACTERISTICS

LINE NO.	USUAL HOUSEHOLD MEMBERS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	MEMBERSHIP STATUS		AGE	IF AGE 12 YEARS OR OLDER
				Does (NAME) usually live here?	Did (NAME) stay here last night?		MARITAL STATUS
	<p>Please give me the names of the persons who: 1) usually live in your household and spent the last night at this household, 2) usually live in your household and spent the last night elsewhere, 3) are visitors who spent the last night at this household.</p> <p>Start with the head of the household and be sure to include newly born babies.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>			<p>How old is (NAME)?</p> <p>ENTER AGE IN COMPLETED YEARS. IF LESS THAN 1 YEAR ENTER '00'. IF AGED 95 YEARS OR ABOVE ENTER 95</p>	<p>What is (NAME)'s marital status?</p> <p>1= NEVER MARRIED 2= MONOGAMOUSLY MARRIED 3=POLYGAMOUSLY MARRIED 4 = SEPARATED 5 = WIDOWED 6 = COHABITING 7 = DIVORCED</p>
(1)	(2)	(3)	(4)	(4A)	(4B)	(5)	(6)
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | |
|-------------------------------------|-------------------------|
| 01 = HEAD | 10 = COUSIN |
| 02 = SPOUSE | 11 = NIECE/NEPHEW |
| 03 = PARTNER | 12 = GRAND SON/DAUGHTER |
| 04 = OWN SON/DAUGHTER | 13 = PARENT |
| 05 = STEP SON/DAUGHTER | 14 = PARENT IN LAW |
| 06 = FOSTER OR ADOPTED SON/DAUGHTER | 15 = AUNT/UNCLE |
| 07 = SON/DAUGHTER IN LAW | 16 = GRAND PARENT |
| 08 = BROTHER/SISTER | 17 = OTHER RELATIVE |
| 09 = BROTHER/SISTER IN LAW | 18 = NOT RELATED |

LINE NO.	MIGRATION		
	What is (NAME)'s nationality? 1 = ZAMBIAN SKIP TO 10 ← 2 = NON-ZAMBIAN	What is the name of the country of which (NAME) is a citizen?	What is (NAME) purpose of stay in Zambia? 1 = EMPLOYMENT 2 = FAMILY FORMATION/ REUNIFICATION 3 = EDUCATIONAL TRAINING 4 = REFUGEE 5 = ASYLUM SEEKER 6 = INVESTOR 7 = TOURIST 8 = IN TRANSIT
	(7)	(8)	(9)
01	<input type="text"/>		<input type="text"/>
02	<input type="text"/>		<input type="text"/>
03	<input type="text"/>		<input type="text"/>
04	<input type="text"/>		<input type="text"/>
05	<input type="text"/>		<input type="text"/>
06	<input type="text"/>		<input type="text"/>
07	<input type="text"/>		<input type="text"/>
08	<input type="text"/>		<input type="text"/>
09	<input type="text"/>		<input type="text"/>
10	<input type="text"/>		<input type="text"/>

LINE NO.	IF AGE 2 YEARS OR OLDER		IF AGE 2 TO 24 YEARS			
	EVER SCHOOL ATTENDANCE		2020 SCHOOL ATTENDANCE		CURRENT SCHOOL ATTENDANCE	
	Has (NAME) ever attended school?	What is the highest level and (grade/year) (NAME) has ever completed? SEE CODES BELOW.	At any time during the 2020 school year, did (NAME) attend school?	What level and (grade/year) was (NAME) attending? SEE CODES BELOW.	Is (NAME) currently attending school?	What level and (grade/year) is (NAME) attending? SEE CODES BELOW.
	(10)	(11)	(12)	(12A)	(13)	(14)
01	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE [] [] []	Y N 1 2 ↓ (SKIP TO 13)	LEVEL GRADE [] [] []	Y N 1 2 ↓ SKIP TO 15	LEVEL GRADE [] [] []
02	1 2 ↓ NEXT LINE	[] [] []	Y N 1 2	[] [] []	1 2 ↓	[] [] []
03	1 2 ↓ NEXT LINE	[] [] []	Y N 1 2	[] [] []	1 2 ↓	[] [] []
04	1 2 ↓ NEXT LINE	[] [] []	Y N 1 2	[] [] []	1 2 ↓	[] [] []
05	1 2 ↓	[] [] []	Y N 1 2	[] [] []	1 2 ↓	[] [] []
06	1 2 ↓	[] [] []	Y N 1 2	[] [] []	1 2 ↓	[] [] []
07	1 2 ↓	[] [] []	Y N 1 2	[] [] []	1 2 ↓	[] [] []
08	1 2 ↓	[] [] []	Y N 1 2	[] [] []	1 2 ↓	[] [] []
09	1 2 ↓	[] [] []	Y N 1 2	[] [] []	1 2 ↓	[] [] []
10	1 2 ↓	[] [] []		[] [] []	1 2 ↓	[] [] []

CODES FOR Q.11, Q.12A and Q.14: EDUCATION

LEVEL

- 0 = NURSERY/KINDERGARTEN
- 1 = PRIMARY
- 2 = SECONDARY
- 3 = HIGHER
- 8 = DON'T KNOW

GRADE

- PRIMARY (1-7)
- SECONDARY (8-12)

HIGHER: NONE

YEAR 1-7

COMPLETED → CERTIFICATE /ADVANCED CERTIFICATE

DIPLOMA/ADVANCED DIPLOMA

DEGREE

POST GRADUATE DIPLOMA

MASTERS DEGREE (MA, MSc, ACCA, CIMA)

DOCTORAL STUDIES (EG. PHD, DBA, LLD) OR ABOVE

LINE NO.	IF NOT CURRENTLY ATTENDING BUT ATTENDED AT ANY TIME DURING THE 2020 SCHOOL YEAR	EXCLUDING GRADES 7, 9 AND 12 PUPILS FOR THE 2020 SCHOOL YEAR		
		CHECK IF Q12 = YES, THEN ASK: During the closure of schools due to COVID-19, what <u>main</u> method for continuity of learning was available for (NAME)? SEE CODES BELOW.	What <u>main</u> challenge did (NAME) experience with (METHOD IN Q16)? SEE CODES BELOW.	Why was there no method for continuity of learning for (NAME)? A = NO ACCESS TO TV B = NO ACCESS TO RADIO C = NO ACCESS TO INTERNET D = NO ACCESS TO COMPUTER E = NO LEARNING MATERIALS F = DON'T KNOW THE TV OR RADIO PROGRAM TIMETABLE G = CANNOT AFFORD TO BUY BUNDLES OR PAY SUBSCRIPTION FEES H = DON'T KNOW Z = OTHER (SPECIFY) SELECT ALL THAT APPLY
	(15)	(16)	(17)	(18)
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CODES FOR Q. 15: EDUCATION

- 1 = COMPLETED SCHOOL
- 2 = WROTE EXAMS (G7, G9)
- 3 = FEAR OF CONTRACTING COVID-19
- 4 = FINANCIAL CONSTRAINTS DUE TO COVID-19
- 5 = FINANCIAL CONSTRAINTS NOT DUE TO COVID-19
- 6 = UNDERLYING MEDICAL CONDITION
- 7 = DROPPED OUT BECAUSE WAS NOT ABLE TO COPE WITH THE ACCELERATED PACE OF LEARNING
- 8 = OTHER (SPECIFY)

CODES FOR Q. 16: EDUCATION

- 1 = USE OF ONLINE/DIGITAL LEARNING PLATFORM
- 2 = ASSIGNING/READING AND EXERCISE FOR HOME STUDY
- 3 = TELEVISION BROADCAST OF ACADEMIC CONTENT
- 4 = RADIO BROADCAST OF ACADEMIC CONTENT
- 5 = TAKE HOME ASSIGNMENT FROM SCHOOL
- 6 = OTHER
- 7 = NONE → Q18

CODES FOR Q.17: EDUCATION

- 1 = LACK OF INTEREST
- 2 = DISTRACTION
- 3 = HELPING WITH FAMILY CHORES
- 4 = NO ONE TO HELP
- 5 = INADEQUATE IT EQUIPMENT (COMPUTER, TABLET...)
- 6 = POOR INTERNET CONNECTIVITY
- 7 = INADEQUATE BUNDLES/ TV SUBSCRIPTION
- 8 = LOAD SHEDDING
- 9 = LANGUAGE BARRIER
- 9 = NO CHALLENGE
- 10 = OTHER (SPECIFY)

→ NEXT PERSON

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
QH204	<p>From October 2020 to date, what measures are you or your household taking to prevent your household from contracting coronavirus?</p> <p>PROBE: Any thing else?</p> <p>ENSURE THAT YOU RECORD ALL OF THE RESPONDENT'S RESPONSES.</p>	<p>HAND WASHING WITH SOAP A</p> <p>AVOIDING TOUCHING YOUR EYES, NOSE, AND MOUTH B</p> <p>USE OF SANITISER/DISINFECTANTS TO CLEAN HANDS C</p> <p>NOT LEAVING THE HOUSE AT ALL OR REDUCING MOVEMENT OUTSIDE THE HOUSE D</p> <p>NO LOCAL/INTERNATIONAL TRAVEL E</p> <p>STOPPING HANDSHAKES OR PHYSICAL CONTACT F</p> <p>AVOIDING PUBLIC PLACES AND GATHERINGS G</p> <p>AVOIDING PUBLIC TRANSPORT H</p> <p>WEARING GLOVES I</p> <p>DRINKING CLEAN WATER J</p> <p>PRAYING TO GOD K</p> <p>STAYING AWAY FROM ANIMALS L</p> <p>USING A CONDOM DURING SEXUAL INTERCOURSE M</p> <p>WEARING A FACE MASK N</p> <p>TAKING MEDICATION (including supplements such as Vitamin C) O</p> <p>SOCIAL DISTANCING P</p> <p>DISINFECTING SURFACES Q</p> <p>DISINFECTING THE MOBILE PHONE R</p> <p>HERBAL REMEDIES- eg EATING GARLIC, GINGER, LEMON S</p> <p>STEAMING T</p> <p>RESTRICTING VISITORS TO THE HOME . U</p> <p>AVOIDING GOING TO BARS AND NIGHT CLUBS V</p> <p>NONE W</p> <p>OTHER _____ Z</p> <p>(SPECIFY)</p>	<p>→ QH206</p>
QH205	<p>Why are you or/and your household not doing anything to protect yourself or your household from contracting COVID-19?</p> <p>PROBE: Any thing else?</p> <p>ENSURE THAT YOU RECORD ALL OF THE RESPONDENT'S RESPONSES.</p>	<p>COVID-19 IS NOT PREVALENT IN OUR AREA A</p> <p>NOT AT HIGH-RISK OF GETTING COVID-19 B</p> <p>CAN'T GET COVID-19 C</p> <p>DON'T THINK IT IS POSSIBLE TO PREVENT COVID-19 D</p> <p>DON'T KNOW HOW TO PREVENT COVID-19 E</p> <p>DON'T HAVE TIME TO TAKE PREVENTATIVE MEASURES F</p> <p>DON'T HAVE RESOURCES TO TAKE PREVENTATIVE MEASURES G</p> <p>OTHER PEOPLE ARE ALREADY TAKING MEASURES H</p> <p>IT ISN'T OUR RESPONSIBILITY TO PREVENT COVID-19 I</p> <p>COVID-19 DOESN'T EXIST (FAKE) J</p> <p>NOT SURE X</p> <p>OTHER _____ Z</p> <p>(SPECIFY)</p>	
QH206	<p>Did your household host a function or gathering here such as funeral, kitchen party, wedding, church meeting in the last 14 days?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ QH208</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
QH207	Did you ensure that people at the last gathering were: a) Wearing face masks? b) Handwashing with soap and/sanitising? c) Social distancing?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>a) WEARING FACE MASKS</td> <td style="text-align: right;">...</td> <td style="text-align: right;">1 2</td> </tr> <tr> <td>b) HANDWASHING WITH SOAP AND/SANITISING</td> <td style="text-align: right;">.....</td> <td style="text-align: right;">1 2</td> </tr> <tr> <td>c) SOCIAL DISTANCING</td> <td style="text-align: right;">.....</td> <td style="text-align: right;">1 2</td> </tr> </table>		YES	NO	a) WEARING FACE MASKS	...	1 2	b) HANDWASHING WITH SOAP AND/SANITISING	1 2	c) SOCIAL DISTANCING	1 2	
	YES	NO													
a) WEARING FACE MASKS	...	1 2													
b) HANDWASHING WITH SOAP AND/SANITISING	1 2													
c) SOCIAL DISTANCING	1 2													
QH208	We would like to find out about the places that households use to wash their hands. Is there a place where members of this household usually wash their hands?	YES 1 NO 2	→ QH301A												
QH209	Can you please show me where members of your household most often wash their hands?	OBSERVED, FIXED PLACE 1 OBSERVED, MOBILE 2 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT 3 NOT OBSERVED, NO PERMISSION TO SEE 4 NOT OBSERVED, OTHER REASON 5	→ QH301A }												
QH210	OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2													
QH211	OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) 1 ASH, MUD, SAND 2 NONE 3													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
QH309	If a person in your community was to get COVID-19, do you think their household would be discriminated or stigmatised?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → QH311
QH310	Why do you think the household with a case of COVID-19 would be discriminated or stigmatised? PROBE: Any thing else? ENSURE THAT YOU RECORD ALL OF THE RESPONDENT'S RESPONSES.	LACK OF INFORMATION (IGNORANCE) A ANXIETY OF CONTRACTING COVID-19 B BECAUSE COVID-19 IS NOT CURABLE C BECAUSE COVID-19 IS DEADLY D OTHER _____ Z (SPECIFY)	
QH311	Have you ever heard of cases of discrimination or stigmatisation of certain categories of people related to COVID-19 within your community?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → QH401
QH312	Which categories of people are discriminated or stigmatised? PROBE: Anyone else? ENSURE THAT YOU RECORD ALL OF THE RESPONDENT'S RESPONSES.	ELDERLY A DRUNKARDS B SEX WORKERS C FOREIGNERS D TRUCK DRIVERS E OTHER _____ Z (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
QH407	Has decision making power in your household with regards to household expenses been affected by the presence of COVID-19?	YES 1 NO 2	→ QH409
QH408	How has decision making power in your household with regards to household expenses been affected by the presence of COVID-19?	DECISIONS MADE BY HOUSEHOLD HEAD ONLY 1 DECISIONS MADE BY SPOUSE 2 DECISIONS MADE BY JOINTLY WITH SPOUSE 3 DECISIONS MADE BY JOINTLY WITH INCOME EARNER 4 DECISIONS MADE BY JOINTLY WITH OTHER HOUSEHOLD MEMBER 5 DECISIONS MADE BY HOUSEHOLD MEMBER 6 DECISIONS MADE BY INCOME EARNER ONLY 7	
QH409	What was the <u>main</u> source of food for your household, before the COVID-19 pandemic?	BUYING FROM MARKETS/STORES 1 OWN PRODUCTION / FARMING 2 HUMANITARIAN ASSISTANCE (GOVERNMENT, NGOS, UN) 3 GIFTS FROM FAMILY / FRIENDS 4 PAYMENT IN KIND 5 OTHER _____ 6 (SPECIFY)	
QH410	What is the <u>main</u> source of food for your household currently?	BUYING FROM MARKETS/STORES 1 OWN PRODUCTION / FARMING 2 HUMANITARIAN ASSISTANCE (GOVERNMENT, NGOS, UN) 3 GIFTS FROM FAMILY / FRIENDS 4 PAYMENT IN KIND 5 OTHER _____ 6 (SPECIFY)	
QH411	Has there been any changes in the cost of food commodities since March 2020?	YES, FOOD PRICES HAVE INCREASED 1 YES, FOOD PRICES HAVE DECREASED . 2 NO, FOOD PRICES HAVE NOT CHANGED 3	→ QH413
QH412	How has the increase in the cost of food commodities affected the quantities of food the household purchases?	QUANTITIES HAVE INCREASED 1 QUANTITIES HAVE DECREASED 2 QUANTITIES HAVE REMAINED THE SAME 3 CUT DOWN ON SOME FOOD ITEMS 4 NOT SURE/DON'T KNOW 8	
QH413	Since the COVID-19 out break in Zambia, has the household done anything to compensate for economic shocks?	YES 1 NO 2	→ QH415

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
QH414	What coping strategies did you do in the household? PROBE: Any thing else? ENSURE THAT YOU RECORD ALL OF THE RESPONDENT'S RESPONSES.	OWN PRODUCTION A STARTED A BUSINESS B CHEAPER FOODS OR CHANGE OF MENU C HELPED BY RELATIVES D CONSUMED SEED STOCK FOR NEXT SEASON E REDUCED PORTIONS OF MEALS F REDUCED NUMBER OF MEALS PER DAY G SKIPPED DAYS WITHOUT EATING H SOLD DURABLE HOUSEHOLD GOODS I SENT CHILDREN TO LIVE WITH RELATIVES J REDUCED SPENDING ON HEALTH K REDUCED SPENDING ON EDUCATION L SOLD LIVESTOCK OR SLAUGHTERED LIVESTOCK FOR OWN CONSUMPTION M SOLD AGRICULTURAL TOOLS, SEEDS OR OTHER INPUTS N SOLD LAND O BORROWED MONEY P OTHER _____ Z (SPECIFY)	
QH415	CHECK 402: CODE '2' OR '3' <input type="checkbox"/> CIRCLED CODE '2' OR '3' <input type="checkbox"/> NOT CIRCLED		→ QH424
QH416	How many businesses does your household own?	NUMBER <input type="text"/> <input type="text"/>	
QH417	Describe the principle activity of the (main) business.	PRINCIPAL ACTIVITY _____ _____ _____	
QH418	Since the start of COVID-19 pandemic, has your business been affected?	YES 1 NO 2	→ QH423
QH419	How did the COVID-19 pandemic affect the business?	BUSINESS CLOSED TEMPORARILY ... 1 BUSINESS CLOSED PERMANENTLY ... 2 BUSINESS REDUCED OPERATING HOURS 3 BUSINESS INCREASED OPERATING HOURS 4 BUSINESS WENT DOWN 5 DIFFICULTIES IN GETTING MATERIALS/ INPUT 6 DIFFICULTIES IN DELIVERING PRODUCTS/SERVICES 7 CHANGING THE MAIN PRODUCTS/ SERVICES OFFERED 8 NOT AFFECTED 9	→ QH424 → QH421 → QH422 → QH424 → QH423

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
QH420	For how many days was it not operational?	NUMBER OF DAYS <input type="text"/> <input type="text"/>	→ QH423
QH421	Why did the business <u>mainly</u> reduce on operating hours?	GOVERNMENT REGULATIONS 01 MANAGEMENT CHOICE TO REDUCE INFECTION 02 REDUCTION IN INVESTMENT/CAPITAL ... 03 WORKER ABSENCE 04 REDUCED DEMAND FOR PRODUCT/ SERVICE 05 REDUCED PRODUCTION 06 ISSUES WITH SUPPLIERS 07 OTHER 96 (SPECIFY)	→ QH423
QH422	Why did the business increase on operating hours?	MORE DEMAND FOR THE PRODUCT AND SERVICES 1 AVOIDING OVERCROWDING 2 OTHER 6 (SPECIFY)	
QH423	Since the start of COVID-19 pandemic, has the income of the main business been: less than usual, the same as usual or more than usual?	LESS THAN USUAL 1 THE SAME AS USUAL 2 MORE THAN USUAL 3 DON'T KNOW 8	
QH424	Looking ahead, do you expect your livelihood will be impacted as a result of disruptions from COVID-19 pandemic: no impact, little impact, moderate impact, severe impact?	NO IMPACT 1 LITTLE IMPACT 2 MODERATE IMPACT 3 SEVERE IMPACT 4	
QH425	Is any member of your household a registered beneficiary of the Zambia Social Cash Transfer program?	YES 1 NO 2	
QH426	Is any member of your household a registered beneficiary of the Keeping Girls in School program?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
QH427	Is any member of your household a registered beneficiary of Supporting Women's Livelihood programme?	YES 1 NO 2	
QH428	Is any member of your household registered as a recipient of the Food Security Pack (FSP) programme?	YES 1 NO 2	
QH429	Is any member of your household a registered beneficiary of COVID-19 Emergency Cash Transfer programme?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
QH505	<p>What is the floor of this housing unit <u>mainly</u> made of?</p> <p>RECORD OBSERVATION</p>	<p>NATURAL FLOOR</p> <p>EARTH/SAND 11</p> <p>MUD 12</p> <p>DUNG 13</p> <p>RUDIMENTARY FLOOR</p> <p>WOOD PLANKS 21</p> <p>PALM/BAMBOO/LEEDS 22</p> <p>FINISHED FLOOR</p> <p>PARQUET OR POLISHED</p> <p>WOOD 31</p> <p>VINYL (PVC) OR ASPHALT STRIPS . 32</p> <p>CERAMIC/TERRAZZO TILES/</p> <p>MARBLE 33</p> <p>CONCRETE 34</p> <p>CEMENT 35</p> <p>CARPET 36</p> <p>BRICK 37</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
QH506	<p>What is the <u>main</u> source of water SUPPLY for this household?</p>	<p>PIPED WATER</p> <p>PIPED INTO DWELLING/HOUSING UNIT . 11</p> <p>PIPED TO YARD/PLOT 12</p> <p>PIPED TO NEIGHBOR 13</p> <p>PUBLIC TAP/STANDPIPE 14</p> <p>TUBE WELL OR BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>WATER FROM SPRING</p> <p>PROTECTED SPRING 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER 51</p> <p>TANKER TRUCK 61</p> <p>CART WITH SMALL TANK 71</p> <p>SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
QH507	What is the <u>main</u> source of water SUPPLY for drinking?	PIPED WATER PIPED INTO DWELLING/HOUSING UNIT . 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOUR 13 PUBLIC TAP/STANDPIPE 14 PIPED FROM BOREHOLE 21 TUBE WELL OR BOREHOLE 22 DUG WELL PROTECTED WELL 31 UNPROTECTED \ 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER _____ 96 (SPECIFY)	
QH508	What is the <u>main</u> type of energy used for cooking in your household?	COLLECTED FIREWOOD 01 PURCHASED FIREWOOD 02 CHARCOAL OWN PRODUCED 03 CHARCOAL PURCHASED 04 COAL 05 KEROSENE/PARAFFIN 06 GAS 07 ELECTRICITY 08 SOLAR 09 CROP/LIVESTOCK RESIDUES 10 OTHER _____ 96 (SPECIFY)	
QH509	Is your house connected to electricity?	YES 1 NO 2	
QH510	What is the <u>main</u> type of toilet facility used by the members of this household?	OWN FLUSH TOILET INSIDE THE HOUSING UNIT 01 OWN FLUSH TOILET OUTSIDE THE HOUSING UNIT 02 COMMUNAL FLUSH TOILET OUTSIDE THE HOUSING UNIT 03 OWN PIT LATRINE WITH SLAB 04 COMMUNAL PIT LATRINE WITH SLAB 05 NEIGHBOUR'S/ ANOTHER HOUSEHOLD'S PIT LATRINE WITH SLAB 06 OWN PIT LATRINE WITHOUT SLAB 07 COMMUNAL PIT LATRINE WITHOUT SLAB . 08 NEIGHBOUR'S/ ANOTHER HOUSEHOLD'S PIT LATRINE WITHOUT SLAB 09 BUCKET/ OTHER CONTAINER 10 AQUA PRIVY 11 NONE 12 OTHER _____ 96 (SPECIFY)	

SECTION 6: HOUSEHOLD ASSETS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																								
	I am now going to ask about the assets this household has. These assets include items such as Radio, TV, bed, mbaula, Plough, Oxen, etc.																																																																										
QH601	<p>Does this household own/have any of the following household assets:</p> <p>a) A radio? b) A television? c) A computer? d) A refrigerator? e) Access to Internet f) A bed? g) A table? h) A sofa? i) A mattress? j) A home theatre? k) A clock? l) A washing machine? m) An air conditioner? n) A generator? o) A microwave? p) A stove? q) A brazier/mbaula? r) Electric iron? s) A geyser (water heater)? t) A grain grinder? u) A plough? v) A tractor? w) A hammer mill?</p>	<table border="0"> <thead> <tr> <th></th> <th align="right">YES</th> <th align="right">NO</th> </tr> </thead> <tbody> <tr><td>a) RADIO</td><td align="right">1</td><td align="right">2</td></tr> <tr><td>b) TELEVISION</td><td align="right">1</td><td align="right">2</td></tr> <tr><td>c) COMPUTER</td><td align="right">1</td><td align="right">2</td></tr> <tr><td>d) REFRIGERATOR</td><td align="right">1</td><td align="right">2</td></tr> <tr><td>e) INTERNET</td><td align="right">1</td><td align="right">2</td></tr> <tr><td>f) BED</td><td align="right">1</td><td align="right">2</td></tr> <tr><td>g) TABLE</td><td align="right">1</td><td align="right">2</td></tr> <tr><td>h) SOFA</td><td align="right">1</td><td align="right">2</td></tr> <tr><td>i) MATTRESS</td><td align="right">1</td><td align="right">2</td></tr> <tr><td>j) HOME THEATRE</td><td align="right">1</td><td align="right">2</td></tr> <tr><td>k) CLOCK</td><td align="right">1</td><td align="right">2</td></tr> <tr><td>l) WASHING MACHINE</td><td align="right">1</td><td align="right">2</td></tr> <tr><td>m) AIR CONDITIONER</td><td align="right">1</td><td align="right">2</td></tr> <tr><td>n) GENERATOR</td><td align="right">1</td><td align="right">2</td></tr> <tr><td>o) MICROWAVE</td><td align="right">1</td><td align="right">2</td></tr> <tr><td>p) STOVE</td><td align="right">1</td><td align="right">2</td></tr> <tr><td>q) BRAZIER/ MBAULA</td><td align="right">1</td><td align="right">2</td></tr> <tr><td>r) ELECTRIC IRON</td><td align="right">1</td><td align="right">2</td></tr> <tr><td>s) GEYSER</td><td align="right">1</td><td align="right">2</td></tr> <tr><td>t) GRAIN GRINDER</td><td align="right">1</td><td align="right">2</td></tr> <tr><td>u) PLOUGH</td><td align="right">1</td><td align="right">2</td></tr> <tr><td>v) TRACTOR</td><td align="right">1</td><td align="right">2</td></tr> <tr><td>w) HAMMER MILL</td><td align="right">1</td><td align="right">2</td></tr> </tbody> </table>		YES	NO	a) RADIO	1	2	b) TELEVISION	1	2	c) COMPUTER	1	2	d) REFRIGERATOR	1	2	e) INTERNET	1	2	f) BED	1	2	g) TABLE	1	2	h) SOFA	1	2	i) MATTRESS	1	2	j) HOME THEATRE	1	2	k) CLOCK	1	2	l) WASHING MACHINE	1	2	m) AIR CONDITIONER	1	2	n) GENERATOR	1	2	o) MICROWAVE	1	2	p) STOVE	1	2	q) BRAZIER/ MBAULA	1	2	r) ELECTRIC IRON	1	2	s) GEYSER	1	2	t) GRAIN GRINDER	1	2	u) PLOUGH	1	2	v) TRACTOR	1	2	w) HAMMER MILL	1	2	
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QH602	<p>Does this household own any of the following tools:</p> <p>a) Axe? b) Shovel/spade? c) Hoe?</p>	<table border="0"> <thead> <tr> <th></th> <th align="right">YES</th> <th align="right">NO</th> </tr> </thead> <tbody> <tr><td>a) AXE</td><td align="right">1</td><td align="right">2</td></tr> <tr><td>b) SHOVEL/ SPADE</td><td align="right">1</td><td align="right">2</td></tr> <tr><td>c) HOE</td><td align="right">1</td><td align="right">2</td></tr> </tbody> </table>		YES	NO	a) AXE	1	2	b) SHOVEL/ SPADE	1	2	c) HOE	1	2																																																													
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QH603	<p>Does this household own any of the following mode of transport:</p> <p>a) Bicycle? b) Car? c) Motor cycle? d) Scotch cart? e) Canoe?</p>	<table border="0"> <thead> <tr> <th></th> <th align="right">YES</th> <th align="right">NO</th> </tr> </thead> <tbody> <tr><td>a) BICYCLE</td><td align="right">1</td><td align="right">2</td></tr> <tr><td>b) CAR</td><td align="right">1</td><td align="right">2</td></tr> <tr><td>c) MOTOR CYCLE</td><td align="right">1</td><td align="right">2</td></tr> <tr><td>d) SCOTCH CART</td><td align="right">1</td><td align="right">2</td></tr> <tr><td>e) CANOE</td><td align="right">1</td><td align="right">2</td></tr> </tbody> </table>		YES	NO	a) BICYCLE	1	2	b) CAR	1	2	c) MOTOR CYCLE	1	2	d) SCOTCH CART	1	2	e) CANOE	1	2																																																							
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SECTION 7: HOUSEHOLD HEALTH CARE AND GENDER BASED VIOLENCE (GBV)

NO.	QUESTIONS	CODING CATEGORIES	SKIP
	I am now going to ask you questions on household health care and Gender Based Violence (GBV).		
QH701A	CHECK QH201: YES <input type="checkbox"/> _____ NO <input type="checkbox"/> _____ → Q801		
QH701	Since March, 2020, has there been any household member(s) who has been quarantined voluntarily or obligatory (this includes self quarantine)?	YES 1 NO 2 → QH711	
QH702	How many members of your household have been quarantined voluntarily or obligatory?	NUMBER <input type="text"/>	

QH702A	QUESTIONS	FIRST PERSON NAME _____	SECOND PERSON NAME _____	THIRD PERSON NAME _____
QH703	Was (NAME) quarantined due to exposure to COVID-19?	YES 1 NO 2 (SKIP TO QH706) ←	YES 1 NO 2 (SKIP TO QH706) ←	YES 1 NO 2 (SKIP TO QH706) ←
QH704	How was (NAME) exposed to COVID-19?	TRAVELLED TO HIGH RISK AREA 1 HAD CONTACT WITH KNOWN COVID-19 CASE 2 WORKING IN HIGH RISK ENVIRONMENT 3 OTHER 6 (SKIP TO QH706) ←	TRAVELLED TO HIGH RISK AREA 1 HAD CONTACT WITH KNOWN COVID-19 CASE 2 WORKING IN HIGH RISK ENVIRONMENT 3 OTHER 6 (SKIP TO QH706) ←	TRAVELLED TO HIGH RISK AREA 1 HAD CONTACT WITH KNOWN COVID-19 CASE 2 WORKING IN HIGH RISK ENVIRONMENT 3 OTHER 6 (SKIP TO QH706) ←
QH705	Where was that?	_____	_____	_____
QH706	For how long was (NAME) quarantined?	LESS THAN 10 DAYS 1 10-14 DAYS 2 15 OR MORE DAYS 3	LESS THAN 10 DAYS 1 10-14 DAYS 2 15 OR MORE DAYS 3	LESS THAN 10 DAYS 1 10-14 DAYS 2 15 OR MORE DAYS 3
QH707	Has (NAME) ever tested for COVID-19?	YES 1 NO 2 (SKIP TO QH711) ←	YES 1 NO 2 (SKIP TO QH711) ←	YES 1 NO 2 (SKIP TO QH711) ←
QH708	Did (NAME) receive his/her results?	YES 1 NO 2 (SKIP TO QH711) ←	YES 1 NO 2 (SKIP TO QH711) ←	YES 1 NO 2 (SKIP TO QH711) ←
QH709	What was the result?	POSITIVE 1 NEGATIVE 2 INDETERMINANT 3 (SKIP TO QH711) ← REFUSED 4 DON'T KNOW 8	POSITIVE 1 NEGATIVE 2 INDETERMINANT 3 (SKIP TO QH711) ← REFUSED 4 DON'T KNOW 8	POSITIVE 1 NEGATIVE 2 INDETERMINANT 3 (SKIP TO QH711) ← REFUSED 4 DON'T KNOW 8
QH710	Was (NAME) placed under isolation?	YES, AT HEALTH FACILITY 1 YES, AT HOME 2 NO 3 REFUSED 4	YES, AT HEALTH FACILITY 1 YES, AT HOME 2 NO 3 REFUSED 4	YES, AT HEALTH FACILITY 1 YES, AT HOME 2 NO 3 REFUSED 4
QH710A		GO BACK TO 702 FOR NEXT PERSON; OR, IF NO MORE PERSONS, GO TO 711	GO BACK TO 702 FOR NEXT PERSON; OR, IF NO MORE PERSONS, GO TO 711	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
QH711	Does any member of this household work in a health facility?	YES 1 NO 2	
QH712	CHECK Q5: CHILDREN <input type="checkbox"/> UNDER 5 ↓ CHILDREN <input type="checkbox"/> ABOVE 5 →		QH715
QH713	Since March 2020, has any child in this household missed an under-five visit?	YES 1 NO 2 DON'T KNOW 8	QH715
QH714	What was the <u>main</u> reason for failure to attend under-five clinic?	UNDER FIVE CLINIC TOO BUSY 01 HEALTH FACILITIES TOO BUSY TO SERVE ALL PATIENTS 02 NO ONE TO TAKE THE CHILD TO FACILITY 03 ONLY FOLLOW IMMUNISATION DATES . 04 REGULAR HEALTH SERVICES SUSPENDED DUE TO COVID-19 05 SCARED OF CONTRACTING COVID-19 ... 06 HEALTH FACILITIES LACK MEDICATION . 07 DISTANCE TO HEALTH FACILITY 08 MOTHER/FATHER/HOUSEHOLD MEMBER HAD COVID-19 09 OTHER _____ 96 (SPECIFY)	
QH715	I will read out a statement to you: Since March 2020, violence (e.g. sexual, emotional and physical abuse) against <u>children</u> has increased in the community, do you: strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree or strongly disagree?	STRONGLY AGREE 1 SOMEWHAT AGREE 2 NEITHER AGREE NOR DISAGREE 3 SOMEWHAT DISAGREE 4 STRONGLY DISAGREE..... 5	
QH716	I will read out a statement to you: Since March 2020, violence (e.g. sexual, emotional and physical abuse) against <u>women</u> has increased in the community, do you: strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree or strongly disagree?	STRONGLY AGREE 1 SOMEWHAT AGREE 2 NEITHER AGREE NOR DISAGREE 3 SOMEWHAT DISAGREE 4 STRONGLY DISAGREE..... 5	

SECTION 8: HOUSEHOLD EXPENDITURE

NO.								
	I will now ask about what anyone in the household has bought for the household's own consumption during the past 1 week, 2 weeks, 4 weeks, 3 months then 12 months. Do not include what is bought for resale, farming or other businesses. The value of goods and services recieved as gifts from other households (or organisations etc.) will also be asked?							
	Last One Week							
Q801	Did any Household member purchase/consume (own produced) (ITEM), or did someone buy on behalf of the household?	(CIRCLE APPROPRIATE)				How much did your household spend on (ITEM) in total?	How much would (ITEM) that your household consumed from own produce cost if it was sold?	How much would (ITEM) that your household received for free or as a gift cost if it was sold?
		PUR	CONS	GIFT	NONE	(K)	(K)	(K)
	1 Bakery products (i.e. bread, cakes)?	1	2	3	4	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2 Dairy products (e.g. milk, cheese etc)?	1	2	3	4	<input type="text"/>	<input type="text"/>	<input type="text"/>
	3 Eggs?	1	2	3	4	<input type="text"/>	<input type="text"/>	<input type="text"/>
	4 Fruits?	1	2	3	4	<input type="text"/>	<input type="text"/>	<input type="text"/>
	5 Onions?	1	2	3	4	<input type="text"/>	<input type="text"/>	<input type="text"/>
	6 Tomatoes?	1	2	3	4	<input type="text"/>	<input type="text"/>	<input type="text"/>
	7 Vegetables?	1	2	3	4	<input type="text"/>	<input type="text"/>	<input type="text"/>
		PUR	GIFT	NONE		How much did your household spend on (ITEM) in total?		How much would the (ITEM) that your household received for free or as a gift cost if it was sold?
	8 Did any household member buy Airtime/phone bills and internet bundles or did someone buy on behalf of the household?	1	2	3		<input type="text"/>	<input type="text"/>	<input type="text"/>
	9 Did this house buy any published material i.e., Newspapers, Magazine, books, journals etc. in the last week?	1	2	3		<input type="text"/>	<input type="text"/>	<input type="text"/>

NO.	Last Two Weeks									
QH802	Did any Household member purchase/consume (own produced) (ITEM), or did someone buy on behalf of the household?	(CIRCLE APPROPRIATE)				How much did your household spend on (ITEM) in total?	How much would (ITEM) that your household consume from own produce cost if it was sold?	How much would (ITEM) that your household received for free or as a gift cost if it was sold?		
		PUR	CONS	RECV	NONE	K	K	K		
1	Fresh Maize?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Rice?	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Other cereals (eg. Millet, sorghum, wheat, barley)?	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Baby food?	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Groundnuts?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Other nuts (cashewnuts, bambara nuts)?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Beef and beef products (sausage, mince, etc.)?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	Chicken?	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9	Other meats (pork, goat, duck, game etc.)?	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10	Fish?	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11	Kapenta?	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12	Tea leaves, coffee and Other such beverages?	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13	Butter/jam and other spreads like peanut butter?	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14	Roots and tubers (e.g. sweet potatoes, Irish potatoes, cassava etc)?	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15	Soya chunks?	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16	Other beans (excluding mixed beans) peas, cowpeas?	1	2	3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17	Honey?	1	2	3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
18	Forestry edible products (eg. mushrooms, caterpillars)?	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
19	Salt and spice?	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
20	Other food products not mentioned?	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
21	Mineral water?	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
22	Soft drinks and juices?	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
23	Wines and spirits?	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
24	Clear beer?	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
25	Opaque and malt beer (chibuku, scols, katata etc.)?	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
26	Cigarattes?	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
27	Other tobacco (cigar, kuber, barley etc.)?	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
28	Personal services (laundry, hairdressing, haircut etc.)?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

NO.	Last Four Weeks						
Q803	Did this household purchase (ITEM) or did someone buy on behalf of the household?	(CIRCLE APPROPRIATE)				How much did you pay?	How much would the (ITEM) that your household received for free or as a gift cost if it was sold?
		PUR	CONS	RECV	NONE		
1	Rentals?	1	2	3	4		
2	Electricity?	1	2	3	4		
3	Water supply and sewerage?	1	2	3	4		
4	Maintenance and repair of personal transport equipment?	1	2	3	4		
5	TV subscription (Topstar, GoTV, DSTV, Zuku etc)	1	2	3	4		
6	Food and beverages away from home?						
7	Short term accomodation?						
8	Entertainment, Arts, Recreation (traditional festivals, cinema, amusement park etc.)?	1	2	3	4		
9	Transportation of goods?						
10	Charcoal?						
11	Firewood?						
12	Household gas and other fuels for cooking and lighting (eg. LPG, paraffin, dung)?	1	2	3	4		
13	Sugar?	1	2	3	4		
14	Mixed Beans?	1	2	3	4		
15	Mealie meal?	1	2	3	4		
16	Cooking oil?	1	2	3	4		
17	Maize grain?	1	2	3	4		
18	Cost of milling?	1	2	3	4		
19	Public passenger transport (bus, taxi, boat, bicycle etc.)?	1	2	3	4		
20	Gambling?	1	2	3	4		
21	Postal courier?	1	2	3	4		
22	Fuel and lubricant for household transport equipment?	1	2	3	4		
23	Parts and components of transport equipment?	1	2	3	4		
24	Soaps and other cleaning materials?	1	2	3	4		
25	Sanitary materials (tissue, sanitary pads, diapars etc)?	1	2	3	4		
26	Domestic workers (eg maid, gardener, security guard)?	1	2	3	4		

Last Three Months

Q804	Did this household purchase/ consume own produce or produce (ITEM) or did someone purchase on behalf of the household:	(CIRCLE APPROPRIATE)	How much did your household spend on (ITEM) in total?	How much would the (ITEM) that your household consumed from own produce cost if it was sold?	How much would the (ITEM) that your household received for free or as a gift cost if it was sold?			
		PUR CONS RECV NONE	K	K	K			
1	Brand new clothing and shoes excluding leather products?	1	2	3	4			
2	Second-hand clothing and shoes?	1	2	3	4			
3	Brand new leather footwear and leather products?	1	2	3	4			
4	Household maintenance and repair?	1	2	3	4			
5	Health-medical products?	1	2	3	4			
6	School fees at a public school/institution?	1	2	3	4			
7	School fees at a private school/institution?	1	2	3	4			
8	Private tuition?	1	2	3	4			
9	School uniforms?	1	2	3	4			
10	Parents Teachers Association (PTA)?	1	2	3	4			
11	Travel agent, tour operator clearing agent or reservation services and related activities?	1	2	3	4			

NO.	Last 12 Months																					
QH805	Did this household pay/purchase for the use of (ITEM) or did someone pay on behalf of the household:	(CIRCLE APPROPRIATE)			How much did your household spend on (ITEM) in total?	How much of (ITEM) did your household consume which was received for free or as a gift?																
		PURCHASE	GIFT	NONE	K		K															
	1 Tools, equipment, property/piece of land, vehicle, household goods?	1	2	3	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>									<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>								
	2 Household textile products (i.e. curtains, carpets etc.)?	1	2	3	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>									<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>								
	3 Household metal products (ie pots, knives, spoons etc.)?	1	2	3	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>									<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>								
	4 Household non-metal products (ie glassware, items of plastic etc.)?	1	2	3	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>									<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>								
	5 Other consumer goods (i.e toys, games, jewerely etc.)?	1	2	3	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>									<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>								
	6 Legal fees?	1	2	3	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>									<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>								

NO.	Last Twelve months - Assests							
QH806	Did this Household purchase (ITEM) during the last 12 months:	(CIRCLE APPROPRIATE)		What was the value (ITEM) at the time of purchase?	Is this (ITEM) for private or business use?			What is the proportionate of (ITEM) use for business/ private in percentage?
		YES	NO	K	PRIVATE	BUSI- NESS	BOTH	
1	Electric/Gas stove?	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Air conditioner/ventilaor?	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Motor vehicle?	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	TV?	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Sofa/couch?	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Table and chairs?	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Bed and mattress?	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Radio/stereo?	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Home theater?	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Computer/tablet?	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Phone?	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Refrigerator?	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Freezer?	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Brazier/Mbaula?	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Hand hammermill?	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Generator/Invertor?	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Microwave?	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Other transport equipment (i.e. bicycle, boat/canoe, scotch cart etc.)?	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Other household tools and machines (ie. hammer, wheel boarrow)?	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Other household appliances (i.e. electric iron, blender)?	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Household pets?	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEATHS IN THE HOUSEHOLD

	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
	Now I would like to ask you a few more questions about your household.				
M1	Is there any member of the household who died (Including babies who died after birth) since January, 2020?	YES 1 NO 2 DON'T KNOW . . . 8			└→ END
M2	How many deaths have occurred since January, 2020?	NUMBER . . .	<input type="text"/> <input type="text"/>		
ASK Qs. M3-M7 AS APPROPRIATE FOR EACH PERSON WHO DIED SINCE JANUARY 2020. DO NOT FORGET CHILDREN. IF THERE WERE MORE THAN 3 DEATHS. USE ADDITIONAL QUESTIONNAIRE(S).					
M3	Please tell me the full names of the person(s) who died.	NAME _____	NAME _____	NAME _____	
M4	Was (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
M5	When was (NAME) born?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
M6	When did (NAME) die?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
M7	Were you told by the health authorities that (NAME) died of COVID-19?	YES 1 NO 2 DON'T KNOW . . . 8	YES 1 NO 2 DON'T KNOW . . . 8	YES 1 NO 2 DON'T KNOW . . . 8	
M8	Do you think (NAME) died of COVID-19?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	

SECTION E: ENDING INTERVIEW

NO.			
S1	Please give me a contact number(s) for this household:	HOUSEHOLD HEAD _____ ANY OTHER MEMBER OF THE HOUSEHOLD _____	
THANK THE RESPONDENT FOR COMPLETING THE HOUSEHOLD INTERVIEW			