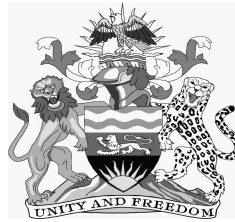


FORM IHS-2

post enumerator training corrected version, March 2004

STRICTLY CONFIDENTIAL

Malawi Government
National Statistical Office

Questionnaire
number

SECOND INTEGRATED HOUSEHOLD SURVEY, 2004

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

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

HOUSEHOLD CHARACTERISTICS, INCOME AND EXPENDITURE QUESTIONNAIRE

MODULE A-1: HOUSEHOLD IDENTIFICATION

WRITE CODES FOR TA, STA, OR TOWN; EA; AND HH ID. WRITE NAME OF DISTRICT; TA; VILLAGE; AND HOUSEHOLD HEAD.

CODE

NAME

A01. DISTRICT:

--	--	--

A02. TA, STA, or TOWN:

--	--

A03. ENUMERATION AREA:

--	--	--

A04. PLACE / VILLAGE NAME:

A05. HOUSEHOLD ID (FROM LIST):

--	--	--

A06. NAME OF HOUSEHOLD HEAD:

MARK BOX WITH AN 'X' AND NUMBER FORMS BELOW IF YOU USE MORE THAN THIS SINGLE FORM TO COLLECT INFORMATION FROM THIS HOUSEHOLD. IF SO, BE SURE TO MARK IN THE SAME WAY THE OTHER FORMS USED FOR THIS HOUSEHOLD.

☐

FORM ____ OF ____ FORMS IN TOTAL

A07. DWELLING STRUCTURE NO. (FROM LIST): CODE

--	--	--

A08. DESCRIPTION OF LOCATION OF HOUSEHOLD - INCLUDE ANY IDENTIFYING CHARACTERISTICS OF DWELLING, NAME OF NEIGHBOURING HOUSEHOLDS & KEY
PERMANENT CONTACTS, PHONE NUMBER (IF ANY). SKETCH MAP OF DWELLING LOCATION IN SPACE AT PAGE BOTTOM.

TELEPHONE NO.:

CONTACT NAMES: a)

b)

A09. DOES THIS HOUSEHOLD REPLACE ANOTHER SAMPLE HOUSEHOLD CHOSEN FOR THE SURVEY

YES..1; NO..2 (»A12)

--

A10. WHICH HOUSEHOLD IN THIS EA DOES IT REPLACE?

HOUSEHOLD ID OF ORIGINALLY
SELECTED HOUSEHOLD

--	--	--

A11. WHY WAS ORIGINALLY SELECTED HOUSEHOLD REPLACED?

--

- 1 - DWELLING FOUND, BUT NO HH MEMBER COULD BE FOUND.
- 2 - DWELLING FOUND, BUT RESPONDENT REFUSED.
- 3 - DWELLING FOUND, BUT APPEARS UNOCCUPIED.
- 4 - DWELLING FOUND, BUT NOT A RESIDENTIAL BUILDING.
- 5 - DWELLING DESTROYED.
- 6 - DWELLING NOT FOUND.

MODULE A-2: SURVEY STAFF DETAILS

A12. NAME OF ENUMERATOR:

--	--	--

A13. ENUMERATOR CODE:

A14. DATE OF INTERVIEW:

/	/	
---	---	--

(ENUMERATOR »NEXT
PAGE)

A15. NAME OF FIELD SUPERVISOR:

A16. FIELD SUPERVISOR CODE:

--	--	--

A17. DATE OF QUESTIONNAIRE
INSPECTION:

/	/	
---	---	--

A18. NAME OF ZONE SUPERVISOR:

A19. ZONE SUPERVISOR CODE:

--	--	--

A20. DATE OF QUESTIONNAIRE
INSPECTION:

/	/	
---	---	--

A21. NAME OF DATA ENTRY CLERK:

A22. DATA ENTRY CLERK CODE:

--	--	--

A23. DATE OF DATA ENTRY:

/	/	
---	---	--

A24. NAME OF DATA VALIDATION CLERK:

A25. DATA VALIDATION CLERK CODE:

--	--	--

A26. DATE OF DATA VALIDATION:

/	/	
---	---	--

(SKETCH MAP OF DWELLING LOCATION)

INTRODUCTION TO THE HOUSEHOLD TO BE INTERVIEWED

CONVEY THE FOLLOWING INFORMATION TO THE RESPONDENT:

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

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

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

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

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[illegible]

MODULE C: EDUCATION

[ASK ALL PERSONS AGED 5 YEARS AND OLDER.]

C01	C02	C03	C04	C05	C06	C07	C08	C09	C10	C11	C12	C13	C14	
I D C O D E	PUT AN 'X' FOR ALL INDI- VIDUALS WHO ARE AGED 4 YEARS AND YOUNGER. <u>DO NOT</u> ADMIN- ISTER THIS MODULE TO THESE INDI- VIDUALS.	What <u>language</u> do you speak at home?	Can you <u>read</u> a one- page letter in <u>Chichewa</u> ?	Can you <u>write</u> a one- page letter in <u>Chichewa</u> ?	Can you <u>read</u> a one-page letter in <u>English</u> ?	Can you <u>write</u> a one-page letter in <u>English</u> ?	Can you <u>read</u> a one- page letter in <u>any</u> <u>other</u> <u>language</u> ?	Can you <u>write</u> a one- page letter in <u>any</u> <u>other</u> <u>language</u> ?	Have you ever attended school?	What was the reason you <u>never attended school</u> ? CAN GIVE UP TO 2 REASONS.	What class are you in or what was the highest class level you ever attended?	What is the <u>highest</u> <u>educational</u> <u>qualification</u> you have acquired?	In which calendar year did you <u>begin</u> <u>school</u> for the very first time?	
		CHEWA. . . 1									STILL TOO YOUNG TO ATTEND	NURSERY /		
		NYANJA . . 2									SCHOOL. 1	PRE-SCHOOL-0 FORM 5 - 13		
		YAO. . . 3									NO MONEY FOR FEES, UNIFORM . 2	PRIMARY FORM 6 - 14		
		TUMBUKA. 4									POOR QUALITY OF SCHOOLS. . . 3	STND. 1 - 1 UNIVERSITY		
		LOMWE. . 5									ILLNESS OR DISABILITY. . . 4	STND. 2 - 2 UNIV. 1 - 15		
		NKHONDE. 6									NOT INTERESTED, LAZY . . . 5	STND. 3 - 3 UNIV. 2 - 16		
		NGONI. . 7									PARENTS DID NOT LET ME . . 6	STND. 4 - 4 UNIV. 3 - 17		NONE. . . 1
		SENA . . 8									HAD TO WORK OR HELP AT HOME. 7	STND. 5 - 5 UNIV. 4 - 18		PSLC. . . 2
		NYAKYUSA 9									SCHOOL TOO FAR FROM HOME . 8	STND. 6 - 6 UNIV. 5 & ABOVE - 19		JCE . . . 3
TONGA. .10									SCHOOL CONFLICT WITH	STND. 7 - 7		MSCE. . . 4		
LAMBYA .11									BELIEFS 9	STND. 8 - 8 TRAINING		NON-UNIV.		
SENGA. .12		YES..1			YES..1		YES..1		OTHER (SPECIFY). 10	SECONDARY COLLEGE		DIPLOMA. 5		
SUKWA. .13									(»NEXT MODULE)	FORM 1 - 9 TC YR. 1 - 20		DIPLOMA, 6		
ENGLISH.14		NO...2		YES..1	NO...2	YES..1	NO...2	YES..1	(»C12)	FORM 2 - 10 TC YR. 2 - 21		DEGREE . 6		
OTHER. .15		(»C06)	NO...2	NO...2	(»C08)	NO...2	(»C10)	NO...2	NO...2	FORM 3 - 11 TC YR. 3 - 22		POST-GRAD. CALENDAR		
										FORM 4 - 12 TC YR. 4 - 23		DEGREE . 7 YEAR		

[illegible]

C01	C15	C16	C17	C18	C19		C20	C21	C22	C23	C24	
	How old were you when you started school?	Did you attend school in the last <u>com- pleted</u> academic year?	What class were you in during the last <u>completed</u> academic year?	Are you currently attending school or, if school is not now in session, did you attend school in the session just completed and plan to attend next session?	Why did you not continue your education?		In which calendar year did you <u>last attend school</u> ?	What type of school do you attend?	Are you a day scholar or a boarder at the school?	How do you get to school each day?	How long does it usually take you to get to school by this means of transport [C23]?	
	I D C O D E		NURSERY/ PRE-SCHOOL-0 FORM 5 - 13 <u>PRIMARY</u> FORM 6 - 14 STND. 1 - 1 <u>UNIVERSITY</u> STND. 2 - 2 UNIV. 1 - 15 STND. 3 - 3 UNIV. 2 - 16 STND. 4 - 4 UNIV. 3 - 17 STND. 5 - 5 UNIV. 4 - 18 STND. 6 - 6 UNIV. 5 & STND. 7 - 7 ABOVE - 19 STND. 8 - 8 <u>TRAINING</u> <u>SECONDARY</u> <u>COLLEGE</u> FORM 1 - 9 TC YR. 1 - 20 FORM 2 - 10 TC YR. 2 - 21 FORM 3 - 11 TC YR. 3 - 22 FORM 4 - 12 TC YR. 4 - 23	YES..1 NO...2 YEARS	YES..1 (»C21) NO...2	ACQUIRED ALL EDUCATION WANTED . 1 NO MONEY FOR FEES OR UNIFORM. . 2 TOO OLD TO CONTINUE 3 MARRIED / BECAME PREGNANT . . . 4 ILLNESS OR DISABILITY 5 FOUND WORK. 6 NOT INTERESTED, LAZY. 7 PARENTS TOLD ME TO STOP 8 HAD TO WORK OR HELP AT HOME . . 9 POOR/CROWDED SCHOOL FACILITIES.10 POOR QUALITY INSTRUCTION. . . .11 TEACHERS OFTEN ABSENT12 SCHOOL TOO DANGEROUS FOR GIRLS.13 SCHOOL TOO FAR FROM HOME. . . .14 SCHOOL CONFLICT W/ BELIEFS. . .15 FAILED PROMOTION EXAM16 DISMISSED / EXPELLED17 OTHER (SPECIFY)18	CALENDAR YEAR (IF WITHIN PAST 12 MONTHS »C30) (OTHER- WISE, »NEXT MODULE)	<u>PRIMARY</u> LEA/GOVERNMENT.11 PRIVATE NON-RELIGIOUS .12 CHURCH/MISSION SCHOOL .13 ISLAMIC SCHOOL.14 OTHER PRIMARY15 <u>SECONDARY</u> GOVERNMENT (CONVENTIONAL). 21 COMMUNITY DAY (CDSS) . 22 CHURCH/MISSION SCHOOL .23 ISLAMIC SCHOOL.24 NIGHT SCHOOL.25 OTHER SECONDARY26 <u>TERTIARY</u> UNIVERSITY.31 TRAINING COLLEGE.32 OTHER TERTIARY.33	DAY SCHOLAR. 1 BOARDER . 2 (»C25)	FOOT . . 1 BICYCLE. 2 BUS/MINI- BUS . . 3 PRIVATE VEHICLE 4 OTHER. . 5	MINUTE. 1 HOUR. . 2 TIME AMOUNT	UNIT
						1st reason	2nd reason					

[illegible]

MODULE D: HEALTH

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

D01	D02	D03	D04	D05	D06	D07	D08	D09	D10	D11	D12
I D C O D E	IS THE INFORMATION SELF-REPORTED OR IS IT BEING PROVIDED BY ANOTHER HOUSEHOLD MEMBER?	WHO IS REPORTING THE INFORMATION FOR THE INDIVIDUAL?	During the <u>past 2 weeks</u> have you suffered from an <u>illness or injury</u> ?	What was the illness or injury? FEVER, MALARIA . . 1 DIARRHEA 2 STOMACH ACHE . . . 3 VOMITING 4 SORE THROAT. . . . 5 UPPER RESPIRATORY (SINUSES) 6 LOWER RESPIRATORY (CHEST, LUNGS) . 7 FLU. 8 ASTHMA 9 HEADACHE10 FAINTING11 SKIN PROBLEM . .12 DENTAL PROBLEM .13 EYE PROBLEM. . .14 EAR/NOSE/THROAT.15 BACKACHE16 HEART PROBLEM. .17 BLOOD PRESSURE .18 PAIN WHEN PASS-ING URINE . . .19 DIABETES20 MENTAL DISORDER.21 TB22 SEXUALLY TRANSMITTED DISEASE23 BURN24 FRACTURE25 WOUND26 POISONING27 PREGNANCY28 UNSPECIFIED LONG-TERM ILLNESS29 OTHER (SPECIFY).30	Who <u>diagnosed</u> the illness? MEDICAL WORKER (DOCTOR, CLINICAL OFFICER, NURSE) AT HOSPITAL . . . 1 MEDICAL WORKER AT OTHER HEALTH FACILITY. 2 TRADITIONAL HEALER 3 NON-HH MEMBER (NOT MEDICAL). . . 4 HH MEMBER. 5 SELF 6	What <u>action</u> did you take to find relief for your illness? DID NOTHING, NOT SERIOUS . 1 DID NOTHING, NO MONEY. . . 2 USED MEDICINE HAD IN STOCK 3 PERSONALLY KNOWN REMEDIES. 4 SOUGHT TREATMENT AT GOVT. HEALTH FACILITY 5 SOUGHT TREATMENT AT CHURCH/MISSION FACILITY . 6 SOUGHT TREATMENT AT PRIVATE HEALTH FACILITY . 7 WENT TO LOCAL PHARMACY . . 8 WENT TO LOCAL GROCERY FOR MEDICINE. 9 SOUGHT TREATMENT WITH TRADITIONAL HEALER. . . .10 SOUGHT TREATMENT WITH FAITH HEALER.11 OTHER (SPECIFY).12	During the past 2 weeks did you have to stop your normal activities because of this (these) illness(es)?	For how many days in the past two weeks did you have to stop your normal activities?	During the past 2 weeks did anyone else in the household have to stop their normal activities to care for you?	For how many days in the past two weeks did someone stop their normal activities to care for you?	How much in total did you spend in the <u>past 4 weeks</u> for <u>all illnesses and injuries</u> , including for medicine, tests, consultation, & in-patient fees, if any? INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS.
	SELF-REPORTED.1 (»D04) ANOTHER HH MEMBER .2	ID CODE	YES..1 NO...2 (»D12)	Problem 1 Problem 2	Problem 1 Problem 2	Problem 1 Problem 2	Problem 1 Problem 2	(»D12)	DAYS	(»D12)	DAYS

[illegible]

D01	D13	D14	D15	D16	D17	D18	D19	D20	D21	D22	D23	D24	D25	D26
I D C O D E	How much in total did you spend in the past 4 weeks for <u>medical care not related to an illness</u> - preventative health care, pre-natal visits, check-ups, etc., if any? INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS.	How much in total did you spend in the past 4 weeks for <u>non-prescription medicines</u> - Panadol, Fansidar, cough syrup, etc.? INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS.	During the last <u>12 months</u> , were you <u>hospitalized</u> or had an <u>overnight stay(s)</u> in a <u>medical facility</u> ? YES...1 NO...2	What was the total cost of your hospitalization(s) or <u>overnight stay(s)</u> in a <u>medical facility</u> ? INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS.	Did you or other members of your household have to borrow money or sell assets in order to pay for these costs? YES...1 NO...2	During the last <u>12 months</u> , did you <u>stay over-night(s)</u> at a <u>traditional healer's</u> or <u>healer's</u> dwelling? YES...1 NO...2	What was the total cost of your stay(s) at the <u>traditional healer</u> or <u>faith healer</u> ? INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS.	Did you or other members of your household have to borrow money or sell assets in order to pay for these costs? YES...1 NO...2	How is your health today compared to what it was at this time last year? MUCH BETTER . . .1 SOMEWHAT BETTER . . .2 ABOUT THE SAME . . .3 SOMEWHAT WORSE . . .4 MUCH WORSE.5 CHILD LESS THAN ONE YEAR OLD .6	Are you physically or mentally handicapped in any way? YES...1 NO...2	In what way(s) are you handicapped? LIST ALL MISSING HAND .1 MISSING FOOT .2 LAME3 BLIND.4 DEAF5 UNABLE TO SPEAK6 MENTALLY DISABLED. . .7 OTHER (SPEC.) .8	If you had to sweep the floor of your house, could you do so easily, with difficulty, or not at all? WELL. . . . 1 WITH DIFF-ICULTY . 2 NOT AT ALL ALL. . . . 3 TOO YOUNG 4	If you had to walk for 5 kilometers, could you do so easily, with difficulty, or not at all? WELL. . . . 1 WITH DIFF-ICULTY . 2 NOT AT ALL ALL. . . . 3 TOO YOUNG 4	Do you suffer from a <u>chronic illness</u> ? YES...1 NO...2 (»D30)
	MK	MK	(»D18)	MK	YES...1 NO...2	YES...1 NO...2	MK	YES...1 NO...2	MK	(»D24)				
							(»D21)							

[illegible]

MODULE E: TIME USE & LABOUR

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

E01	E02	E03	E04	E05	E06	E07	E08	E09	E10	E11	E12	E13	E14	E15	
I D C O D E	PUT AN 'X' FOR ALL INDI- VIDUALS WHO ARE AGED 4 YEARS AND YOUNGER. <u>DO NOT</u> ADMIN- ISTER THIS MODULE TO THESE INDI- VIDUALS.	YESTER- DAY WAS WHAT DAY OF THE WEEK?	WAS YESTER- DAY A PUBLIC HOLIDAY?	How many hours did you spend	How many hours did you spend	How many hours did you spend	How many hours <u>in the last</u> seven days did you spend on	How many hours <u>in the</u> last seven days did you	How many hours <u>in the</u> last seven days did you	How many hours <u>in the</u> last seven days did you	How many hours <u>in the</u> last seven days did you	REVIEW QUESTIONS E08 TO E12. DID THE RESPONDENT WORK FOR ANY HOURS AT THESE TASKS OVER THE LAST SEVEN DAYS?	Even though <u>you did not do</u> <u>any activities in</u> <u>the last seven</u> <u>days</u> , do you have a job, business, or other economic or farming activity that you will return to? NOT GANYU.	What is the main reason you did not work at this activity during the last seven days? ON LEAVE . . .1 ILL.2 BUSINESS CLOSED TEMPOR- ARILY . . .3 NOT FARMING SEASON. . .4 OTHER (specify) .5	
		SUN. .1 MON. .2 TUE. .3 WED. .4 THUR. .5 FRI. .6 SAT. .7	YES. .1 NO. .2	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	YES. .1 (»E18) NO. .2	YES. .1 NO. .2 (»E16)	(THEN »E18)
		YES. .1 NO. .2	YES. .1 NO. .2	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	YES. .1 (»E18) NO. .2	YES. .1 NO. .2 (»E16)	(THEN »E18)

[illegible]

E01	E16 In the past four weeks have you taken any action to look for any kind of work or start any kind of business / income generating activity?	E17 If you were offered a job, would you be willing to accept the job?	E18 At any time in the past 12 months, were you employed for a wage, salary, commission or any payment in kind, excluding ganyu?	E19 Describe your <u>main employed occupation</u> over the past 12 months?	E20 Describe what kind of trade or business your main employed occupation over the past 12 months is connected with?	E21 Is your main <u>employer</u> for your main occupation in the last 12 months... (READ ALL RESPONSES) a private company.1 a private individual. . . .2 government3 a state-owned enterprise (parastatal). . .4 MASAF or other public works program5 Other (specify). .6
	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2 (»E29)	(Supervisor to put in occupational code <u>after</u> interview) OCCUP. CODE	(Supervisor to put in industry code <u>after</u> interview) IND. CODE	
				WRITTEN DESCRIPTION	WRITTEN DESCRIPTION	

1							
2							
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7							
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9							
10							
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12							

MODULE F: SECURITY & SAFETY

(ASK OF ALL MEMBERS OF HOUSEHOLD AGED 10 YEARS AND OLDER.)

[illegible][illegible]

[ASK OF HOUSEHOLD HEAD, OR, IF UNAVAILABLE, ANOTHER INFORMED HOUSEHOLD MEMBER.]

F15	F16	F17	F18	F19	F20	F21	F22	F23
INDICATE WITH AN 'X' THE RESPOND-ENT TO QUEST-IONS F16 TO F23	In the past year, did anyone enter your dwelling to steal, to try to steal something, or to commit another crime?	How many times did it happen?	In the past year, were any <u>animals</u> <u>stolen</u> from you?	What types of animals were stolen? CAN LIST UP TO THREE.	In the past year, were you personally a victim of petty theft such as <u>pick-pocketing</u> , <u>from</u> <u>stolen</u> <u>from</u> you?	In the past year, were you personally a victim of petty theft such as pick-pocketing, theft of purse, watch, wallet, clothing, or jewelry?	In the past year, have you changed your behaviour in terms of crops grown, animals owned, or assets acquired because of insecurity?	What steps have you taken to protect yourself from crime in the past year? CAN LIST UP TO TWO.
		ONCE . . 1 TWICE . . 2 THREE TIMES . . 3 MORE THAN THREE TIMES . . 4		CATTLE . 1 OXEN . . 2 GOATS . . 3 SHEEP . . 4 PIGS . . 5 CHICKENS 6 OTHER POULTRY 7 OTHER . . 8				ESTABLISHED COM- MUNITY POLICING . . 1 NEIGHBOURHOOD WATCH . 2 EMPLOYED WATCHMAN . . 3 ACQUIRED GUARD DOGS. 4 IMPROVED HOUSE SECURITY (BARS, WALLS, FENCE) . . . 5 CHANGED LOCATION . . 6 TRADITIONAL REMEDIES (KUTSILIKA) 7 OTHER (SPECIFY) . . . 8 NOTHING. 9
	YES .1 NO. .2 (»F18)		YES .1 NO. .2 (»F20)	FIRST SECOND THIRD	YES .1 NO. .2	YES .1 NO. .2	YES .1 NO. .2	

[illegible]

MODULE G: HOUSING

[ASK OF HOUSEHOLD HEAD.]

G01	G02	G03	G04	G05	G06	G07	G08	G09	G10
Do you own or are purchasing this house, is it provided to you by an employer, do you use it for free, or do you rent this house?	If you <u>sold this dwelling</u> today, how much would you receive for it?	Estimate the rent you could receive if you rented this dwelling or one exactly like it to another person? (MK PER TIME UNIT)	How much do you <u>pay to rent</u> this dwelling? (MK PER TIME UNIT)	How many years ago was this house built? How old is it?	WHAT <u>TYPE OF DWELLING</u> DOES THE HOUSE-HOLD LIVE IN?	WHAT GENERAL TYPE OF <u>CONSTRUCTION MATERIALS</u> ARE USED FOR THE DWELLING?	THE <u>OUTER WALLS</u> OF THE MAIN DWELLING OF THE HOUSEHOLD ARE PREDOMINANTLY MADE OF WHAT MATERIAL?	THE <u>ROOF</u> OF THE MAIN DWELLING IS PREDOMINANTLY MADE OF WHAT MATERIAL?	THE <u>FLOOR</u> OF THE MAIN DWELLING IS PREDOMINANTLY MADE OF WHAT MATERIAL?
OWNED.1 BEING PURCHASED . . .2 EMPLOYER PROVIDES (»G03).3 FREE, AUTHO- RIZED (»G03). .4 FREE, NOT AUTHO- RIZED (»G03). .5 RENTED (»G04). .6		(THEN »G05)			SINGLE HOUSE . . .1 SEVERAL SEPARATE STRUCTURES.2 FLAT3 ROOM IN LARGER DWELLING. .4 IMPROVISED HOUSING . .5 OTHER. . . .6	PERMANENT. . . 1 SEMI-PERMANENT 2 TRADITIONAL. . 3 (SEMI-PERMANENT IS MIX OF TRADITIONAL (GRASS, MUD)& MODERN MATERIALS (IRON SHEET, CEMENT)	GRASS 1 MUD (YOMATA). . 2 COMPACTED EARTH (YAMDINDO). . 3 MUD BRICK (UNFIRED) . . 4 BURNT BRICKS. . 5 CONCRETE. . . . 6 WOOD. 7 IRON SHEETS . . 8 OTHER 9	GRASS. 1 IRON SHEETS. . 2 CLAY TILES . . 3 CONCRETE . . . 4 PLASTIC SHEETING . . . 5 OTHER. 6	SAND. 1 SMOOTHED MUD. 2 SMOOTH CEMENT 3 WOOD. 4 TILE. 5 OTHER 6
	MK	MK	MK	DO NOT KNOW .99	DAY. . . 3 WEEK . . 4 MONTH. 5 YEAR . . 6	YEARS			
		TIME UNIT	TIME UNIT						

[illegible]

G11	G12	G13	G14	G15	G16	G17	G18	G19	G20	G21
How many <u>separate rooms</u> do the members of your household occupy?	What is your main source of <u>lighting fuel</u> ?	What is your main source of <u>cooking fuel</u> ?	Do you ever use firewood for fuel?	Do you ever <u>collect firewood</u> ?	Where do you go to collect firewood?	How long does it take you to walk from your dwelling to where you usually go to collect firewood?	Of the firewood you used in the past week, how much of it did you purchase?	What is the total value of the firewood you used in the past week, whether gathered or purchased? (Estimate purchase cost of gathered firewood.)	Do you have <u>electricity</u> working in your dwelling?	Is your electricity from ESCOM, a generator, solar panels, or some other source?
(DO NOT COUNT BATHROOMS, TOILETS, STOREROOMS, OR GARAGE)	COLLECTED FIREWOOD. . . .1 (»G16) PURCHASED FIREWOOD. . . .2 (»G15) GRASS.3 PARAFFIN4 ELECTRICITY. .5 GAS.6 BATTERY/DRY CELL (TORCH).7 CANDLES. . . .8 OTHER.9	COLLECTED FIREWOOD. . . .1 (»G16) PURCHASED FIREWOOD. . . .2 (»G15) PARAFFIN3 ELECTRICITY. .4 GAS.5 CHARCOAL . . .6 CROP RESIDUE 7 SAW DUST . . .8 ANIMAL WASTE 9 OTHER. . . .10	YES..1 NO...2 (»G20)	YES..1 NO...2 (»G19)	OWN WOODLOT .1 COMMUNITY WOODLOT .2 FOREST RESERVE .3 UNFARMED AREAS OF COMMUNITY .4 OTHER. . . .5	MINUTE. 1 HOUR. . 2 TIME AMOUNT	ALL1 ALMOST ALL. . . .2 MORE THAN HALF . . .3 HALF. . . .4 LESS THAN HALF . . .5 A LITTLE. 6 NONE. . . .7	YES..1 NO...2 (»G24)	YES..1 NO...2 (»G24)	ESCOM. . . .1 GENERATOR. .2 SOLAR PANEL.3 OTHER. . . .4

[illegible]

G22	G23	G24	G25	G26	G27	G28	G29	G30	G31
What was the total cost for electricity in the household over the last period?	To what length of time does this cost for electricity refer?	Although you do not have electricity here, is there electricity within 100 meters of this dwelling, whether from ESCOM, a generator, a solar panel, or some other source?	Is there a <u>landline telephone</u> in working condition in the dwelling unit?	What was the total cost for <u>landline telephone</u> service in the household over the last period?	To what length of time does this landline telephone cost refer?	Does someone in the household own a cellular telephone (<u>cell phone</u>) in working condition?	What was the total cost for <u>cell phone</u> service for all household members last month?	What was your <u>main source of drinking water</u> over the past month?	How long does it take you to walk (ONE WAY) to the water source from your dwelling?
IF ESCOM, LAST BILL RECEIVED.	(THEN »G25)							PIPED INTO DWELLING.(»G33) .1 PIPED OUTSIDE DWELLING, PERSONAL.(»G33)2 COMMUNAL STANDPIPE3 PERSONAL HANDPUMP.(»G33) . .4 COMMUNAL HANDPUMP.5 PROTECTED SPRING6 PERSONAL OPEN, UNPROTECTED WELL.(»G33)7 COMMUNAL OPEN, UNPROTECTED WELL.8 RIVER/SPRING9 LAKE/RESERVOIR10 OTHER.11	
DAY . .3 WEEK. .4 MONTH .5 YEAR. .6	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	YES..1 NO...2	MINUTE. 1 HOUR. . 2	
TIME AMOUNT UNIT	TIME AMOUNT UNIT	TIME AMOUNT UNIT	TIME AMOUNT UNIT	TIME AMOUNT UNIT	TIME AMOUNT UNIT	TIME AMOUNT UNIT	TIME AMOUNT UNIT	TIME AMOUNT UNIT	TIME AMOUNT UNIT
MK				MK			MK		

G32	G33	G34	G35	G36	G37	G38	G39	G40	G41
Typically when you get to the [WATER SOURCE], how much time do you have to wait in a queue to collect the water?	Do you use this source for your drinking water all year round, only in the dry season, or only in the rainy season?	In the other season, what is your main source of drinking water?	What was the total cost of <u>drinking water</u> for your household last month?	What kind of <u>toilet facility</u> does your household use?	Is this toilet facility for the use of: READ	What kind of <u>rubbish disposal</u> facilities does your household use?	Do any members of your household <u>sleep under a bed net</u> to protect against mosquitoes at some time during the year?	Has/have the bed net(s) ever been dipped in insecticide against mosquitoes in the past six months?	(ASK ONLY IF HOUSEHOLD HAS CHILDREN AGED FIVE AND UNDER) Do the children under 5 in the household sleep under a bed net at those times of the year when there are mosquitoes present?
		USE CODES FOR G30		FLUSH TOILET . 1 VIP LATRINE. 2 TRADIT. LATRINE W/ROOF . 3 TRADIT. LATRINE W/O ROOF 4 NONE (»G38) . 5 OTHER . . 6	HH Mem-bers only. .1 Other house-holds also. .2	COLLECTED FROM RUBBISH BIN. . .1 RUBBISH PIT . . .2 BURNING3 PUBLIC RUBBISH HEAP4 OTHER5 NONE.6	YES..1 NO...2 (»NEXT MODULE)	YES. . . . 1 NO 2 ALL NETS TREATED & LESS THAN 6 MTHS. OLD . . . 3	YES, FOR <u>ALL</u> CHILDREN UNDER FIVE1 YES, FOR <u>SOME</u> CHILDREN UNDER FIVE2 NO, NONE OF THE CHILDREN UNDER FIVE3 NO CHILDREN UNDER 59
MINUTE..1 HOUR. .2	ALL YEAR 1 (»G35) ONLY DRY SEASON. 2 ONLY RAINY SEASON3		ENTER 'ZERO' IF NONE. MK						
TIME AMOUNT UNIT	TIME AMOUNT UNIT								

MODULE H: CONSUMPTION OF SELECTED FOOD OVER PAST THREE DAYS

H01	H02	H03		H04	H05
Over the past three days, did you or others in your household consume any [. . .] which you <u>did not purchase</u> , but produced yourself, received as a gift or as wages, or received it in some other manner without purchase?		How much did you consume?		What is the estimated value of this food?	What was the source of the food?
YES...1 NO...2 (»NEXT ITEM)	ITEM CODE	QUANTITY	UNIT (CODES AT RIGHT)	MK	
<i>Ufa</i> (maize flour) <i>mgaiwa</i>	11				
<i>Ufa</i> (maize flour) refined	12				
Cassava flour	13				
Groundnut	14				
<i>Nkhwani</i>	15				
Poultry	16				

UNIT

KILOGRAMME 1
 50 KG. BAG 2
 90 KG. BAG 3
 PAIL (SMALL) . . . 4
 PAIL (LARGE) . . . 5
 No. 10 PLATE . . . 6
 No. 12 PLATE . . . 7
 BUNCH. 8
 PIECE. 9
 HEAP 10
 BALE 11
 BASKET (*DENGU*)
 (SHELLED) . . . 12
 BASKET (*DENGU*)
 (UNSHELLED) . . 13
 OX-CART
 (UNSHELLED) . . 14
 LITRE. 15
 CUP. 16
 TIN. 17
 GRAM 18
 MILLILITRE . . . 19
 OTHER (SPECIFY) . 20

MODULE I: CONSUMPTION OF FOOD OVER PAST ONE WEEK

I01	I02	I03	I04	I05	I06	I07
Over the past one week (7 days), did you or others in your household consume any [. . .]?		How much in total did your household consume in the past week?	How much came from purchases?	How much did you spend?	How much came from own-production?	How much came from gifts and other sources?
INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.	YES . . 1 NO . . . 2 (»NEXT ITEM)	ITEM CODE	UNIT (CODES AT RIGHT)	UNIT (CODES AT RIGHT)	UNIT (CODES AT RIGHT)	UNIT (CODES AT RIGHT)
		QUANTITY	AT RIGHT	QUANTITY	AT RIGHT	QUANTITY
Cereals, grains, cereal products						
Maize <i>ufa mgaiwa</i> (normal flour)		101				
Maize <i>ufa</i> refined (fine flour)		102				
Maize <i>ufa madeya</i> (bran flour)		103				
Maize grain (not as <i>ufa</i>)		104				
Green maize		105				
Rice		106				
Finger millet (<i>mawere</i>)		107				
Sorghum		108				
Pearl millet (<i>mchewere</i>)		109				
Wheat flour		110				
Bread		111				
Buns, scones		112				
Biscuits		113				
Spaghetti, macaroni, pasta		114				
Breakfast cereal		115				
Infant feeding cereals		116				
Other (specify)		117				
Roots and tubers, plantain						
Cassava tubers		201				
Cassava flour		202				
White sweet potato		203				
Orange sweet potato		204				
Irish potato		205				
Potato crisps		206				

UNIT

KILOGRAMME 1
 50 KG. BAG 2
 90 KG. BAG 3
 PAIL (SMALL) . . . 4
 PAIL (LARGE) . . . 5
 No. 10 PLATE . . . 6
 No. 12 PLATE . . . 7
 BUNCH. 8
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 HEAP 10
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 BASKET (*DENGU*)
 (SHELLED) . . . 12
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 OX-CART
 (UNSHELLED) . . 14
 LITRE. 15
 CUP. 16
 TIN. 17
 GRAM 18
 MILLILITRE . . . 19
 OTHER (SPECIFY). 20

I01	I02	I03	I04	I05	I06	I07		
Over the past one week (7 days), did you or others in your household consume any [. .]?		How much in total did your household consume in the past week?	How much came from purchases?	How much did you spend?	How much came from own-production?	How much came from gifts and other sources?		
INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.	YES . . 1 NO . . . 2 (»NEXT ITEM)	ITEM CODE	QUANTITY	UNIT (CODES AT RIGHT)	QUANTITY	UNIT (CODES AT RIGHT)	QUANTITY	UNIT (CODES AT RIGHT)
Plantain, cooking banana		207						
Cocoyam (<i>masimbi</i>)		208						
Other (specify)		209						
Pulses								
Bean, white		301						
Bean, brown		302						
Pigeonpea (<i>nandolo</i>)		303						
Groundnut		304						
Groundnut flour		305						
Soyabean flour		306						
Ground bean (<i>nzama</i>)		307						
Cowpea (<i>khobwe</i>)		308						
Other (specify)		309						
Vegetables								
Onion		401						
Cabbage		402						
<i>Tanaposi</i> /Rape		403						
<i>Nkhwani</i>		404						
Chinese cabbage		405						
Other cultivated green leafy vegetables		406						
Gathered wild green leaves		407						
Tomato		408						
Cucumber		409						
Pumpkin		410						
Okra / <i>There</i>		411						

UNIT

KILOGRAMME 1
 50 KG. BAG 2
 90 KG. BAG 3
 PAIL (SMALL) . . . 4
 PAIL (LARGE) . . . 5
 No. 10 PLATE . . . 6
 No. 12 PLATE . . . 7
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 (SHELLED). . . . 12
 BASKET (*DENGU*)
 (UNSHELLED) . . . 13
 OX-CART
 (UNSHELLED) . . . 14
 LITRE. 15
 CUP. 16
 TIN. 17
 GRAM 18
 MILLILITRE . . . 19
 OTHER (SPECIFY). 20

Over the past one week (7 days), did you or others in your household consume any [. .]?	I01	I02	I03 How much in total did your household consume in the past week?		I04 How much came from purchases?		I05 How much did you spend?	I06 How much came from own-production?		I07 How much came from gifts and other sources?	
INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.	YES . . 1 NO . . . 2 (»NEXT ITEM)	ITEM CODE	QUANTITY	UNIT (CODES AT RIGHT)	QUANTITY	UNIT (CODES AT RIGHT)	MK	QUANTITY	UNIT (CODES AT RIGHT)	QUANTITY	UNIT (CODES AT RIGHT)
Tinned vegetables (specify: _____)		412									
Other vegetables (specify: _____)		413									
Meat, Fish, and Animal products											
Eggs		501									
Dried fish		502									
Fresh fish		503									
Beef		504									
Goat		505									
Pork		506									
Chicken		507									
Other poultry - guinea fowl, doves, etc.		508									
Small animal – rabbit, mice, etc.		509									
Termites, other insects		510									
Tinned meat or fish		511									
Other (specify)		512									
Fruits											
Mango		601									
Banana		602									
Citrus – naartje, orange, etc.		603									
Pineapple		604									
Papaya		605									
Guava		606									
Avocado		607									
Wild fruit (<i>masau, mlambe, etc.</i>)		608									
Apple		609									

UNIT

KILOGRAMME1
 50 KG. BAG2
 90 KG. BAG3
 PAIL (SMALL) . . .4
 PAIL (LARGE) . . .5
 No. 10 PLATE . . .6
 No. 12 PLATE . . .7
 BUNCH.8
 PIECE.9
 HEAP10
 BALE11
 BASKET (DENGU)
 (SHELLED). . . .12
 BASKET (DENGU)
 (UNSHELLED) . . .13
 OX-CART
 (UNSHELLED) . . .14
 LITRE.15
 CUP.16
 TIN.17
 GRAM18
 MILLILITRE . . .19
 OTHER (SPECIFY). 20

I01 Over the past one week (7 days), did you or others in your household consume any [. . .]?	I02 INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.	I03 How much in total did your household consume in the past week?	I04 How much came from purchases?	I05 How much did you spend?	I06 How much came from own-production?	I07 How much came from gifts and other sources?	
YES . . 1 NO . . . 2 (»NEXT ITEM)	ITEM CODE	QUANTITY	UNIT (CODES AT RIGHT)	QUANTITY	UNIT (CODES AT RIGHT)	QUANTITY	UNIT (CODES AT RIGHT)
Other fruits (specify)	610						
Cooked Foods from Vendors							
Maize - boiled or roasted (vendor)	820						
Chips (vendor)	821						
Cassava - boiled (vendor)	822						
Eggs - boiled (vendor)	823						
Chicken (vendor)	824						
Meat (vendor)	825						
Fish (vendor)	826						
Mandazi, doughnut (vendor)	827						
Samosa (vendor)	828						
Meal eaten at restaurant	829						
Other (specify)	830						
Milk and Milk Products							
Fresh milk	701						
Powdered milk	702						
Margarine	703						
Butter	704						
Chambiko - soured milk	705						
Yoghurt	706						
Cheese	707						
Infant feeding formula (for bottle)	708						
Other (specify)	709						
Sugar, Fats, and Oil							
Sugar	801						
Sugar Cane	802						

UNIT

KILOGRAMME 1
 50 KG. BAG 2
 90 KG. BAG 3
 PAIL (SMALL) . . . 4
 PAIL (LARGE) . . . 5
 No. 10 PLATE . . . 6
 No. 12 PLATE . . . 7
 BUNCH. 8
 PIECE. 9
 HEAP 10
 BALE 11
 BASKET (DENGU)
 (SHELLED). . . . 12
 BASKET (DENGU)
 (UNSHELLED) . . . 13
 OX-CART
 (UNSHELLED) . . . 14
 LITRE. 15
 CUP. 16
 TIN. 17
 GRAM 18
 MILLILITRE . . . 19
 OTHER (SPECIFY). 20

I01	I02	I03	I04	I05	I06	I07	
Over the past one week (7 days), did you or others in your household consume any [. . .]?		How much in total did your household consume in the past week?	How much came from purchases?	How much did you spend?	How much came from own-production?	How much came from gifts and other sources?	
INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.	YES . . 1 NO . . . 2 (»NEXT ITEM)	UNIT (CODES AT RIGHT)	UNIT (CODES AT RIGHT)	UNIT (CODES AT RIGHT)	UNIT (CODES AT RIGHT)	UNIT (CODES AT RIGHT)	
	ITEM CODE	QUANTITY	AT RIGHT	QUANTITY	AT RIGHT	QUANTITY	AT RIGHT
Cooking oil		803					
Other (specify)		804					
Beverages							
Tea		901					
Coffee		902					
Squash (Sobo drink concentrate)		903					
Fruit juice		904					
Freezes (flavoured ice)		905					
Soft drinks (Coca-cola, Fanta, Sprite, etc.)		906					
Chibuku/Napolo (commercial traditional-style beer)		907					
Bottled / canned beer (Carlsberg, etc.)		908					
Local sweet beer (<i>thobwa</i>)		909					
Traditional beer (<i>masase</i>)		910					
Wine or commercial liquor		911					
Locally brewed liquor (<i>kachasu</i>)		912					
Other (specify)		913					
Spices & Miscellaneous							
Salt		810					
Spices		811					
Yeast, baking powder, bicarbonate of soda		812					
Tomato sauce (bottle)		813					
Hot sauce (Nali, etc.)		814					
Jam, jelly, honey		815					
Sweets, candy, chocolates		816					
Other (specify)		817					

UNIT

KILOGRAMME 1
 50 KG. BAG 2
 90 KG. BAG 3
 PAIL (SMALL) . . . 4
 PAIL (LARGE) . . . 5
 No. 10 PLATE . . . 6
 No. 12 PLATE . . . 7
 BUNCH 8
 PIECE 9
 HEAP 10
 BALE 11
 BASKET (*DENGU*)
 (SHELLED) . . . 12
 BASKET (*DENGU*)
 (UNSHELLED) . . 13
 OX-CART
 (UNSHELLED) . . 14
 LITRE 15
 CUP 16
 TIN 17
 GRAM 18
 MILLILITRE . . . 19
 OTHER (SPECIFY) . 20

MODULE J: NON-FOOD EXPENDITURES – Past one week & one month

PROMPT FOR EACH ITEM ON THE LIST.

ONE WEEK RECALL

Over the past <u>one week (7 days)</u> , did you purchase any [...]?	J01 YES...1 NO...2 (»NEXT ITEM)	J02 ITEM CODE	J03 How much did you pay in total? MK
Charcoal		101	
Paraffin or kerosene		102	
Cigarettes or other tobacco		103	
Matches		104	
Newspapers or magazines		105	
Public transport – bus fare, taxi fare		106	

ONE MONTH RECALL

Over the past <u>one month</u> , did you purchase or pay for any [...]?	J01 YES...1 NO...2 (»NEXT ITEM)	J02 ITEM CODE	J03 How much did you pay in total? MK
Milling fees, grain		201	
Bar soap (body soap or clothes soap)		202	
Clothes soap (powder)		203	
Toothpaste, toothbrush		204	
Toilet paper		205	
Glycerine, Vaseline, skin creams		206	
Other personal products (shampoo, razor blades, cosmetics, hair products, etc.)		207	
Household cleaning products (dish soap, toilet cleansers, etc.)		208	
Light bulbs		209	
Postage stamps or other postal fees		210	
Donation - to church, charity, beggar, etc.		211	
Petrol or diesel		212	
Motor vehicle service, repair, or parts		213	
Bicycle service, repair, or parts		214	
Wages paid to servants		215	
Mortgage - regular payment to purchase house		216	
Repairs & maintenance to dwelling		217	
Repairs to household and personal items (radios, watches, etc.)		218	

MODULE K: NON-FOOD EXPENDITURES – Past three months

PROMPT FOR EACH ITEM ON THE LIST.

Over the past three months, did you purchase or pay for any [...]?	K01 YES . . 1 NO . . . 2 (»NEXT ITEM)	K02 ITEM CODE	K03 How much did you pay in total? MK
Infant clothing		301	
Baby nappies/diapers		302	
Boy's trousers		303	
Boy's shirts		304	
Boy's jackets		305	
Boy's undergarments		306	
Boy's other clothing		307	
Men's trousers		308	
Men's shirts		309	
Men's jackets		310	
Men's undergarments		311	
Men's other clothing		312	
Girl's blouse/shirt		313	
Girl's dress/skirt		314	
Girl's undergarments		315	
Girl's other clothing		316	
Lady's blouse/shirt		317	
<i>Chitenje</i> cloth		318	
Lady's dress/skirt		319	
Lady's undergarments		320	
Lady's other clothing		321	
Boy's shoes		322	
Men's shoes		323	

Over the past three months, did you purchase or pay for any [...]?	K01 YES . . 1 NO . . . 2 (»NEXT ITEM)	K02 ITEM CODE	K03 How much did you pay in total? MK
Girl's shoes		324	
Lady's shoes		325	
Cloth, thread, other sewing material		326	
Laundry, dry cleaning, tailoring fees		327	
Bowls, glassware, plates, silverware, etc.		328	
Cooking utensils (cookpots, stirring spoons and wisks, etc.)		329	
Cleaning utensils (brooms, brushes, etc.)		330	
Torch / flashlight		331	
Umbrella		332	
Paraffin lamp (hurricane or pressure)		333	
Stationery items (not for school)		334	
Books (not for school)		335	
Music or video cassette or CD		336	
Tickets for sports / entertainment events		337	
House decorations		338	
Night's lodging in rest house or hotel		339	

MODULE L: NON-FOOD EXPENDITURES – Past twelve months

PROMPT FOR EACH ITEM ON THE LIST.

Over the past one year (twelve months), did you purchase or pay for any [...]?	L01 YES . . . 1 NO . . . 2 (»NEXT ITEM)	L02 ITEM CODE	L03 How much did you pay in total? MK
Carpet, rugs, drapes, curtains		401	
Linen - towels, sheets, blankets		402	
Mat - sleeping or for drying maize flour		403	
Mosquito net		404	
Mattress		405	
Sports & hobby equipment, musical instruments, toys		406	
Film, film processing, camera		407	
Building items - cement, bricks, timber, iron sheets, tools, etc.		408	
Council rates		409	
Insurance - health (MASM, etc.), auto, home, life		410	
Losses to theft (value of items or cash lost)		411	
Fines or legal fees		412	
<i>Lobola</i> (bridewealth) costs		413	
Marriage ceremony costs		414	
Funeral costs		415	

Non-food items that may not have been purchased.

Over the past one year did you gather, purchase, or pay for any [...]?	L01 YES . . . 1 NO . . . 2 (»NEXT ITEM)	L02 ITEM CODE	L03 What was the estimated total value of [...] consumed? MK	L04 What was the cost of that which you purchased? MK
Woodpoles, bamboo		416		
Grass for thatching roof or other use		417		

MODULE M: DURABLE GOODS

[ASK OF HOUSEHOLD HEAD.]

ITEM	M01 Does your house- hold own a [ITEM]? YES...1 NO...2 (»M06)	M02 D G U O R O A D B L E ITEM CODE	M03 How many [ITEM]s do you own? NUMBER	M04 What is the age of this [ITEM]? IF MORE THAN ONE ITEM, AV- ERAGE AGE. YEARS	M05 If you wanted to sell one of this [ITEM] today, how much would you receive? IF MORE THAN ONE, AVERAGE VALUE. (THEN »NEXT ITEM) MK	M06 Did you own any in the <u>past five years</u> ? YES...1 NO...2 (»NEXT ITEM)	M07 When did you sell it (them)? IF STOLEN, LOST, OR GIVEN AWAY, USE CODE 55. CALENDAR YEAR
Mortar/pestle (<i>mtondo</i>)		501					
Bed		502					
Table		503					
Chair		504					
Fan		505					
Air conditioner		506					
Radio ('wireless')		507					
Tape or CD player; HiFi		508					
Television & VCR		509					
Sewing machine		510					
Kerosene/paraffin stove		511					
Electric or gas stove; hot plate		512					
Refrigerator		513					
Washing machine		514					
Bicycle		515					
Motorcycle/scooter		516					
Car		517					
Mini-bus		518					
Lorry		519					

ITEM	M01 Does your house- hold own a [ITEM]? YES...1 NO...2 (»M06)	D G O O R O D A B L E ITEM CODE	M02 How many [ITEM]s do you own?	M06 Did you own any in the <u>past five years</u> ? YES...1 NO...2 (»NEXT ITEM)	M07 When did you sell it (them)? IF STOLEN, LOST, OR GIVEN AWAY, USE CODE 55. CALENDAR YEAR
Beer brewing drum		520			
Boat or canoe		521			
Fishing net		522			
Upholstered chair, sofa set		523			
Coffee table (for sitting room)		524			
Cupboard, drawers, bureau		525			
Lantern (paraffin)		526			
Desk		527			
Clock		528			
Iron (for pressing clothes)		529			
Ox-cart		530			
Wheelbarrow		531			
Hand sprayer		532			
Panga		533			
Hoe		534			
Axe		535			
Sickle		536			

N01	N02	N03	N04		N05	N06	N07		N08	N09	N10	N11	N12	N13	N14
Do you engage in any agricultural activities or do you own agricultural land of any sort?	WHICH IS THE LAST COMPLETED CROP-PING SEASON? 2002/03 or 2003/04?	In [LAST COMPLETED CROPPING SEASON], did your household <u>rent out</u> any of your land for others to cultivate?	How much land in area did you rent out to others?		What was the value of the rental payment received?	In [LAST COMPLETED CROPPING SEASON], did your household leave any land <u>uncultivated</u> ?	How much land in area did you leave uncultivated?		<u>Relative to the previous cropping season</u> , was the amount of land you used for farming or owned and let others use in [LAST COMPLETED CROPPING SEASON]	Was your household engaged in <u>tenant farming</u> on a tobacco estate in [LAST COMPLETED CROPPING SEASON]?	How many <u>visits from an agricultural Field Assistant</u> (FA) did you receive in the [LAST COMPLETED CROPPING SEASON]?	Did you receive advice from the FA on <u>general crop production</u> ?	What was the quality of the advice?	Did you receive advice from the FA on <u>new seed varieties</u> ?	What was the quality of the advice?
YES...1 NO...2 (»NEXT MODULE)	2002/03 .1 2004/04 .2	YES...1 NO...2 (»N06)	ACRE . . .1 HECTARE .2 SQUARE METERS .3 OTHER (SPEC.) .4	AREA AMOUNT	IF RENT PAID IN KIND, ESTIMATE VALUE. MK	YES...1 NO...2 (»N08)	ACRE . . .1 HECTARE .2 SQUARE METERS .3 OTHER (SPEC.) .4	AREA AMOUNT	... READ Much less . .1 Less2 Same amount .3 More4 Much more . .5	YES...1 NO...2	(IF ZERO, »NEXT MODULE)	YES...1 NO...2 (»N13)	USELESS.1 NOT VERY USEFUL.2 AVERAGE.3 USEFUL .4	YES...1 NO...2 (»N15)	USELESS.1 NOT VERY USEFUL.2 AVERAGE.3 USEFUL .4

[illegible]

N15	N16	N17	N18	N19	N20	N21	N22	N23	N24	N25	N26	N27	N28	N29	N30
Did you receive advice from the FA on <u>fertilizer use</u> ?	What was the quality of the advice?	Did you receive advice from the FA on <u>pest control</u> ?	What was the quality of the advice?	Did you receive advice from the FA on <u>irrigation</u> ?	What was the quality of the advice?	Did you receive advice from the FA on <u>general animal care</u> ?	What was the quality of the advice?	Did you receive advice from the FA on <u>animal disease</u> or <u>animal vaccinations</u> ?	What was the quality of the advice?	Did you receive advice from the FA on <u>market-ing/crop sales</u> ?	What was the quality of the advice?	Did you receive advice from the FA on <u>access to credit</u> ?	What was the quality of the advice?	Did you receive advice from the FA on <u>growing & selling tobacco</u> ?	What was the quality of the advice?
	USELESS.1		USELESS.1		USELESS.1		USELESS.1		USELESS.1		USELESS.1		USELESS.1		USELESS.1
	NOT VERY		NOT VERY		NOT VERY		NOT VERY		NOT VERY		NOT VERY		NOT VERY	YES...1	NOT VERY
YES...1	USEFUL.2	YES...1	USEFUL.2	YES...1	USEFUL.2	YES...1	USEFUL.2	YES...1	USEFUL.2	YES...1	USEFUL.2	YES...1	USEFUL.2	NO...2	USEFUL.2
NO...2	AVERAGE.3	NO...2	AVERAGE.3	NO...2	AVERAGE.3	NO...2	AVERAGE.3	NO...2	AVERAGE.3	NO...2	AVERAGE.3	NO...2	AVERAGE.3	(»NEXT	AVERAGE.3
(»N17)	USEFUL .4	(»N19)	USEFUL .4	(»N21)	USEFUL .4	(»N23)	USEFUL .4	(»N25)	USEFUL .4	(»N27)	USEFUL .4	(»N29)	USEFUL .4	MODULE)	USEFUL .4

[illegible]

MODULE O: AGRICULTURE - Rainfed cultivation

[ASK OF ALL THOSE CONCERNED WITH FARMING IN THE HOUSEHOLD.] THE TIME REFERENCE IS THE LAST COMPLETED CROPPING SEASON.

LIST IN O03 ALL PLOTS BEFORE COLLECTING DETAILS ON EACH. A PLOT IS DEFINED AS AN AREA IN WHICH A UNIFORM, CONSISTENT CROP MANAGEMENT SYSTEM WAS USED, EVEN IF INTERCROPPED.

Q01: Did any member of the household engage in rainfed farming in [LAST COMPLETED CROPPING SEASON], whether self-employed or as a tenant?

YES. 1

NO . 2 (»MODULE Q)

[illegible]

MODULE P: AGRICULTURE - Rainfed crop sales

[ASK OF THOSE CONCERNED WITH FARMING IN THE HOUSEHOLD.] THE TIME REFERENCE IS THE LAST COMPLETED CROPPING SEASON.
COMPLETE P01 TO IDENTIFY ALL CROPS GROWN BEFORE COLLECTING DETAILS ON EACH.

P01		P02	P03		P04		P05		P06		P07		P08		P09		P10		P11	
LOOK AT THE CROPS LISTED IN QUESTION O08 OF PREVIOUS SECTION. FOR EVERY CROP MENTIONED, MARK THE YES/NO COLUMN BELOW AS "YES". TO PROBE FOR CROPS NOT MENTIONED IN O08 ASK:		C R O P C O D E	How much [...] did you harvest during [LAST COMPLETED CROPPING SEASON] from all of your plots in which [...] was planted?		How much of the [...] you harvested during [LAST COMPLETED CROPPING SEASON] was sold?		What was the <u>total value</u> you earned from the [...] you sold?		To whom did you sell this [...] ? NOTE UP TO 2 BUYERS.		Why did you choose to sell to the first buyer?		What portion of your sales of this crop were to the first buyer?		After it was harvested, how much [...] was given to pay labourers or make other payments?		How much of the [...] harvested has already been <u>consumed</u> by members of your household?		How much of the [...] harvested during [LAST COMPLETED CROPPING SEASON] is <u>still being stored</u> by your household?	
Did you harvest any [...] during [LAST COMPLETED CROPPING SEASON]?					IF NONE, ENTER ZERO. (»P09)				TRADER. . .1 RELATIVE. .2 NEIGHBOR. .3 LOCAL MARKET . .4 ADMARC. . .5 COOPERATIVE /ASSOC. . .6 PRIVATE COMPANY. .7 AUCTION FLOOR. . .8 OTHER (SPEC.) . .9		ALWAYS SELL TO THIS TRADER. . .1 CLOSEST BUYER . . .2 BEST PRICE 3 CONTRACTED TO SELL TO BUYER. 4 OTHER (SPEC.) . .5		LESS THAN 25% .1 25-50% . .2 50-75% . .3 MORE THAN 75% .4		IF NONE, ENTER ZERO.		IF NONE, ENTER ZERO.		IF NONE, ENTER ZERO.	
CROP NAME	YES. .1 NO. . .2 (»NEXT CROP)		QUANTITY	UNIT CODES BELOW	QUANTITY	UNIT CODES BELOW	MK	1st	2nd					QTY	UNIT CODES BELOW	QTY	UNIT CODES BELOW	QTY	UNIT CODES BELOW	

LOCAL MAIZE		1																	
COMPOSITE MAIZE		2																	
HYBRID MAIZE		3																	
CASSAVA		4																	
SWEET POTATO		5																	
IRISH POTATO		6																	
GROUNDNUT		7																	
GROUND BEAN (nzama)		8																	
RICE		9																	

SEE NEXT PAGE**ALSO**

UNIT	PAIL (SMALL). 4	BUNCH . 8	BASKET (DENGU)	OX-CART
KILOGRAMME. . 1	PAIL (LARGE). 5	PIECE . 9	(SHELLED) . .12	(UNSHELLED).14
50 KG. BAG. . 2	No. 10 PLATE. 6	BALE. .11	BASKET (DENGU)	OTHER
90 KG. BAG. . 3	No. 12 PLATE. 7		(UNSHELLED) .13	(SPECIFY). .20

P01	P02	P03	P04	P05	P06	P07	P08	P09	P10	P11
LOOK AT THE CROPS LISTED IN QUESTION O08 OF PREVIOUS SECTION. FOR EVERY CROP MENTIONED, MARK THE YES/NO COLUMN BELOW AS "YES". TO PROBE FOR CROPS NOT MENTIONED IN O08 ASK: Did you harvest any [...] during [LAST COMPLETED CROPPING SEASON]?	C R O P C O D E E	How much [...] did you harvest during [LAST COMPLETED CROPPING SEASON] from all of your plots in which [...] was planted?	How much of the [...] you harvested during [LAST COMPLETED CROPPING SEASON] was sold? IF NONE, ENTER ZERO. (»P09)	What was the <u>total value</u> you earned from the [...] you sold?	To whom did you sell this [...]? NOTE UP TO 2 BUYERS. TRADER. . .1 RELATIVE. .2 NEIGHBOR. .3 LOCAL MARKET . .4 ADMARC. . .5 COOPERATIVE /ASSOC.. .6 PRIVATE COMPANY.. .7 AUCTION FLOOR. . .8 OTHER (SPEC.).. .9	Why did you choose to sell to the first buyer? ALWAYS SELL TO THIS TRADER. . 1 CLOSEST BUYER . . 2 BEST PRICE 3 CONTRACTED TO SELL TO BUYER. 4 OTHER (SPEC.).. .5	What portion of your sales of this crop were to the first buyer? LESS THAN 25% .1 25-50%. . .2 50-75%. . .3 MORE THAN 75% .4	After it was harvested, how much [...] was given to pay labourers or make other payments? IF NONE, ENTER ZERO.	How much of the [...] harvested has already been <u>consumed</u> by members of your household? IF NONE, ENTER ZERO.	How much of the [...] harvested during [LAST COMPLETED CROPPING SEASON] is <u>still being stored</u> by your household? IF NONE, ENTER ZERO.
YES...1 NO...2 (»NEXT CROP)		UNIT CODES BELOW	UNIT CODES BELOW	MK	1st 2nd		UNIT CODES BELOW	UNIT CODES BELOW	UNIT CODES BELOW	UNIT CODES BELOW

FINGER MILLET (<i>mawere</i>)		10														
SORGHUM		11														
PEARL MILLET (<i>mchewere</i>)		12														
BEAN		13														
SOYABEAN		14														
PIGEONPEA (<i>nandolo</i>)		15														
COTTON		18												N/A	N/A	
SUGAR CANE		19														
OTHER		27														
OTHER		28														

UNIT
 KILOGRAMME. . 1
 50 KG. BAG. . 2
 90 KG. BAG. . 3

 PAIL (SMALL). 4
 PAIL (LARGE). 5
 No. 10 PLATE. 6
 No. 12 PLATE. 7

 BUNCH . 8
 PIECE . 9
 BALE. .11

 BASKET (DENGU)
 (SHELLED) . .12
 BASKET (DENGU)
 (UNSHELLED) .13

 OX-CART
 (UNSHELLED).14
 OTHER
 (SPECIFY).. .20

[ASK OF THOSE CONCERNED WITH FARMING IN THE HOUSEHOLD.]

Q01	Q02	Q03	Q04	Q05	Q06	Q07								Q08								
Have you or anyone in your household grown any kind of tobacco in the past 5 cropping seasons?	Have you been a member of a tobacco club in the past 5 years?	Which year did you join a tobacco club for the first time?	How many years in total have you been a tobacco club member since you first joined?	Are you now a member of a tobacco club?	Which of the following are/were <u>benefits</u> you enjoyed from membership in a tobacco club?	Is or was your tobacco club affiliated with. . . ?								In which cropping seasons of the past 5 seasons have you grown tobacco?								
						Credit	Timely input provision	Lower prices for inputs	Better tobacco prices	Extension advice	Quota, access to auction floor	Transport of bales to market	Other (spec.)	(a)	(b)	(c)	(d) Other (specify)	1999	2000	2001	2002	2003
YES...1 NO...2 (»NEXT MODULE)	YES...1 NO...2 (»Q08)	CALENDAR YEAR	YEARS	YES...1 NO...2	YES...1 NO...2									NASFAM	TAMA	MRFC		-00	-01	-02	-03	-04

[illegible]

Q09	Q10	Q11	Q12	Q13	Q14		Q15	Q16	Q17	Q18	Q19	Q20
DID HOUSEHOLD GROW TOBACCO IN THE [LAST COMPLETED CROPPING SEASON]?	Why did you <u>not grow tobacco</u> in [LAST COMPLETED CROPPING SEASON]? (UP TO 2 RESPONSES) NOT ENOUGH LAND .1 NOT ENOUGH LABOUR2 NO CREDIT AVAIL..3 NO INPUTS AVAIL..4 INADEQUATE TRANSPORT . . . 5 PRICES TOO POOR .6 TRIED ANOTHER CASH CROP INSTEAD. . . .7 OTHER (SPEC.) . .8 (»NEXT MODULE)	Did you grow <u>burley</u> tobacco in [LAST COMPLETED CROPPING SEASON]?	Did you grow any <u>other kinds</u> of tobacco in [LAST COMPLETED CROPPING SEASON]?	What kinds? CAN LIST UP TO 2.	DID HOUSEHOLD GROW BURLEY TOBACCO IN LAST COMPLETED CROPPING SEASON?	ALL REMAINING QUESTIONS IN MODULE CONCERN <u>BURLEY TOBACCO</u> <u>GROWN IN LAST COMPLETED CROPPING SEASON</u> ONLY.	How much land did you plant to burley tobacco?	Did you apply <u>fertilizer</u> to your burley tobacco?	Were you able to apply the recommended amount to your tobacco?	How much burley tobacco did you <u>harvest</u> ?	How did you <u>grade</u> the burley tobacco leaves?	How did you <u>bale</u> the burley tobacco?
YES..1 (»Q11) NO...2		YES..1 NO...2	YES..1 NO...2 (»Q14)	FLUE-CURED .1 FIRE-CURED, CHIKOPA . . .2 ORIENTAL . . .3 NDDF4 OTHER (SPEC.) . .5	YES..1 NO...2 (»NEXT MODULE)		ACRE. . . .1 HECTARE . .2 SQ. METERS.3 OTHER (SPECIFY).4 AREA AMOUNT	YES..1 NO...2 (»Q18)	YES..1 NO...2	UNIT KILOGRAMME .1 50 KG. BAG .2 90 KG. BAG .3 BUNCH. . . .8 BALE . . .11 OTHER (SPECIFY) 20 UNIT CODES	DID NOT GRADE. . . .1 GRADED MYSELF. . . .2 HIRED LOCAL GRADERS.3 SENT TO COMMERCIAL GRADER.4 OTHER (SPECIFY). . .5	DID NOT BALE1 OWN A BALER. . . .2 RENTED A BALER. . . .3 USED CLUB'S BALER. . . .4 OTHER (SPEC) . . .5

[illegible]

Q21	Q22	Q23	Q24	Q25
How much did you <u>earn</u> in total from the sales of your burley tobacco? (NET: SALES LESS COSTS)	How much burley tobacco from [LAST COMPLETED CROPPING SEASON] did you <u>not</u> sell, but remains in storage?	Did you use <u>credit</u> to purchase inputs or for other burley tobacco-related activities?	Were you able to repay the credit from your tobacco sales?	What did you do?
	<u>UNIT</u> KILOGRAMME .1 50 KG. BAG .2 90 KG. BAG .3 BUNCH. . . .8 BALE11 UNIT CODES	YES..1 NO...2 (>Q26)	YES..1 (>Q26) NO...2	SOLD OTHER CROPS1 USED SAVINGS .2 SOLD ASSETS. .3 BORROWED FROM RELATIVE. . . .4 BORROWED FROM NEIGHBOUR . .5 BORROWED FROM KATAPILA. . .6 ARRANGED NEW PAYMENT PLAN. . . .7 DEFAULTED. . .8 OTHER (SPEC.) .9
MK				

--	--	--	--	--	--

THE FOLLOWING QUESTIONS REFER TO EACH OF THE BURLEY TOBACCO SALES CHANNELS LISTED IN THE FIRST COLUMN.

Q26	Q27	Q28	Q29	Q30	Q31	Q32	Q33	Q34	Q35
Buyer code	Did you sell any burley tobacco to [. .]?	What <u>quantity</u> of tobacco did you sell to [. .]	What was the <u>total value</u> of your burley tobacco sales to [. .]?	In what <u>month</u> did you sell the most burley tobacco to [. .]?	At what <u>location</u> did you sell the tobacco?	What is the <u>distance</u> to the location of sale from where tobacco was kept?	How did you <u>transport</u> the tobacco there?	What was total transport cost for all tobacco sold to [. .]?	ASK ONLY IF SOLD AT AUCTION FLOORS <u>AND</u> ALSO SOLD ELSEWHERE. Why did you not sell all of your tobacco at the auction floors? PRINCIPAL REASON.
	YES..1 NO...2 (>NEXT BUYER)	<u>UNIT</u> KILOGRAMME .1 50 KG. BAG .2 90 KG. BAG .3 BUNCH. . . .8 BALE11 UNIT CODES	MK	JAN .1 JUL .7 FEB .2 AUG .8 MAR .3 SEP .9 APR .4 OCT 10 MAY .5 NOV 11 JUN .6 DEC 12	HOME. . .1 URBAN (>NEXT CENTRE.4 BUYER) OTHER LOCAL (SPEC).5 MARKET .2 DISTRICT CENTER .3	METER.1 KM . .2 MILE .3	BY HEAD. . .1 BICYCLE. . .2 OX-CART. . .3 PICK-UP. . .4 MINI-BUS . .5 LORRY. . . .6 OTHER (SP.) .7	MK	CODES BELOW

Auction floors	1									
ADMARC	2									
Tobacco club	3									
Neighboring estate	4									
Intermediate buyer, trader	5									
Other (specify)	6									

NEEDED CASH
 IMMEDIATELY1
 NO TRANSPORT2
 HAVE BEEN CHEATED
 AT FLOORS IN PAST .3
 NO LICENSE4
 DON'T WANT LOAN
 DEDUCTIONS FROM
 SALES5
 OTHER (SPECIFY). . .6

MODULE R: AGRICULTURE - Dry-season (*Dimba*) cultivation

[ASK OF THOSE CONCERNED WITH FARMING IN THE HOUSEHOLD.] THE TIME REFERENCE IS THE LAST COMPLETED DRY SEASON. LIST IN R04 ALL PLOTS BEFORE COLLECTING DETAILS ON EACH.

R01. WHICH IS THE LAST COMPLETED DRY SEASON?

	2003	.	1
	2004	.	2

R02. Did anyone in your household cultivate a *dimba* garden in [LAST COMPLETED DRY SEASON]?

YES. 1
NO . 2 (»MODULE T)

[illegible]

MODULE S: AGRICULTURE - Dry-season (*Dimba*) crop sales

[ASK OF THOSE CONCERNED WITH FARMING IN THE HOUSEHOLD.] THE TIME REFERENCE IS THE LAST COMPLETED DRY SEASON.

COMPLETE S01 TO IDENTIFY ALL CROPS GROWN BEFORE COLLECTING DETAILS ON EACH.

S01		S02	S03	S04		S05	S06		S07		S08		S09	
LOOK AT THE CROPS LISTED IN QUESTION R07 OF PREVIOUS MODULE. FOR EVERY CROP MENTIONED, MARK THE YES/NO COLUMN BELOW AS "YES". TO PROBE FOR CROPS NOT MENTIONED IN R07 ASK:		C R O P C O D E	How much of [...] did you harvest during [LAST COMPLETED DRY SEASON] from all of your plots in which [...] was planted?	How much of the [...] you harvested during [LAST COMPLETED DRY SEASON] was sold?		What was the <u>total value</u> you earned from the [...] you sold?	To whom did you sell this [...]?		How much of the [...] harvested during [LAST COMPLETED DRY SEASON] was given to		How much of the [...] harvested during [LAST COMPLETED DRY SEASON] has already been <u>consumed</u> by your household?		How much of the [...] harvested during [LAST COMPLETED DRY SEASON] is <u>still being stored</u> by your household?	
Did you harvest any [...] during [LAST COMPLETED DRY SEASON]?				IF NONE, ENTER ZERO. (»S07)			UP TO 2 BUYERS.		pay <u>labourers</u> or make other payments?					
	YES...1 NO...2				UNIT CODES		UNIT CODES		TRADER . . .1 RELATIVE . .2 NEIGHBOR . .3 LOCAL MARKET. . .4 ADMARC.. .5 COOPERATIVE /ASSOC. . .6 PRIVATE COMPANY . .7 OTHER (SPEC.) . .9	1st	2nd	AMT	UNIT CODES	AMT
CROP NAME	(»NEXT)		AMOUNT	RIGHT	AMOUNT	RIGHT	MK							

[illegible]

UNIT

- | | |
|------------------|----|
| KILOGRAMME . . . | 1 |
| 50 KG. BAG. . . | 2 |
| 90 KG. BAG. . . | 3 |
| PAIL (SMALL). . | 4 |
| PAIL (LARGE). . | 5 |
| No. 10 PLATE. . | 6 |
| No. 12 PLATE. . | 7 |
| BUNCH | 8 |
| PIECE | 9 |
| BALE. . . . | 11 |
| BASKET (DENGU) | |
| (SHELLED) . . | 12 |
| BASKET (DENGU) | |
| (UNSHELLED) . | 13 |
| OX-CART | |
| (UNSHELLED). . | 14 |
| OTHER | |
| (SPECIFY) . . | 20 |

MODULE T: AGRICULTURE - Tree crop production & sales

[ASK OF THOSE CONCERNED WITH FARMING IN THE HOUSEHOLD.] THE TIME REFERENCE IS THE LAST COMPLETED HARVEST SEASON FOR THE TREE CROP.

T01. Did anyone in your household harvest any tree crops in the [LAST COMPLETED HARVEST SEASON FOR THE TREE CROP]?

☐ YES. 1
☐ NO . 2
 (»NEXT MODULE)

T02		T03	T04	T05		T06	T07		T08		T09	T10		T11	
Did you harvest any [...] during [LAST COMPLETED HARVEST SEASON FOR THE TREE CROP]?		C R O P C O D E	Are the trees in a plantation or scattered in a field?	What is the <u>area</u> of the plantation?		How many [...] trees do you own that are producing a crop?	How much [...] did you harvest during [LAST COMPLETED HARVEST SEASON FOR THE TREE CROP] from all of your trees?		How much of the [...] you harvested during [LAST COMPLETED HARVEST SEASON FOR THE TREE CROP] was sold?		What was the <u>total</u> <u>value</u> you earned from the [...] you sold?	To whom did you sell this [...]?		How much of the [...] you harvested during [LAST COMPLETED HARVEST SEASON FOR THE TREE CROP] was lost to rotting after harvest?	
YES...1			PLANTATION .1 SCATTERED. .2 RED. .2	ACRE. . . .1 HECTARE . .2 SQ. METERS.3 OTHER (SPECIFY) .4		NUMBER			IF NONE, ENTER ZERO. (»T11)			TRADER . . .1 RELATIVE . .2 NEIGHBOR . .3 LOCAL MARKET. . .4 ADMARC . . .5 COOPERATIVE /ASSOC. . .6 PRIVATE COMPANY . .7 OTHER (SPEC.) . .9		IF NONE, ENTER ZERO. (»NEXT TREE CROP)	
NO...2				(SPECIFY) .4								AREA AMOUNT			
(»NEXT CROP)		(»T06)		AREA AMOUNT	AREA UNIT		AMOUNT RIGHT	UNIT RIGHT	AMOUNT RIGHT	MK		1st 2nd		AMOUNT RIGHT	

UNIT

- | | |
|---|-----|
| KILOGRAMME. | . 1 |
| 50 KG. BAG. | . 2 |
| 90 KG. BAG. | . 3 |
| PAIL (SMALL). | . 4 |
| PAIL (LARGE). | . 5 |
| No. 10 PLATE. | . 6 |
| No. 12 PLATE. | . 7 |
| BUNCH | . 8 |
| PIECE | . 9 |
| BALE | .11 |
| BASKET (<i>DENGU</i>)
(SHELLED). | .12 |
| BASKET (<i>DENGU</i>)
(UNSHELLED). | .13 |
| OX-CART
(UNSHELLED). | .14 |
| OTHER
(SPECIFY). | .20 |

[illegible]

[ASK OF THOSE CONCERNED WITH ANIMAL HUSBANDRY IN THE HOUSEHOLD.] THE TIME REFERENCE IS THE LAST TWELVE MONTHS.

```
YES. 1
NO . 2
      (»NEXT MODULE)
```

[illegible]

		U16	U17	U18		U19
		How much did you <u>spend</u> in total on the <u>upkeep</u> of these [...] over the past 12 months, e.g., feed, herdboys, vaccinations & medicine, building a <i>kola</i> ?	Did your household <u>sell any fresh byproducts</u> from your [...] during the last 12 months?	What was that fresh byproduct?		How much did you obtain in total from the sales of these [...] byproducts during the last 12 months?
			YES . . 1 NO . . . 2 (»NEXT ANIMAL)	EGGS 1 MILK 2 SKIN 3 MEAT 4 MANURE 5 OTHER (SPECIFY__) . . 6		
ANIMAL		MK		1ST	2ND	MK
CATTLE	51					
OXEN (trained to pull cart or plow)	52					
GOATS	53					
SHEEP	54					
PIGS	55					
CHICKENS	56					
OTHER POULTRY	57					
OTHER (specify)	58					

[illegible]

MODULE W: OTHER INCOME

[ASK OF HOUSEHOLD HEAD.]

W01	W02	W03	W04	W05	W06	W07	W08	W09	W10
Over the <u>past 12 months</u> , did any members of your household receive any regular income from <u>savings interest</u> or other investment income?	How much does your household in total usually receive in savings interest or other investment income?	Over what period of time are you reporting this savings interest or other investment income?	Over the <u>past 12 months</u> , did any members of your household receive any regular income from a <u>pension</u> ?	How much does your household in total usually receive in pension income?	Over what period of time are you reporting this pension income?	Over the <u>past 12 months</u> , did any members of your household receive any regular income from <u>rental of property</u> (not agricultural land)?	What sort of property?	How much does your household in total usually receive in rental income?	Over what period of time are you reporting this rental income?
YES..1 NO...2 (»W04)	MK	NUMBER OF TIME UNIT TIME UNIT WEEK .4 MONTH.5 YEAR .6	YES..1 NO...2 (»W07)	MK	NUMBER OF TIME UNIT TIME UNIT WEEK .4 MONTH.5 YEAR .6	YES..1 NO...2 (»W11)	HOUSE . . .1 COMMERCIAL BUILDING .2 OTHER PROPERTY (SPECIFY).3	MK	NUMBER OF TIME UNIT TIME UNIT WEEK .4 MONTH.5 YEAR .6

--	--	--	--	--	--	--	--	--	--	--	--

W11	W12	W13	W14
Over the <u>past 12 months</u> , did any members of your household receive any regular income of <u>any other type</u> ?	What sort of income? (SPECIFY)	How much does your household in total usually receive from this other income?	Over what period of time are you reporting this other income?
YES..1 NO...2 (»NEXT MODULE)		MK	NUMBER OF TIME UNIT TIME UNIT WEEK .4 MONTH.5 YEAR .6

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MODULE X: GIFTS RECEIVED AND GIVEN BY HOUSEHOLD

[ASK OF HOUSEHOLD HEAD.]

X01 Over the past 12 months, did you or anyone in your household <u>receive</u> any gifts (in cash or in-kind) from any individuals (friends/family) outside your household? YES...1 NO...2 (»X05)	X02 What was the total value of all <u>cash</u> received as a gift from individuals in the last 12 months? MK	X03 What was the total value of all <u>food</u> received as a gift from individuals in the last 12 months? MK	X04 What was the total value of <u>all other in-kind gifts</u> received from individuals in the last 12 months? MK	X05 Over the past 12 months, did you or anyone in your household <u>give</u> any gifts (in cash or in-kind) from any individuals (friends/family) outside your household? YES...1 NO...2 (»NEXT MODULE)	X06 What was the total value of all <u>cash</u> given as a gift to individuals in the last 12 months? MK	X07 What was the total value of all <u>food</u> given as a gift to individuals in the last 12 months? MK	X08 What was the total value of <u>all other in-kind gifts</u> to individuals in the last 12 months? MK

MODULE Y: SOCIAL SAFETY NETS

[ASK OF HOUSEHOLD HEAD.]

	Y01	Y02	Y03			Y04		Y05
Has anyone in your household benefited <u>in the past three years</u> from the following programme?	YES...1 NO...2 (»NEXT ITEM)	PROG- RAMME CODE	In which of the past three years did your household benefit from this programme? BENEFITTED...1 DID NOT BENEFIT .2			(ASK ONLY IF BENEFITTED IN 2003.) How much did your house-hold receive in benefits from this programme? MK...1 KG...2 PACKET.3 OTHER .4		FOR NON-CASH BENEFITS IN Y04: What was the estimated value of this benefit?
			2001	2002	2003	NUMBER	UNIT	
Free food/maize distribution.		11						
Food-for-work programme or cash-for-work programme - e.g. MASAF Public Works Programme (PWP)		12						
Inputs-for work programme		13						
Free distribution of Likuni Phala to children and mothers (Targeted Nutrition Programme - TNP)		14						
Supplementary feeding for malnourished children at a nutritional rehabilitation unit.		15						
Starter Pack (TIP) distribution of agricultural inputs (seed/fertilizer) for the <u>rainy</u> season.		16					MK	
Starter Pack (TIP) distribution of agricultural inputs (seed/fertilizer) for the <u>dimba</u> season.		17					MK	
Other (not Starter Pack) free agricultural inputs distributions		18						
Scholarships or bursaries for secondary education. (e.g., GABLE support for girls)		19					MK	
Scholarships or bursaries for tertiary education (GABLE, university scholarship, upgrading teachers).		20					MK	
Tertiary Loan Scheme (Government loan for university and other tertiary education).		21					MK	
Direct cash transfers (from Government).		22					MK	
Other education bursaries (specify).		23					MK	

MODULE Z: CREDIT

[ASK OF HOUSEHOLD HEAD AND PERSONS RESPONSIBLE FOR LOANS LISTED.]

Z01 Over the past 12 months, did you or anyone else in this household borrow on credit from someone outside the household or from an institution for business or farming purposes, receiving either cash or inputs?

☐ YES. 1
☐ NO . 2 (»Z12)

ASK OF HOUSEHOLD HEAD

Z02	Z03	Z04	Z05	Z06	Z07	Z08	Z09	Z10	Z11	Z12	Z13	Z14
L O A N N O	What are the names of the persons or institutions from whom you or anyone else in your household borrowed on credit money for business or farming over the past 12 months? LIST ALL NAMES BEFORE GOING TO THE NEXT QUESTION.	CODE SOURCE OF LOAN USE CODES AT LOWER RIGHT.	Which household member was responsible for the loan? ID CODE	What was main <u>reason</u> for obtaining loan? Was it: [READ] PURCHASE LAND. .1 PURCHASE AGRI-CULTURAL INPUTS FOR FOOD CROP .2 PURCHASE INPUTS FOR TOBACCO .3 PURCHASE INPUTS FOR OTHER CASH CROPS4 BUSINESS START-UP CAPITAL. .5 PURCHASE NON-FARM INPUTS .6 OTHER (SPECIFY).7	<u>How much</u> was borrowed? MK	<u>When</u> did you get the loan within the past 12 months? JAN. .1 FEB. .2 MAR. .3 APR. .4 MAY. .5 JUN. .6 JUL. .7 AUG. .8 SEP. .9 OCT. 10 NOV. 11 DEC. 12 CALENDAR MONTH CALENDAR YEAR	Is the loan repaid? YES. .1 (»Z11) NO. .2	Approximately when do you expect to pay back the money? JAN. .1 FEB. .2 MAR. .3 APR. .4 MAY. .5 JUN. .6 JUL. .7 AUG. .8 SEP. .9 OCT. 10 NOV. 11 DEC. 12 CALENDAR MONTH CALENDAR YEAR	How much did you pay (do you expect to have paid) in total when you (will have) paid off this loan (interest + principal)? (GO TO NEXT LOAN. WHEN ALL LOANS DONE, »NEXT MODULE) MK	During the last 12 months, did you try to borrow from someone outside the household or from an institution and <u>were turned down?</u> YES. . . .1 NO. .2 (»Z14) STILL AWAITING WORD ON LOAN .3 (»NEXT MODULE)	Who turned you down? LIST UP TO 2. USE CODES BELOW. (»NEXT MODULE) 1ST 2ND	Why did you <u>not attempt to borrow</u> in the last 12 months? [WRITE UP TO TWO ANSWERS IN ORDER OF IMPORTANCE.] NO NEED1 BELIEVED WOULD BE REFUSED.2 TOO EXPENSIVE3 TOO MUCH TROUBLE FOR WHAT IT IS WORTH .4 INADEQUATE COLLATERAL .5 DO NOT LIKE TO BE IN DEBT.6 DO NOT KNOW ANY LENDER.7 OTHER (SPECIFY)8 1ST 2ND
1												
2												
3												
4												
5												
6												
7												
8												

CODES FOR Z4 & Z13
 RELATIVE1
 NEIGHBOUR.2
 GROCERY/LOCAL
 MERCHANT3
 MONEY LENDER
 (KATAPILA).4
 EMPLOYER5
 RELIGIOUS
 INSTITUTION6
 MRFC7
 SACCO.8
 BANK (COMMERCIAL). .9
 NGO.10
 OTHER (SPECIFY). .11

MODULE AA: SUBJECTIVE ASSESSMENT OF WELL-BEING

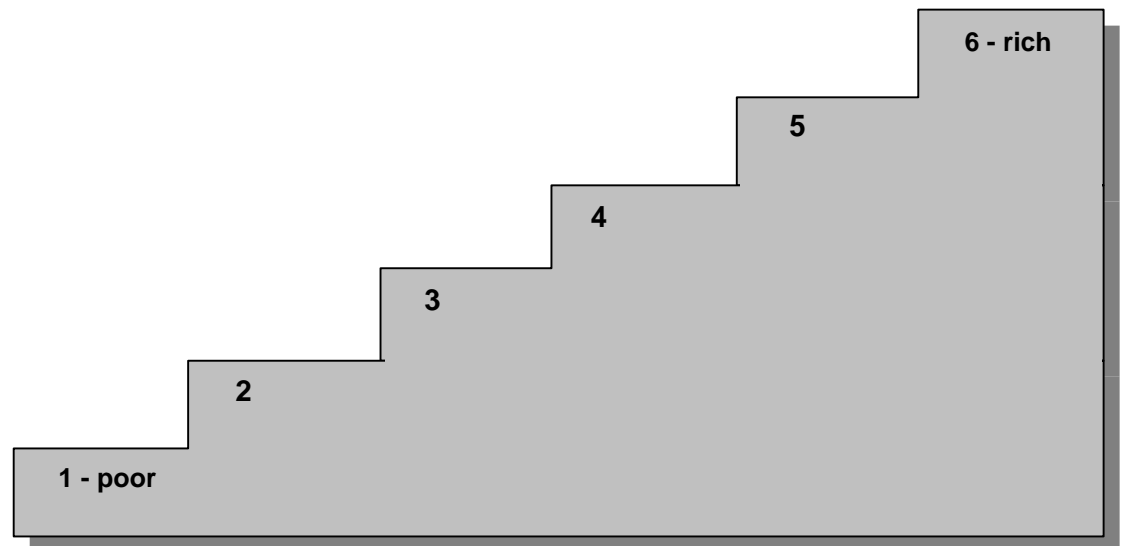
[ASK OF THE HEAD OF HOUSEHOLD.] INTRODUCE BY STATING: "I would like to ask you several questions on your opinion of your household's standard of living."

AA01	AA02	AA03	AA04	AA05	AA06	AA07	AA08	AA09	AA10	AA11	AA12
Concerning your household's <u>food consumption</u> over the past <u>one month</u> , which of the following is true?	Concerning your <u>housing</u> , which of the following is true?	Concerning your household's <u>clothing</u> , which of the following is true?	Concerning the standard of <u>health care</u> you receive for household members, which of the following is true?	Imagine six steps, where on the bottom, the first step, stand the poorest people, and on the highest step, the sixth, stand the rich. SHOW THE PICTURE OF THE STEPS BELOW.			Which of the following is true? Your current income . . . [READ]: allows you to build your savings. . . .1 allows you to save just a little . . .2 only just meets your expenses . . .3 is not sufficient, so you need to use your savings to meet expenses . . .4 is really not sufficient, so you need to borrow to meet expenses . . .5	In terms of your household economic well-being, are you better off, the same as, or worse off than this same time <u>a year ago</u> ?	In terms of your household economic well-being, in <u>a year</u> you expect to be better off, the same as, or worse off than now?	What <u>income</u> level do you personally consider to be <u>absolutely minimal</u> - below which you could not make ends meet?	Over what period of time are you considering this minimum income level?
It was less than adequate for household needs. 1 It was just adequate for household needs. . . . 2 It was more than adequate for household needs. 3 (NOTE THAT 'ADEQUATE' MEANS NO MORE OR NO LESS THAN WHAT THE RESPONDENT CONSIDERS TO BE THE MINIMUM CONSUMPTION NEEDS OF THE HOUSEHOLD.)				On which step are you today?	On which step are most of your neighbors today?	On which step are most of your friends today?		MUCH BETTER.1 BETTER . . .2 NO CHANGE. .3 WORSE OFF. .4 MUCH WORSE .5	MUCH BETTER.1 BETTER . . .2 NO CHANGE. .3 WORSE OFF. .4 MUCH WORSE .5		
										MK	NUMBER OF TIME UNITS
											TIME UNIT DAY. .3 WEEK .4 MONTH.5

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AA13	AA14	AA15	AA16	AA17
Overall, how satisfied (content, happy) are you with your life? Are you . . . very unsatisfied . . 1 unsatisfied 2 neither unsatisfied or satisfied . . 3 satisfied . 4 very satisfied. 5	How many <u>changes of clothes</u> do you (HH HEAD) own? (NUMBER OF TROUSERS FOR MEN; SKIRTS/DRESSES FOR WOMEN) NUMBER	What do you (HH HEAD) <u>sleep on</u> ? BED & MATTRESS . . 1 BED & MAT (GRASS). 2 BED ALONE. 3 MATTRESS ON FLOOR. 4 MAT (GRASS) ON FLOOR 5 CLOTH/SACK ON FLOOR 6 FLOOR (NOTHING ELSE) 7 OTHER (SPECIFY). . 8	What do you (HH HEAD) <u>sleep under in the cold season</u> (July)? BLANKET & SHEETS. . .1 BLANKET ONLY.2 SHEETS ONLY3 CHITENJE CLOTH. . . .4 FERTILIZER or GRAIN SACK5 CLOTHES6 NOTHING7 OTHER (SPECIFY) . . .8	What do you (HH HEAD) <u>sleep under in the hot season</u> (October)? BLANKET & SHEETS. . .1 BLANKET ONLY.2 SHEETS ONLY3 CHITENJE CLOTH. . . .4 FERTILIZER or GRAIN SACK5 CLOTHES6 NOTHING7 OTHER (SPECIFY) . . .8

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MODULE AB: RECENT SHOCKS TO HOUSEHOLD WELFARE

[ASK OF HOUSEHOLD HEAD.]

AB01		AB02	AB03	THE QUESTIONS TO THE RIGHT SHOULD ONLY BE ASKED CONCERNING THE THREE MOST SEVERE SHOCKS, AS NOTED IN AB03. LEAVE ALL OTHER ROWS BLANK.	AB04	AB05	AB06		AB07		
Over the past five years, was your household severely affected negatively by any of the following events? GO THROUGH ENTIRE LIST BEFORE PROCEEDING.			Rank the three most significant shocks you experienced - most severe (1), second most severe (2), third (3).		[THIS SHOCK] caused a reduction in income, in the assets you have, or both? INCOME LOSS .1 ASSET LOSS. .2 LOSS OF BOTH.3	[THIS SHOCK] affected: [READ] Own HH only.1 Some other HHs too . .2 Most HHs in community .3 All HHs in community .4	How long ago did [THIS SHOCK] occur? YEARS MONTHS		What did you do in response to this shock to try to regain your former welfare level? [LIST UP TO 3 BY ORDER OF IMPORTANCE, CODES AT RIGHT.]		
YES...1 NO...2 (»NEXT ITEM)		CODE							1ST	2ND	3RD
	Lower crop yields due to drought or floods		101								
	Crop disease or crop pests		102								
	Livestock died or were stolen		103								
	Household business failure, non-agricultural		104								
	Loss of salaried employment or non-payment of salary		105								
	End of regular assistance, aid, or remittances from outside HH		106								
	Large fall in sale prices for crops		107								
	Large rise in price of food		108								
	Illness or accident of household member		109								
	Birth in the household		110								
	Death of HH head		111								
	Death of working member of household		112								
	Death of other family member		113								
	Break-up of the household		114								
	Theft		115								
	Dwelling damaged, destroyed		116								
	Other 1 _____		117								
	Other 2 _____		118								

SPENT CASH SAVINGS1
 SENT CHILDREN TO LIVE WITH RELATIVES2
 SOLD ASSETS (TOOLS, FURNITURE, ETC.)3
 SOLD FARMLAND.4
 RENTED OUT FARMLAND.5
 SOLD ANIMALS6
 SOLD MORE CROPS.7
 WORKED LONGER HOURS, WORKED MORE8
 OTHER HH MEMBERS WHO WEREN'T WORKING WENT TO WORK9
 STARTED A NEW BUSINESS . . .10
 REMOVED CHILDREN FROM SCHOOL TO WORK.11
 WENT ELSEWHERE TO FIND WORK FOR MORE THAN A MONTH12
 BORROWED MONEY FROM RELATIVES13
 BORROWED MONEY FROM MONEY LENDER (KATAPILA)14
 BORROWED MONEY FROM INSTITUTION (BANK, MRFC, ETC.)15
 RECEIVED HELP FROM RELIGIOUS INSTITUTION . .16
 RECEIVED HELP FROM LOCAL NGO17
 RECEIVED HELP FROM INTERNATIONAL NGO18
 RECEIVED HELP FROM GOVERNMENT.19
 REDUCED FOOD CONSUMPTION .20
 CONSUMED LOWER COST, BUT LESS PREFERRED FOODS. . .21
 REDUCED NON-FOOD EXPENDITURES.22
 SPIRITUAL EFFORT - PRAYER, SACRIFICES, CONSULTED DIVINER23
 DID NOT DO ANYTHING. . . .24
 OTHER (SPECIFY).25

MODULE AC: DEATHS IN HOUSEHOLD

[ASK OF HOUSEHOLD HEAD.]

AC01. Over the past two years, did any member of your household die, including any infants?☐YES. 1
NO . 2 (»NEXT MODULE)

AC02	AC03	AC04	AC05	AC06	AC07	AC08	AC09	AC10	AC11	AC12	AC13	AC14
S E R I A L N O	NAME OF DECEASED	DECEASED'S RELATION- SHIP TO HEAD OF HOUSEHOLD	SEX	AGE AT DEATH IF UNDER 5 YEARS, INCLUDE MONTHS IF UNDER 12 (»AC08)	What kind of <u>work</u> did [NAME] do for most of his/her life? FARMING 1 FISHING 2 TRADER/MERCHANT . 3 TRANSPORT 4 TRADESMAN (MASON, CARPENTER, ETC). 5 CIVIL SERVANT . . 6 TEACHER 7 DOCTOR/NURSE/ETC. 8 OTHER PROFESSION. 9 CLERK/SECRETARY .10 FACTORY WORKER. .11 RESTAURANT, BAR .12 GENERAL LABOURER.13 HOME WORKER . . .14 STUDENT15 OTHER16	Did [NAME] die of old age, an illness, or of some other cause? OLD AGE .1 (»AC13) ILLNESS .2 (»AC10) OTHER CAUSE. .3	What was the [NON-ILLNESS] cause of [NAME]'s death? THEN (»AC13) TRAFFIC ACCIDENT 1 OTHER ACCIDENT OR INJURY. . . . 2 CHILDBIRTH OR COMPLICATIONS. 3 MURDER. 4 SUICIDE 5 WITCHCRAFT/ SORCERY. 6 OTHER (SPEC.) . 7	What was the illness that caused [NAME]'s death? CAN NOTE UP TO TWO. CODES BELOW 1ST 2ND ILLNESS ILLNESS	For how long was [NAME] suffering from this illness before he/she died? TIME AMOUNT UNIT	Was this cause of death diagnosed, or is this only your own percep- tion? MEDICAL DIAG- NOSIS . 1 NON-MED- ICAL DIAG- NOSIS . 2 OWN PER- CEPTION 3	After this person died, did you or members of your house- hold lose any land or other assets due to inher- itance traditions? YES. .1 NO. . .2 (»NEXT DECEASED)	What was the value of the land or assets lost? MK
31												
32												
33												
34												
35												
36												

RELATIONSHIP CODES

WIFE/HUSBAND.2	GRANDFATHER/MOTHER. . 10
CHILD/ADOPTED CHILD . .3	FATHER/MOTHER-IN-LAW. 11
GRANDCHILD.4	OTHER RELATIVE. . . . 12
NIECE/NEPHEW.5	SERVANT OR SERVANT'S
FATHER/MOTHER6	RELATIVE 13
SISTER/BROTHER.7	TENANT OR TENANT'S
SON/DAUGHTER-IN-LAW . .8	RELATIVE 14
BROTHER/SISTER-IN-LAW .9	OTHER NON-RELATIVE. . 15

ILLNESS CODES

MALARIA1	HIGH BLOOD	SEXUALLY
MEASLES2	PRESSURE OR	TRANSMITTED
DIARRHEA.3	CIRCULATORY	DISEASE 15
PNEUMONIA4	PROBLEM. . . . 10	DIABETES
MENINGITIS. . . .5	STROKE. 11	COMPLICATION. 16
MALNUTRITION. .6	CANCER. 12	DOES NOT KNOW. 17
TUBERCULOSIS. .7	KIDNEY	REFUSED TO
HIV/AIDS.8	DISEASE. . . . 13	ANSWER. . . . 18
HEART DISEASE .9	LIVER	OTHER (SPEC.). 19
	DISEASE. . . . 14	

MODULE AD: CHILD ANTHROPOMETRY

[ONLY FOR CHILDREN AGED SIX TO 60 MONTHS.]

AD01	AD02	AD03	AD04		AD05	AD06	AD07	AD08	AD09	AD10	AD11	AD12	AD13
I D C O D E	PUT AN 'X' FOR ALL INDIVIDUALS WHO ARE AGED UNDER SIX MONTHS <u>OR</u> OLDER THAN EXACTLY FIVE YEARS OLD (60 MONTHS). <u>DO NOT</u> ADMINISTER THIS MODULE TO THESE INDIVIDUALS.	MOTHER / GUARDIAN OF THE CHILD IN THE HOUSEHOLD	How old is [NAME]? RECONFIRM EXACT AGE - MUST INCLUDE <u>BOTH</u> YEARS AND MONTHS.		WAS [NAME] MEASURED?	WHY NOT?	WEIGHT OF CHILD	HEIGHT / LENGTH OF CHILD CHILDREN AGED UNDER 24 MONTHS SHOULD BE MEASURED LYING DOWN. ALL OTHERS, STANDING.	HEIGHT / LENGTH MEASURED WITH CHILD STANDING OR LYING DOWN?	WAS THE MEASURE- MENT OF THE CHILD DONE IN A NORMAL MANNER, OR WAS MEASURE- MENT DIFFICULT?	ASK OF MOTHER/ GUARDIAN: Does the child participate in a <u>nutrition program- me</u> ?	ASK OF MOTHER/ GUARDIAN: Does the child participate in an <u>under five clinic</u> ?	DID CHILD APPEAR TO HAVE OEDEMA (SWELLING THAT IS NOT NORMAL)?
	IF NONE AGED SIX TO 60 MONTHS, »END.	Roster			YES..1 (»AD07)	NOT HOME DURING SURVEY PERIOD. .1 TOO ILL. .2 UNWILLING.3 OTHER. . .4	IN KG TO ONE DECIMAL PLACE. (IF LESS THAN 10 KG, PUT ZERO IN FIRST BLANK.)	IN CM, TO ONE DECIMAL PLACE. (IF LESS THAN 100 CM, PUT ZERO IN FIRST BLANK.)	STANDING. .1 LYING DOWN.2	NORMAL. . .1 DIFFICULT .2	YES..1 NO...2	YES. .1 NO . .2 (IF CHILD NOT MEASURED »END)	YES..1 NO...2
		ID	YEARS	MONTHS	NO...2	(THEN »AD11)							

1							_____ . _____	_____ . _____					
2							_____ . _____	_____ . _____					
3							_____ . _____	_____ . _____					
4							_____ . _____	_____ . _____					
5							_____ . _____	_____ . _____					
6							_____ . _____	_____ . _____					
7							_____ . _____	_____ . _____					
8							_____ . _____	_____ . _____					
9							_____ . _____	_____ . _____					
10							_____ . _____	_____ . _____					
11							_____ . _____	_____ . _____					
12							_____ . _____	_____ . _____					

SURVEY HOUSEHOLD MEMBER LIST

B1	B2	B3	B5	
I D C O D E	NAMES OF HOUSEHOLD MEMBERS	SEX	AGE	
	ONLY LIST HOUSEHOLD MEMBERS, NO OTHERS.	<small>MALE . 1</small> <small>FEMA-</small> <small>LE . 2</small>	YEARS	MONTHS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				