

STRICTLY CONFIDENTIAL



Republic of Zambia

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Ministry of Labour and Social Security

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2022 QUARTERLY LABOUR FORCE SURVEY QUESTIONNAIRE

HOUSEHOLD IDENTIFICATION PARTICULARS		CODE	
1	Province:		
2	District:		
3	Constituency:		
4	Ward:		
5	Region 1. Rural 2. Urban		
6	CSA		
7	EA		
8	Cluster Number		
9	SBN		
10	HUN		
11	HHN		
12	Locality Name		
Physical address of Households:			
.....			
.....			
.....			
Phone Number (if any):			
.....			
.....			

INTERVIEWER VISITS					
Visit No.	VISITS			Starting Time (HH:MM)	Ending Time (HH:MM)
	Date: DD	MM	YY		
1	_ _ / _ _ / _ _			_____ : _____	_____ : _____

2	_ _ / _ _ / _ _	_____ : _____	_____ : _____
3	_ _ / _ _ / _ _	_____ : _____	_____ : _____
Total Number of Persons in the Household			

ID	QUESTIONS & INSTRUCTIONS	CODING CATEGORIES	SKIPS	LABEL
PIN	PERSON IDENTIFICATION NUMBER			
SECTION A: DEMOGRAPHIC CHARACTERISTICS				
THESE QUESTIONS SHOULD BE ADDRESSED TO THE MOST KNOWLEDGEABLE MEMBER OF THE HOUSEHOLD				
A1	Can you please provide the (NAMES) of all persons who are usual members of this household, beginning with the Head of the Household? Household Roster <i>(INCLUDING THOSE WHO ARE TEMPORARILY ABSENT FOR ANY REASON BUT NOT EXCEEDING SIX MONTHS)</i>			
A2	Is (NAME) male or female?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Male Female	Sex
A3	How old was (NAME) at (his/her) last birthday? ENTER AGE IN COMPLETED YEARS. IF LESS THAN 1 YEAR ENTER '00'. IF AGED 90 YEARS OR OLDER ENTER 90.			Age at last Birthday
A4	What is (NAME)'s relationship to the head of the household?	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/>	Head Spouse Husband/Wife Son/ Daughter Step Child Brother/Sister Brother/Sister in-law Grandchild Nephew/Niece Cousin Parent Father/Mother -in-law Uncle/Aunt Grand Parent Son/Daughter- in-law Other Relative Non- relative	Relationship
A5	FOR PERSONS AGED 10 YEARS OR OLDER What is (NAME)'s current marital status?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	Never married Cohabiting Monogamously married Polygamous married Separated Divorced Widowed	→>>A7 Marital Status
A6	What was (NAME)'s age at first marriage?		_____	Age at first marriage
			Age at first marriage	
A7	FOR PERSONS BELOW 18 YEARS Is the biological mother of (NAME) still alive?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Yes No Don't know	Living biological mother
A7a	Is the biological father of (NAME) still alive?	1 <input type="checkbox"/>	Yes	Living biological father

		2 <input type="checkbox"/>	No		
	SKIP TO A9 of both A7 and A8 are Yes	3 <input type="checkbox"/>	Don't know		
A8	Has (NAME) 's parent(s) been very sick for at least three months during the past 12 months, that he/she has been too sick to work or do normal activities?	1 <input type="checkbox"/>	Yes		Parents sick for a period of time
		2 <input type="checkbox"/>	No		
		3 <input type="checkbox"/>	Don't know		

ID	QUESTIONS & INSTRUCTIONS	CODING CATEGORIES	SKIPS	LABEL
SECTION A: DEMOGRAPHIC CHARACTERISTICS - DISABILITY				
<i>READ: Now I am going to ask you some questions on disability about household members aged 5 years or older</i>				
A10	Does (NAME) have difficulty seeing, even if wearing glasses? (For permanent condition)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	No, no difficulty Yes, Some difficulty Yes, a lot of difficulty Cannot do it at all	Difficulty Seeing
A11	Does (NAME) have difficulty hearing, even if using hearing aid? (For permanent condition)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	No, no difficulty Yes, Some difficulty Yes, a lot of difficulty Cannot do it at all	Difficulty Hearing
A12	Does (NAME) have difficulty walking or climbing steps?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	No, no difficulty Yes, Some difficulty Yes, a lot of difficulty Cannot do it at all	Difficulty Walking
A13	Does (NAME) have difficulty remembering or concentrating? (For permanent condition)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	No, no difficulty Yes, Some difficulty Yes, a lot of difficulty Cannot do it at all	Difficulty remembering or concentrating
A14	Does (NAME) have difficulty with self-care such as (washing all over or dressing)? (For permanent condition)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	No, no difficulty Yes, Some difficulty Yes, a lot of difficulty Cannot do it at all	Difficulty with self-care
A15	Does (NAME) have difficulty communicating for example understanding or being understood by others? (For permanent condition)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	No, no difficulty Yes, Some difficulty Yes, a lot of difficulty Cannot do it at all	Difficulty communicating
A16	(NAME) , you mentioned having a lot of difficulties doing some things. When did the first of these difficulties start?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	At birth Between the birth and the age of 15 Between the ages of 15 and 29 Between the ages of 30 and 65 After age 65 Refused Don't know	When difficulties started

ID	QUESTIONS & INSTRUCTIONS	CODING CATEGORIES		SKIPS	LABEL
SECTION B: EDUCATION AND LITERACY					
READ: Now I am going to ask you questions about Education and Literacy for all household members aged 5 years or older					
B1	Can (NAME) read and write in any language?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No		Read and write
B2	Has (NAME) ever attended school?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No	→>>B8	Ever attended school
B3a	At what age did (NAME) begin school?		_____		Age begun school
B3b	Has (NAME) ever repeated any level of schooling any point in time?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No		Ever repeated level of school
B3c	Is (NAME) currently attending school? FOR PERSONS AGED 26 YEARS OR OLDER WHOSE RESPONSE IS NO SKIP TO B6	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No	→>>B6	currently attending school
B4	ONLY FOR PERSONS AGED 5 YEARS TO 25 YEARS OLD What is the main reason (NAME) is not currently attending school?	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/>	Differently abled (Disabled) Illness Injury School is too far Cannot afford school cost Family does not allow schooling Not interested in school/ poor in studies School not considered valuable by family School environment not conducive/ not safe Family responsibilities Completed school Pregnancy Started work for pay or family business or farm Got Married Help at home with household chores Other(specify)...	Any →Skip to B6	Reason not currently attending school
B5	What grade/level is (NAME) currently attending? SEE CODES IN THE MANUAL		_____		Grade Currently Attending
B6	What is the highest grade/level of education that (NAME) has successfully completed? FOR PERSONS WITH CODES 00 TO 12 (NURSERY, PRIMARY AND SECONDARY) SKIP TO B9		_____		Highest Grade/Level of Education
B7	ONLY FOR PERSONS WITH TERTIARY EDUCATION What is the field of study for the highest professional qualification (NAME) successfully completed?			→>> B9	Highest professional qualification successfully completed
B8	What is/was the main reason (NAME) never attended school?	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	Under age / too young Differently abled (Disabled) Illness School was too far Cannot afford school cost Family does not allow schooling Not interested in school/poor in studies School not considered valuable School environment not conducive/ not safe Family responsibilities/ help at home with household chores To work for pay or family business or farm Other (Specify)		Reason never attended school
B9	Did (NAME) participate in any business, entrepreneurship or microenterprise development training in the last 5 years?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No		Business or entrepreneurship training

ID	QUESTIONS & INSTRUCTIONS	CODING CATEGORIES			SKIPS	LABEL
C2e	Does (NAME) (continue to) receive an income from his/her job during this absence?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No	→>>D1A →>>C3b		Receive an income during absence from work

SECTION C: MARKET ACTIVITY IDENTIFICATION

This section covers work related activities in the last 7 days for all household members **aged 5 years or older**

READ: Now am going to ask you questions related to work activities in the **last 7 days** for all household members aged 5 years or older

C3a	Was this work that you mentioned in...? READ (SINGLE RESPONSE)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Farming or Rearing Animals →>> C3c Fishing →>> C3c Other (Specify) →>> D1A		Type of work
C3b	In the last 7 days did (NAME) do any work in farming, rearing animals or fishing?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No	→>> G1	Work in farming, rearing animals or fishing
C3c	Thinking about the products (NAME) worked on, are they mainly intended for sale or for family use?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Only for sale Mainly for sale Mainly for family use Only for family use	→>> D1A →>> D1A →>> G1 →>> G1	Intended for sale or for family use

SECTION D: CHARACTERISTICS OF THE MAIN JOB FOR PERSONS AGED 5 YEARS OR OLDER IN THE LAST 7 DAYS

READ: I am now going to ask you some questions about (NAME)'s main job. The main job is the one where (NAME) usually works the highest number of hours even if (NAME) was temporarily absent in the last 7 days.

D1a	During the last 7 days did (NAME) have more than one job/business?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No	→>>D1c	More than one job/business
D1b	How many jobs/business did (Name) have in the last 7 days?	<input type="text"/>			Number of jobs in last 7 days
D1c	In his/her main job/business, what kind of work does (NAME) usually do? WRITE: -OCCUPATIONAL TITLE, IF ANY -MAIN TASKS AND DUTIES <i>(e.g.: Cattle farmer –breed, raise and sell cattle; Policeman –patrol the streets; Cook –plan and prepare meals; Primary school teacher –teach children how to read and write)</i>	 <hr/> (OCCUPATIONAL TITLE, IF ANY) <hr/> (MAIN TASKS AND DUTIES) (ISCO CODE) <input type="text"/>			Occupation
D2	In (NAME) workplace, what kind of business/activity is mainly carried out? WRITE: -NAME, IF ANY -MAIN ACTIVITY, GOODS OR SERVICES <i>(e.g.: Police Department - public safety; Restaurant - preparing and serving meals; Transport Company - long distance transport of goods)</i>	 <hr/> (NAME OF ESTABLISHMENT, IF ANY) <hr/> (MAIN ACTIVITY, GOODS OR SERVICES) (ISIC CODE) <input type="text"/>			Industry
D3	GIVE MONTH AND YEAR	MONTH (MM) YEAR (YYYY)			start working

D4	Where is (NAME) 's place of work located?	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/>	In a formal business place At a market/ shop/ kiosk On the street/ by the road side At the client's premises No fixed location/ different places (mobile) At home/ family dwelling Employer's home Industry/ factory Plantation/ farm/ garden Construction/ Quarrying sites Other (Specify)		Location of place of work
D5	Does (NAME) work in.....? READ OUT	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	Central Government Local Government Parastatal/State-owned firm Embassy/International org. NGO or faith-based org. Private Enterprise Producers' cooperative Private household		Work
D6	How many persons, including (NAME) work at this place of work/business?	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/>	1 2 to 4 5 to 9 10 to 23 24 or 49 50 to 99 100 or more		Number of persons at work
D7	In the main job/business that (NAME) has, are you....?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	Working for someone else for pay Working as a paid apprentice Working as a paid intern An employer (employing one or more employees) An own-account worker (not employing any employee) Helping without pay in a household business Domestic paid worker Casual employee		Work status →>>D19 →>>D19 →>>D19
D7a	At what age did NAME start work for the first time in his /her life FOR CHILDREN AGED 5 TO 17 YEARS		Month Year		Age started work
D7b	What is the main reason that (NAME) is doing this work? FOR CHILDREN AGED 5 TO 17 YEARS	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/>	Supplement family income Pay outstanding family debt Help in household enterprise Learn skills Schooling is irrelevant School too far Cannot afford school fees Not interested in school To replace adult who is working away from home For socialisation		Reason for working
D7c	Thinking about the last 7 days did (NAME) usually carry out these activities: READ FOR ALL CHILDREN (Including children attending school)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	During the day (between 06:00 hrs and 18:00 hours) In the evening or at night (after 18:00 hours) During both the day and the evening (for the entire day) On the week-end Sometimes during the day, sometimes in the evening		Working time for children
D7d	During the last 7 days when did (NAME) usually carry out these activities: Read Out Responses FOR CHILDREN ATTENDING SCHOOL	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	After school Before school Both before and after school On the week-end During missed school hours/days During the day after other work		School going children working time

D8	Is (NAME) 's work...? READ OUT TO THE RESPONDENT	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Fixed period contract Open ended contract Seasonal	Type of Work
D9	What is the total duration of [NAME] 's contract/agreement with his/her employer? READ OUT	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	Daily Contract Agreement Less than 1 Months 1 Month to less than 3 months 3 Months to less than 6 months 6 Months to less than 1 Year 1 Year or more	Total Duration Contract/Agreement
D10	Does the employer contribute to any social security scheme for (NAME) ? e.g. NAPSA, WORKERS COMPENSATION, PSPF, Other Pension Scheme	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Yes No Don't know	Employer contribution
D11	Is (NAME) entitled to paid leave in (NAME) 's main job?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Yes No Don't know	Paid leave
D12	Is (NAME) entitled to paid sick leave in case of illness or injury?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Yes No Don't know	Sick Leave
D13	Is (NAME) entitled to paid paternity/ maternity leave?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Yes No Don't know	Paid Paternity/ Maternity Leave
D14	On this job, is (NAME) a member of any trade union?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Yes No Don't know	Trade Union
D15	Who determines (NAME) annual salary increments?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	Negotiation with myself and the employer at company Negotiation between union and employers Bargaining council or other bargaining arrangement Employer only No regular annual salary increment Other (Specify)...	Annual Salary Increments
D16	Does (NAME) 's employer deduct income tax from his/her salary?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Yes No Don't know	Income Tax deduction
D17	Is (NAME) entitled to medical insurance benefits from his/her employer?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Yes No Don't know	Medical Insurance benefits
D18	Is (NAME) employed on the basis of a written contract or an oral agreement?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	A written contract An oral agreement	Nature of contract
D19	Is the establishment/business where (NAME) works registered with...? READ OUT TO THE RESPONDENT	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	Registrar of Societies Registered with PACRA Local Authority (Council) Registrar for NGOs Registrar for cooperatives Not registered with any. Don't know	Registration of establishment
D20	Is the establishment/business where (NAME) works registered with Zambia Revenue Authority (ZRA)?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No	Registration with ZRA
D21	Does (NAME) 's place of work keep books of accounts?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Yes No Don't know	Books of accounts

D22	Was (Name) employed or started a business for the first time in the last three (3) months and is still working?	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>	Newly employed persons
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SECTION E: WORKING TIME

This section covers the working time for all persons aged 5 years or older

READ: Now I am going to ask you some questions about the working time for all working persons aged 5 years or older

E1	Thinking about the last 7 days, how many hours did (NAME) work in his/her job?	Write the day and number of hours E.g. Main Job other jobs Day Hour Hour ----- 		Number of hours in job
E2	Is (NAME) 's main job/business.....?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Full-time Part-time	Full/Part Time
E3	How many hours does (NAME) usually work per week in his/her...?	a. Main job <input type="text"/> b. All other <input type="text"/> <input type="text"/> <input type="text"/> jobs c. OVERALL TOTAL <input type="text"/> <i>Interviewer: add the total and confirm with the respondent - note that the total may not equal the sum of the jobs</i>		Hours per week
E4	During the last 30 days, that is from (DATE) up to [yesterday], did (NAME) look for additional or other paid work?			Look for Additional Work
E5	Would (NAME) want to work more hours per week than usually worked, provided the extra hours are paid?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No	→>>E8 Paid extra hours
E6	Could (NAME) start working more hours within the next two weeks?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No	→>>E8 Hours within Two Weeks
E7	How many additional hours could (NAME) work?	----- Number of hours		Additional Hours
E8	Does (NAME) want to change his/her current employment situation?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No	→>>FA1 Want to change current employment situation
E9	What is the main reason why (NAME) wants to change his/her current employment situation? READ OUT	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	Present job(s) is/are temporary To have better paid job To have more clients/business To work more hours To work fewer hours To better match skills To work closer to home To improve other working conditions Other (Specify)....	Reason to change employment
E10	What is the main reason why (NAME) worked less hours last week/7days? READ OUT	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/>	Shift work, flexi time, nature of work Vacation, holidays Sickness, illness, accident Education or training Other personal leave (care for family, civic duties, ...) Temporary layoff, reduction in clients, work break Bad weather, natural disaster Strike or labour dispute Seasonal work Mandatory Leave Suspension Lack of clients, capital or materials Lock down due to Covid 19 Quarantine due to Covid 19 Insecurity due to Covid 19 Reduction in work hours by employer due to covid Other (specify)....	Reasons for working less hours in the reference week

		09 <input type="checkbox"/>	Wait on the street to be recruited		→>> G4	
		10 <input type="checkbox"/>	Seek financial help to start a business			
		11 <input type="checkbox"/>	Look for land, building, equipment, materials to start a business			
		12 <input type="checkbox"/>	Apply for permit or license to start a business			
		13 <input type="checkbox"/>	Website/ Job portal			
		14 <input type="checkbox"/>	Other (specify)...			
G3	What is the main reason why (NAME) did not try to find a paid job or start a business in the last 30 days? READ OUT	01 <input type="checkbox"/>	Waiting for results of a previous search			Not trying to find paid job
		02 <input type="checkbox"/>	Awaiting recall from a previous job			
		03 <input type="checkbox"/>	Waiting for the season to start			
		04 <input type="checkbox"/>	Tired of looking for jobs, no jobs in area			
		05 <input type="checkbox"/>	No jobs matching skills, lacks experience			
		06 <input type="checkbox"/>	Considered too young/old by employers			
		07 <input type="checkbox"/>	In studies, training			
		08 <input type="checkbox"/>	Family / household responsibilities			
		09 <input type="checkbox"/>	In agriculture / fishing for family use			
		10 <input type="checkbox"/>	Disability, injury, illness			
		11 <input type="checkbox"/>	Other sources of income			
		12 <input type="checkbox"/>	Lock down due to Covid 19			
		13 <input type="checkbox"/>	Quarantine due to Covid 19			
		14 <input type="checkbox"/>	Insecurity due to Covid 19			
		15 <input type="checkbox"/>	Other (Specify)...			
G4	If (a/the) job or business opportunity had been available could (NAME) have started working last week or in the next two weeks?	1 <input type="checkbox"/>	Yes, last week	→>>G6	Availability	
		2 <input type="checkbox"/>	Yes, next two weeks	→>>G6		
		3 <input type="checkbox"/>	No			
G5	What is the main reason why (NAME) is not available to start working? READ OUT	01 <input type="checkbox"/>	Awaiting recall from a previous job			Reason not available to start working
		02 <input type="checkbox"/>	Waiting for the season to start			
		03 <input type="checkbox"/>	In studies, training			
		04 <input type="checkbox"/>	Family / household responsibilities			
		05 <input type="checkbox"/>	In agriculture / fishing for family use			
		06 <input type="checkbox"/>	Retired, pensioner			
		07 <input type="checkbox"/>	Disability, injury, illness			
		08 <input type="checkbox"/>	Lock down due to Covid 19			
		09 <input type="checkbox"/>	Quarantine due to Covid 19			
		10 <input type="checkbox"/>	Insecurity due to Covid 19			
		11 <input type="checkbox"/>	Other (specify)			
G6	For how long has (NAME) been without a paid work or a business? READ OUT	1 <input type="checkbox"/>	Less than 1 month			How long without paid work
		2 <input type="checkbox"/>	1 month to < 3 months			
		3 <input type="checkbox"/>	3 months to < 6 months			
		4 <input type="checkbox"/>	6 months to < 12 months			
		5 <input type="checkbox"/>	1 year to < 2 years			
		6 <input type="checkbox"/>	2 years or more			

SECTION H: OWN-USE PRODUCTION

These questions are about own-use production activities that people engage in **without any pay** to care for or maintain their household

H1	During the last 7 days, that is from [DATE] up to [DATE/yesterday], did (NAME) do any of the following activities to produce foodstuff intended mainly for consumption by the household? READ OUT A. Grow any crops, vegetables or fruits B. Gather other foodstuff such as [wild fruits, mushrooms] C. Rear or tend animals D. Fish/ Kapenta E. Hunting If any item = Yes continue	1 <input type="checkbox"/>	Yes	→ H4	Own use activities in last 7 days
		2 <input type="checkbox"/>	No		
H2	How many hours did (NAME) spend on these	No. of Hrs			Hours In the last 7 days

	activities in the last 7 days?				
H3	Which type of animals or products mainly for consumption by the household was (NAME) working on?	SEE ISIC IN THE MANUAL <i>(e.g.: fish, cattle, chicken, maize, potatoes, rice)</i>			Type of animals or products
		(ISIC CODE)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
H4	During the last 7 days, did (NAME) spend any time providing care, help or assistance to household members aged 18 years or older because of a disability, illness, or problems related to old age? READ For example: Administering medication, feeding, helping them with bathing, and personal hygiene, etc.	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No	→>H6	Assistance to 18 years or older
H5	How many hours did (NAME) spend on these activities during the last 7 days?	----- - Number of Hours			How many hours
H6	Did (NAME) spend any time looking after children aged 17 years or younger living in this household? READ For example: Bathing playing with children, taking children to school, sports or other activities, instructing, tutoring or helping children with homework, advising or talking with teens about their problems, etc	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No	→>I1	Looking after children
H7	How many hours did (NAME) spend on these activities during the last 7 days?	----- Number of Hours			Number of hours looking after children
SECTION H: OWN-USE PRODUCTION- WOMEN/MEN TIME USE					
These questions are about own-use production activities that women and men engage in without any pay to care for or maintain their household					
H8a	During the last 7 days how much time did (NAME) spend on Cleaning the house, washing clothes, cooking or shopping for the household	----- Number of Hours			Number of hours spent cleaning
H8b	During the last 7 days how much time did (NAME) spend on Preparing and preserving food, such as [Mealie meal, dried fish/meat, cassava].	----- Number of Hours			Number of hours spent preparing meals
H8c	During the last 7 days how much time did (NAME) spend on Making goods for use by the household, such as [furniture, pottery, baskets, clothing, mats].	----- Number of Hours			Number of hours spent making goods
H8d	During the last 7 days how much time did (NAME) spend on Paying household bills or arranging services to fix or maintain the household's dwelling or car	----- Number of Hours			Number of hours spent paying household bills
H8e	During the last 7 days how much time did (NAME) spend on doing repairs or maintenance works, such as [fixing broken appliances or fixtures, painting walls, etc]	----- Number of Hours			Number of hours spent doing repairs

H8f	During the last 7 days how much time did (NAME) spend on Doing construction work to renovate, extend or build the household's dwelling.	----- Number of Hours		Number of hours spent doing construction
H8g	During the last 7 days how much time did (NAME) spend on Fetching water from natural or public sources for use by the household	----- Number of Hours		Number of hours spent fetching water
H8h	During the last 7 days how much time did (NAME) spend on Collecting firewood or other natural products for use as fuel by the household	----- Number of Hours		Number of hours spent collecting firewood

SECTION I: OCCUPATIONAL SAFETY AND HEALTH

This section covers occupational safety and health issues for all persons aged 5 years and above

READ: Now I am going to ask your questions about occupational safety and health for all persons 5 years or older

I1a	Has (NAME) fallen ill or been injured in the last 12 months?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No	→>I9	Ill or injured in the past 12 months
I1b	How often was (NAME) injured or ill in the last twelve months?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Once or twice 3 to 5 times More than five times		Number of times injured or ill
I1c	How serious was most recent illness or injury (NAME) got?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	Consequences on work Permanently disabled Prevented from work permanently Stopped work temporarily Changed jobs Consequences in schooling Stopped school temporarily Prevented from schooling permanently Not serious		Seriousness of illness or injury
I2	Thinking of the Past 12 months has (NAME) suffered any occupational injury/ Disease (personal injury or disease) resulting from an accident at work or in the course of your work?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No	→>I9	occupational injury in Past 12 months
I3	Which of the following did (NAME) suffer? (Multiple response)	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/>	Superficial injuries or open wounds Fractures Dislocations, sprains or strains Burns, corrosions, scalds or frostbite Breathing problems Eye problems Skin problems Stomach problems/diarrhoea Fever Extreme fatigue Other (specify)..		Type of occupational accident or injury
I4	Thinking about (NAME) 's most serious illness/injury, how did this/ these affect (NAME) 's work/schooling?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	Not Serious- did not stop schooling/ work Stopped work while Stopped work completely Stopped school for a short while Stopped school completely		Duration of effect of injury
I5	How many occupational injuries has (NAME) had in the last 12 months that have kept (NAME) away from normal job for more than one day not counting the day of the accident?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Once or twice 3 to 5 times More than five times		How many occupational injuries
I6	Where was (NAME) when the accident took place? Was She/He? ...	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	In your usual work area in the establishment/unit Somewhere else in the establishment/unit In your usual work area away from the establishment/no fixed work area On work-related travel Other (Specify)...		Where when accident took place

		6 <input type="checkbox"/>	Not known.	
I7	How soon was (Name) able to resume work or normal duty after the accident?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	Still off paid work Was casual Employee Self Employed Same day Less than three consecutive days after the accident More than three consecutive days after the accident	ability to resume work
I8	Specify Number of days that (NAME) was able to resume normal duty after the accident.	<input type="text"/> <input type="text"/>	State Number	Number of days
I9	Does (NAME) carry heavy loads in Her/his daily activities (work, school, etc)?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Always/ often Sometimes Selfdom/Rare Never	Heavy loads carriage
I10	Has (NAME) ever operated machinery/ equipment in any activity (NAME) was involved?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Yes No Don't know	Machine operation
I11	What type of tools, equipment or machines does (NAME) use at work?		List the 2 tools mostly used	Types of tools
I12	Is (NAME) exposed to any of the following at work?	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>	Dust, fumes Fire, gas, flames, extreme temperatures, humidity Loud noise levels or damaging vibrations Snake bite/ insect stings (poisonous) Dangerous tools (knives etc) Work underground Work at dangerous heights Work in water/ lake/ pond/ river Workplace too dark or in confined spaces Insufficient ventilation Chemicals (pesticides, glues, etc) Explosives Other things, processes or conditions bad for your health or safety Not applicable	Exposure
I13	Has (NAME) ever been subject to the following at work? (Multiple response)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	Constantly shouted at Repeatedly insulted Beaten/ physically hurt Sexually abused (touched or done things that you don't want) Other, specify....	Abuse at work

SECTION J_A: LABOUR MIGRATION				
This section covers migration for all persons				
READ: Now I am going to ask you questions about the migration for all persons in the household				
J1_A	In which country was (NAME) born?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Zambia Outside Zambia	District /country of birth
J1B_A	Specify the country in which (NAME) was born?		List of Country	Country of birth
J2_A	What is (NAME) citizenship?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Zambian Non-Zambian	Nationality
J2B_A	Does (NAME) have another nationality?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No	Dual Nationality
J3_A	Has (NAME) moved from another country to Zambia in the last twelve months?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No	→>>J9_A Moved internationally in the last 12 months
J4_A	When did (NAME) move to Zambia		State the year moved	District of Origin

J5_A	In which country was (NAME) living before he/she moved to Zambia	List of countries		Country moved from
J6_A	What was the main reason for (NAME) moving to Zambia? READ OUT	01 <input type="checkbox"/>	To work	Reason for Moving
		02 <input type="checkbox"/>	Other income reasons	
		03 <input type="checkbox"/>	Drought, flood or other weather conditions	
		04 <input type="checkbox"/>	Eviction	
		05 <input type="checkbox"/>	Land related problems	
		06 <input type="checkbox"/>	Follow family	
		07 <input type="checkbox"/>	Marriage	
		08 <input type="checkbox"/>	School/training	
		09 <input type="checkbox"/>	Illness, injury	
		10 <input type="checkbox"/>	Divorce/separation	
		11 <input type="checkbox"/>	To escape insecurity	
		12 <input type="checkbox"/>	To return home from displacement	
		13 <input type="checkbox"/>	Abduction	
		14 <input type="checkbox"/>	To be a refugee	
		15 <input type="checkbox"/>	To be an asylum seeker	
		16 <input type="checkbox"/>	Other (Specify)...	
J7_A	With whom did (NAME) move?	1 <input type="checkbox"/>	Head of household	Persons moved with
		2 <input type="checkbox"/>	Member of Household	
		3 <input type="checkbox"/>	Unaccompanied	
		4 <input type="checkbox"/>	None household member	
J8 A	In the past 12 months, has (NAME) travelled abroad for work?	1 <input type="checkbox"/>	Yes	
		2 <input type="checkbox"/>	No	
J9 A	How many trips has (NAME) made?		Number.....	
J10 A	Did (NAME) travel abroad to provide a service in the destination country?	1 <input type="checkbox"/>	Yes	
		2 <input type="checkbox"/>	No	
J11 A	What type of service did (NAME) provide?			
J12 A	Approximately, what was the cost of the service?			
SECTION J_B: CASH REMITTANCES TO RELATIVES ABROAD				
J13_B	Does (NAME) send money to relatives abroad	1 <input type="checkbox"/>	Yes	Send remittances
		2 <input type="checkbox"/>	No →>> SECTION K	
J14_B	How much does (NAME) send?		State amount	Amount sent
J15_B	How does (NAME) send this money?	1 <input type="checkbox"/>	Western Union	Method of sending
		2 <input type="checkbox"/>	Bank Transfer	
		3 <input type="checkbox"/>	Money Gram	
		4 <input type="checkbox"/>	Relative or Friend travelling home	
		5 <input type="checkbox"/>	Mobile Money	
		6 <input type="checkbox"/>	Other (Specify.....)	
J16_B	How much, on average, does (NAME) pay as fees for the money sent?		State amount	Sending fees
J17_B	How often does (NAME) send?	1 <input type="checkbox"/>	Weekly	Frequency of sending
		2 <input type="checkbox"/>	Every two weeks	
		3 <input type="checkbox"/>	Monthly	
		4 <input type="checkbox"/>	Quarterly	
		5 <input type="checkbox"/>	Annually	

SECTION J_C: LABOUR MIGRATION- PART B – INTERNAL MIGRATION

This section covers migration for all persons

READ: Now I am going to ask you questions about the migration for all persons in the household

J1_C	In which district was (NAME) born?	1 <input type="checkbox"/>	Yes	District of birth
		2 <input type="checkbox"/>	No	

J2_C	Has (NAME) moved from one district to another in the last 12 months	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No	→>>K1	Internal movements
J3_C	When did (NAME) move to this district?	Give year and month State year in four figures, e.g 2019 State month in two figures, e.g 12			When moved
J4_C	In which district was (NAME) living before he/she moved to the district (NAME) presently resides in?			List of District	District of origin
J5_C	What was the main reason for (NAME) moving to where (NAME) presently resides? READ OUT	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/>	To work Other income reasons Drought, flood or other weather conditions Eviction Land related problems Follow family Marriage School/training Illness, injury Divorce/separation To escape insecurity To return home from displacement Abduction To be a refugee To be an asylum seeker Other (Specify)...		Reason for moving
J6_C	With whom did (NAME) move	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Head of household Member of Household Unaccompanied None household member		Person with whom moved

SECTION K: SOCIAL PROTECTION

This section covers social protection for all household members

K1	Is any member of this household a beneficiary of Social cash transfer program?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No	Social cash transfer program
K2	Is any member of this household a beneficiary of Public welfare assistance scheme?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No	Public welfare assistance scheme
K3	Is any member of this household a beneficiary of FERTILISER INPUT SUPPORT PROGRAM (FISP)?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No	Fertilizer input support program (FISP)?
K4	Is any member of this household a beneficiary of Food Security Pack (FSP)?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No	Food Security Pack (FSP)
K5	Is any member of this household a beneficiary of School feeding program?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No	School feeding program
K6	Is any member of this household a beneficiary of Women empowerment program?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No	Women empowerment program
K7	Is any member of this household a beneficiary of Orphans and Vulnerable Children (OVC) bursary?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No	Orphans and Vulnerable Children (OVC) bursary

SECTION L: HOUSEHOLD TASKS- For all children 5-17 years

I' am now going to ask you questions about household chores for children aged 5-17 years

L1	During the last 7 days did (NAME) do any of the household chores below for the household? (Multiple response)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	Fetching water Fetching firewood Cooking Cleaning utensils/ house Washing clothes Caring for children/ old/ sick Shopping	Household chores
----	---	--	---	------------------

		8 <input type="checkbox"/>	Selling Items		
		9 <input type="checkbox"/>	Other household tasks		
L2	During each day of the last 7 days how many hours did you do such household tasks?	1 <input type="checkbox"/>	Monday	Hours per day	Hours per day spent on household chores
		2 <input type="checkbox"/>	Tuesday	_____	
		3 <input type="checkbox"/>	Wednesday	_____	
		4 <input type="checkbox"/>	Thursday	_____	
		5 <input type="checkbox"/>	Friday	_____	
		6 <input type="checkbox"/>	Saturday	_____	
		7 <input type="checkbox"/>	Sunday	_____	
L3	During the last 7 days when did (NAME) usually carry out these activities? <i>Read Out Responses</i> FOR CHILDREN ALL AGED 15-17	1 <input type="checkbox"/>	In the morning only		Children working time
		2 <input type="checkbox"/>	In the afternoon only		
		3 <input type="checkbox"/>	In the evening only		
		4 <input type="checkbox"/>	Both Morning and afternoon		
		5 <input type="checkbox"/>	The whole day		
L4	During the last 7 days when did (NAME) usually carry out these activities? <i>Read Out Responses</i> FOR CHILDREN ATTENDING SCHOOL	1 <input type="checkbox"/>	After school		School going children working time
		2 <input type="checkbox"/>	Before school		
		3 <input type="checkbox"/>	Both before and after school		
		4 <input type="checkbox"/>	On the week-end		
		5 <input type="checkbox"/>	During missed school hours/days		
		6 <input type="checkbox"/>	During the day after other work		

SECTION M: FOOD SECURITY

This section covers food and access to food

READ: Now I am going to ask you questions about food and access to food for this household during the last 12 months

M1	During the last 12 months, was there a time when, because of lack of money or other resources, YOU were worried you would not have enough to eat?	1 <input type="checkbox"/>	Yes		Enough to eat
		2 <input type="checkbox"/>	No		
M2	During the last 12 months, was there a time when, because of lack of money or other resources, YOU were unable to eat healthy and nutritious food?	1 <input type="checkbox"/>	Yes		Unable to eat healthy
		2 <input type="checkbox"/>	No		
M3	During the last 12 months, was there a time when, because of lack of money or other resources, YOU ate only a few kinds of foods?	1 <input type="checkbox"/>	Yes		Ate few kinds of food
		2 <input type="checkbox"/>	No		
M4	During the last 12 months, was there a time when, because of lack of money or other resources, YOU had to skip a meal?	1 <input type="checkbox"/>	Yes		Skip meal
		2 <input type="checkbox"/>	No		
M5	During the last 12 months, was there a time when, because of lack of money or other resources, YOU ate less than you thought you should?	1 <input type="checkbox"/>	Yes		Ate less
		2 <input type="checkbox"/>	No		
M6	During the last 12 months, was there a time when, because of lack of money or other resources, YOUR household ran out of food?	1 <input type="checkbox"/>	Yes		Ran out of food
		2 <input type="checkbox"/>	No		
M7	During the last 12 months, was there a time when, because of lack of money or other resources, YOU were hungry but did not eat?	1 <input type="checkbox"/>	Yes		Hungry
		2 <input type="checkbox"/>	No		
M8	During the last 12 months, was there a time when, because of lack of money or other resources, YOU went without eating for a whole day?	1 <input type="checkbox"/>	Yes		Day without eating
		2 <input type="checkbox"/>	No		

SECTION N: HOUSING AND HOUSEHOLD CHARACTERISTICS

This section covers household and household characteristics

READ: Now I am going to ask you questions about the housing and household characteristics

N1	In what type of dwelling does the household live?	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	Traditional hut Improved traditional house Detached house Flat/ apartment/ multi-unit Servants quarters Guest wing Cottage House attached to /on top of shop etc Hostel Non-residential building (classroom etc.) Unconventional (e.g. katemba,storage container etc) Other (Specify)...		Type of housing	
N2	On what basis does your household occupy the dwelling you are living in?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	Owner occupied Rented from Local Government (Council) Rented from Central Government Rented from Private Company Rented from parastatal (e.g. ZSIC, NAPSA, ...) Rented from private persons (Landlords) Free from employer Other free housing Other (Specify)...		Housing occupancy status	
N3	How many rooms are occupied by this household excluding bathrooms and toilets? (For rural areas count the number of rooms in each hut belonging to the household collectively)		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div>	Number of rooms	Number of rooms in the housing unit	
N4	Are any of these facilities available in the household housing unit?	1 Inside house and exclusive 2 Inside house and shared 3 Outside house and exclusive 4 Outside and shared 5 Not Available	Kitchen	Bathroom	Toilet	Household amenities
N5	What is the main source of energy for lighting and cooking in your household?	01 Kerosene /Paraffin 02 Electricity 03 Solar 04 Candle 05 Diesel 06 Firewood 07 Charcoal 08 Torch 09 Gas 10 Crop/livestock residues 11 None Other (Specify)	Lighting	Cooking	Energy for lighting and cooking	
N6	What is the main source of drinking water?	01 <input type="checkbox"/> Directly from river/lake/stream/dam 02 <input type="checkbox"/> Rainwater 03 <input type="checkbox"/> Unprotected well 04 <input type="checkbox"/> Protected well 05 <input type="checkbox"/> Borehole 06 <input type="checkbox"/> Unprotected spring 07 <input type="checkbox"/> Protected spring 08 <input type="checkbox"/> Bottled/Mineral water 09 <input type="checkbox"/> Public tap 10 <input type="checkbox"/> Own tap 11 <input type="checkbox"/> Other tap (e.g. from nearby building) 12 <input type="checkbox"/> Water kiosk 13 <input type="checkbox"/> Bought from other vendor 13 <input type="checkbox"/> Other (Specify)...		Source of drinking water		

SECTION P: FINANCIAL INCLUSION										
This section covers Financial Inclusion for all household members 15 years and older.										
READ: Now I am going to ask you questions about Financial Inclusion										
P1	Which of the following are you aware of? Read out; Multiple mention possible	1 <input type="checkbox"/>	Savings							Financial Awareness
		2 <input type="checkbox"/>	Warehouse receipt							
		3 <input type="checkbox"/>	Insurance							
		4 <input type="checkbox"/>	Bank Accounts							
		5 <input type="checkbox"/>	Different uses of debt							
		6 <input type="checkbox"/>	Credit Guarantee Scheme							
		7 <input type="checkbox"/>	Movable Collateral Facilities							
		8 <input type="checkbox"/>	mobile money services							
		9 <input type="checkbox"/>	Credit Reference Bureau							
		10 <input type="checkbox"/>	Investments							
		11 <input type="checkbox"/>	Savings groups/ village savings							
		12 <input type="checkbox"/>	Pensions/ Micro Pensions							
P2	Which of the following documents do you have? Read out; Multiple mentions possible	01 <input type="checkbox"/>	National registration card							Documents possessed
		02 <input type="checkbox"/>	Valid Driver's license							
		03 <input type="checkbox"/>	Valid Passport							
		04 <input type="checkbox"/>	Payslip from employer							
		05 <input type="checkbox"/>	Lease or rental agreement in your name							
		06 <input type="checkbox"/>	Subscription (e.g. satellite TV) in your name							
		07 <input type="checkbox"/>	Tax Payer Identification Number/certificate in your name							
		08 <input type="checkbox"/>	Electricity/water bill in your name							
		09 <input type="checkbox"/>	Insurance policy							
		10 <input type="checkbox"/>	Telephone/Zamtel bill in your name							
		11 <input type="checkbox"/>	Title deed in your name							
		12 <input type="checkbox"/>	White book in your name							
			Skip if below 16 years							
P3	In the last 3 months, did you? Read out; Multiple mention possible	1 Yes		Pay all bills on time	Use a spending plan or budget	Have a financial emergency plan	Have a Financial plan and set goals for the future			Financial Behavior
		2 No		1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>			
				2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>			
P4	In the past 12 months, about how often did you use the following for paying bills? Multiple Response	1 <input type="checkbox"/>	Never	Cash	ATM/ Debit Card	Credit Card	Bank Transfer	Mobile Money		Method of paying bills
		2 <input type="checkbox"/>	Daily	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>		
		3 <input type="checkbox"/>	Weekly	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>		
		4 <input type="checkbox"/>	Monthly	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>		
		5 <input type="checkbox"/>	Less than monthly	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>		
				5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>		
P5	Which one of these is the most important to have to be able to manage your finances Read out; Single mention	01 <input type="checkbox"/>	Savings account at a bank							Manage finances
		02 <input type="checkbox"/>	Savings at a microfinance institution							
		03 <input type="checkbox"/>	Loan at a microfinance institution							
		04 <input type="checkbox"/>	Savings at a savings and credit cooperative (SACCO) or Financial Cooperative							
		05 <input type="checkbox"/>	Loan at a savings and credit cooperative (SACCO) or Financial Cooperative							
		06 <input type="checkbox"/>	Chilimba							
		07 <input type="checkbox"/>	Savings in a savings group							
		08 <input type="checkbox"/>	Village Bank services							
		09 <input type="checkbox"/>	Loan from a Village Bank							

		10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/>	Loan from a savings group Loan from a kaloba/shylock Mobile money services – remittances Don't Know	
P6	Which of the following do you use to help you manage your money? Read out; Multiple mentions possible	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/>	Bank Microfinance institutions (MFIs) Lender Insurance services Pensions Fund Manager Chilimba Saving groups Savings and credit cooperative (SACCO) Village Banking Mobile money services Someone in the community Family/friends Other specify	Managing money
P7	When you use a bank do you use it ...single mention	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	As an account holder In your name only As a joint account holder As an account holder through a group/association you belong to an account in somebody else's name As a non-account holder using OTC services I don't use a bank If answer, is I don't use the bank, then skip to P9	Use of banks
P8	Which of the following products or services do you use with a bank? Read out; Multiple mention	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	ATM/debit card Money transfer (without using a mobile phone) Mobile banking Current/cheque account Savings account Fixed deposit account Internet Banking Credit Any other products / services not mentioned here (specify)	Services used
P9	What method do you mainly use to pay for food/groceries? Read out; Single mention.			
	<ol style="list-style-type: none"> 1. By using your own cash 2. By cheque 3. Bank transfer 4. By debit card/ATM card 5. By credit card 6. Mobile banking 7. Mobile money 8. Internet banking 9. Barter system (exchange of goods) 10. By providing services or doing piece work 11. Not Applicable 12. Other Specify, 			
P10	What method do you mainly use to pay for utility bills (e.g water, electricity)			
	<ol style="list-style-type: none"> 1. By using your own cash 2. By cheque 3. Bank transfer 4. By debit card/ATM card 5. By credit card 6. Mobile banking 7. Mobile money 8. Internet banking 9. barter system (exchange of goods) 10. By providing services or doing piece work 11. Not Applicable 			

<p>P11</p>	<p>12. Other Specify, How do you usually pay for school fees? Read out; Single mention</p> <ol style="list-style-type: none"> 1. By using your own cash 2. By cheque 3. Bank transfer 4. By debit card/ATM card 5. By credit card 6. Mobile banking 7. Mobile money 8. Internet banking 9. Barter system (exchange of goods) 10. By providing services or doing piece work 11. Not Applicable 12. Other Specify 																																																											
<p>P12</p>	<p>How would you mainly pay for larger goods/appliances such as a radio, TV, furniture or a bicycle? Read out; Single mention</p> <ol style="list-style-type: none"> 1. By using your own cash 2. By cheque 3. Bank transfer 4. By debit card/ATM card 5. By credit card 6. Mobile banking 7. Mobile money 8. Internet Banking 9. Barter system (exchange of goods) 10. By providing services or doing piece work 11. Not Applicable 12. Other Specify, 																																																											
<p>P13</p>	<p>If you needed (K500 FOR RURAL / K1,000 FOR URBAN) within three days in case of an emergency, were would you get it from? (minimum values of amount) Single Response</p>	<table border="1"> <tr><td>01</td><td><input type="checkbox"/></td><td>Savings</td></tr> <tr><td>02</td><td><input type="checkbox"/></td><td>Rely on savings group social fund</td></tr> <tr><td>03</td><td><input type="checkbox"/></td><td>Borrow from a bank</td></tr> <tr><td>04</td><td><input type="checkbox"/></td><td>Borrow from microfinance institutions</td></tr> <tr><td>05</td><td><input type="checkbox"/></td><td>Borrow from microlender such as Innovate</td></tr> <tr><td>06</td><td><input type="checkbox"/></td><td>Borrow from a savings and credit cooperative (SACCO)</td></tr> <tr><td>07</td><td><input type="checkbox"/></td><td>Borrow from savings group</td></tr> <tr><td>08</td><td><input type="checkbox"/></td><td>Borrow from moneylender/kaloba/shylock</td></tr> <tr><td>09</td><td><input type="checkbox"/></td><td>Borrow from family/friends</td></tr> <tr><td>10</td><td><input type="checkbox"/></td><td>Rely on family and friends for gifts</td></tr> <tr><td>11</td><td><input type="checkbox"/></td><td>Rely on the community for gifts</td></tr> <tr><td>12</td><td><input type="checkbox"/></td><td>Sell something that I bought for this purpose</td></tr> <tr><td>13</td><td><input type="checkbox"/></td><td>Sell something not intentionally bought for this purpose</td></tr> <tr><td>14</td><td><input type="checkbox"/></td><td>Cut back on expenses</td></tr> <tr><td>15</td><td><input type="checkbox"/></td><td>Borrow from mobile money</td></tr> <tr><td>16</td><td><input type="checkbox"/></td><td>Claim insurance</td></tr> <tr><td>17</td><td><input type="checkbox"/></td><td>Other, specify</td></tr> <tr><td>18</td><td><input type="checkbox"/></td><td>Don't know (Do not read out)</td></tr> <tr><td>19</td><td><input type="checkbox"/></td><td>Will not be able get it</td></tr> </table>	01	<input type="checkbox"/>	Savings	02	<input type="checkbox"/>	Rely on savings group social fund	03	<input type="checkbox"/>	Borrow from a bank	04	<input type="checkbox"/>	Borrow from microfinance institutions	05	<input type="checkbox"/>	Borrow from microlender such as Innovate	06	<input type="checkbox"/>	Borrow from a savings and credit cooperative (SACCO)	07	<input type="checkbox"/>	Borrow from savings group	08	<input type="checkbox"/>	Borrow from moneylender/kaloba/shylock	09	<input type="checkbox"/>	Borrow from family/friends	10	<input type="checkbox"/>	Rely on family and friends for gifts	11	<input type="checkbox"/>	Rely on the community for gifts	12	<input type="checkbox"/>	Sell something that I bought for this purpose	13	<input type="checkbox"/>	Sell something not intentionally bought for this purpose	14	<input type="checkbox"/>	Cut back on expenses	15	<input type="checkbox"/>	Borrow from mobile money	16	<input type="checkbox"/>	Claim insurance	17	<input type="checkbox"/>	Other, specify	18	<input type="checkbox"/>	Don't know (Do not read out)	19	<input type="checkbox"/>	Will not be able get it	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Sources of funding</p>
01	<input type="checkbox"/>	Savings																																																										
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<p>P14</p>	<p>How will you mainly ensure that you have money to meet your needs when you are old and cannot work? Do not read out; Single response</p>	<table border="1"> <tr><td>01</td><td><input type="checkbox"/></td><td>Savings</td></tr> <tr><td>02</td><td><input type="checkbox"/></td><td>Rely on support from children</td></tr> <tr><td>03</td><td><input type="checkbox"/></td><td>Land/property</td></tr> <tr><td>04</td><td><input type="checkbox"/></td><td>Own business</td></tr> <tr><td>05</td><td><input type="checkbox"/></td><td>Rental income</td></tr> <tr><td>06</td><td><input type="checkbox"/></td><td>Shares</td></tr> <tr><td>07</td><td><input type="checkbox"/></td><td>Farming/agriculture/livestock</td></tr> <tr><td>08</td><td><input type="checkbox"/></td><td>Pension</td></tr> <tr><td>09</td><td><input type="checkbox"/></td><td>Insurance policy</td></tr> <tr><td>10</td><td><input type="checkbox"/></td><td>Government securities (Treasury bills/bonds)</td></tr> <tr><td>11</td><td><input type="checkbox"/></td><td>Don't know/have no plans</td></tr> <tr><td>12</td><td><input type="checkbox"/></td><td>Other specify</td></tr> </table>	01	<input type="checkbox"/>	Savings	02	<input type="checkbox"/>	Rely on support from children	03	<input type="checkbox"/>	Land/property	04	<input type="checkbox"/>	Own business	05	<input type="checkbox"/>	Rental income	06	<input type="checkbox"/>	Shares	07	<input type="checkbox"/>	Farming/agriculture/livestock	08	<input type="checkbox"/>	Pension	09	<input type="checkbox"/>	Insurance policy	10	<input type="checkbox"/>	Government securities (Treasury bills/bonds)	11	<input type="checkbox"/>	Don't know/have no plans	12	<input type="checkbox"/>	Other specify	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Pension and insurance</p>																					
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P15	<p>How often does this statement apply to you? Read out; Multiple mention possible</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p>	<p>Always Often Sometimes Rarely Never</p>	<p>I know how much money I need to meet my monthly expenses.</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p>	<p>I keep track of my monthly expenses</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p>	<p>I split my monthly earnings on consumption, savings and investment</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p>	Financial Skills
P16	<p>Do you understand why Financial Service Providers request for personal information when registering for a service?</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p>	<p>Yes No</p>				Know your customer
P17	<p>Do you understand fully the terms and conditions for the services offered by your financial service provider?</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p>	<p>Yes No</p>				Disclosure and transparency
P18	<p>Are you satisfied with the quality of services that you receive from your financial service provider? Link this to the specific service provider.</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p>	<p>Yes No</p>				Fair Treatment and Business Conduct
P19	<p>Do you understand the procedure for lodging complaints in case of a dispute with your financial service provider?</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p>	<p>Yes No</p>				Dispute Resolution
P20	<p>Do you own a mobile phone?</p> <p>Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/></p>						Mobile Money

<p>P20 B</p> <p>P21</p> <p>P22</p>	<p>Do you own a sim card?) Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> IF NO >>>> P22</p> <p>Do you have a mobile money account in your own name? Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/></p> <p>In the last three (3) Months have you used mobile money? Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> IF NO>>>>P26</p>			
<p>P23</p>	<p>In the last three (3) months, how often have you used mobile money? Read out; Single mention</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/></p>	<p>Daily Weekly Monthly Never >>>>>>>>> P26</p>	<p>Mobile Money</p>
<p>P24</p>	<p>What type of mobile money transaction do you typically make? Read out; Multiple mention</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/></p>	<p>Airtime Recharge Fund Transfer Savings Bill Payments Cash Withdrawal/ deposit Investment Loan insurance</p>	<p>Mobile Moneys</p>
<p>P25</p>	<p>On a scale of 1 to 4, Do you find mobile money services to be cheap or expensive? Read out; Single mention</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/></p>	<p>Very Cheap Cheap Expensive Very Expensive</p>	<p>Mobile Money</p>
<p>P26</p>	<p>If you save, please specify reasons for saving? Read out; Multiple mention</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/></p>	<p>Purchase of Property For Children's Education For Agricultural Purposes Starting new business Emergencies Repaying Debts Household Expenses Other, please specify. _____.</p>	<p>Savings Group Attributes</p>
<p>P27</p> <p>P27a</p> <p>P28</p>	<p>In the last 3 months, have you sent money to anyone? Read out; Single mention 1. Yes 2. No>>>>>P28</p> <p>How did you mostly send the money? Read out; Multiple mention Bank transfer/ pay into bank account Through post office Mobile banking International Money Transfer (Western Union/money gram/swift cash/union pay) Mobile money Through friends or family Through bus/taxi driver Other? please specify</p> <p>In the last 3 months, have you received money from anyone? Read out; Single mention 1. Yes 2. No>>>>>>>P29</p>	<p>Remittances</p>		

P28a	How do you mostly receive the money? Read out; Multiple mention Bank transfer/ pay into bank account Through post office Mobile banking International Money Transfer (Western Union/money gram/swift cash/union pay) Mobile money Through friends or family Through bus/taxi driver Other? please specify	
P29	In the past 3 months, has (Name) borrowed money from....? Read out; Multiple mention	Source of borrowing money
P30	Which of the following does (Name) have? Read out; Multiple mention	Methods of savings/Investment
P31a	Is your savings group linked to a formal financial service provider?	Savings group attributes
P31b	What kind of financial services and products do you use? Read out; Multiple mention	Savings group attributes
P32	Does (NAME) Have any form of investment?	Methods of savings/In

P33	What is your source of funds for investment? Read out; Multiple mention	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	Remittances Salary Savings Borrowing Rental income Proceeds from agriculture produce Other, specify._____.	Source of Investment
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