PUBLIC DISCLOSURE AUTHORIZED

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

Malawi Government
National Statistical Office

STRICTLY CONFIDENTIAL

Questionnaire Number ☐☐☐☐

INTEGRATED HOUSEHOLD PANEL SURVEY, 2013

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 QUESTIONNAIRE

MODULE A-1: HOUSEHOLD IDENTIFICATION

A01: HOUSEHOLD ID: ☐☐☐☐

A02. PANEL: PANEL A ….. 1 PANEL B ….. 2 ☐

A03: FULL HOUSEHOLD IDENTIFICATION FROM IHS3: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

A04. NAME OF HOUSEHOLD HEAD FROM IHS3: .....

A05. IS THIS HOUSEHOLD: ORIGINAL HOUSEHOLD.. 1 SPLIT-OFF HOUSEHOLD...2 ☐

A06. LOCATION OF HOUSEHOLD: IN SAME LOCATION…… 1 ► A08 LOCAL TRACKING…….....2 DISTANCE TRACKING.....3 ☐

A07. IHS3 ROSTER ID & NAME OF TRACKING TARGET: 0☐☐ .....

A08. CURRENT NAME OF HOUSEHOLD HEAD: .....

A09. DISTRICT: ☐☐☐ .....

A10. TA, STA, or TOWN: ☐☐ .....

A11. ENUMERATION AREA: ☐☐☐

A12. PLACE / VILLAGE NAME: .....

A13. LOWEST IHS3 ROSTER ID NUMBER FROM SECTION B, QUESTION 06: 0☐☐ REFER TO COMPLETED T0 AND CONFIRM IN MODULE B HOUSEHOLD ROSTER

VISIT 1

A14. DESCRIPTION OF LOCATION OF HOUSEHOLD:

……..

……..

……..

……..

……..

A15. WHAT ARE THE GPS COORDINATES OF THE DWELLING?

LATITUDE (S)									
			O			.			

LONGITUDE (E)									
			O			.			

A16. WEATHER CONDITION AT MEASUREMENT: ☐

Clear/ Sunny.....1
Mostly Clear / Mostly Sunny.....2
Partly Cloudy / Partly Sunny.....3
Mostly Cloudy / Considerable Cloudiness..4
Completely Cloudy 5
Rainy.....6

A17. PHONE NUMBER FOR HOUSEHOLD HEAD:

A. NAME: _____ B. PHONE: _____

VISIT 2

A30. IS THIS HOUSEHOLD IN THE SAME DWELLING AS IN VISIT 1? YES…1 ►33 NO ….2 ☐

A31. DESCRIPTION OF NEW LOCATION OF HOUSEHOLD:

……..

……..

……..

……..

A32. WHAT ARE THE GPS COORDINATES OF THE DWELLING? (RETAKE - DO NOT COPY)

LATITUDE (S)									
			O			.			

LONGITUDE (E)									
			O			.			

A33. WEATHER CONDITION AT MEASUREMENT: ☐

Clear/ Sunny.....1
Mostly Clear / Mostly Sunny.....2
Partly Cloudy / Partly Sunny.....3
Mostly Cloudy / Considerable Cloudiness..4
Completely Cloudy 5
Rainy.....6

A34. PHONE NUMBER FOR HOUSEHOLD HEAD: (RETAKE - DO NOT COPY)

A. NAME: _____ B. PHONE: _____

A18. CONTACT INFORMATION - **REFERENCE PERSON 1:**

A. NAME: _____

B. RELATIONSHIP TO HEAD: _____

C. PHONE: _____

D. DISTRICT: _____

E. TA, STA, or TOWN: _____

F. PLACE / VILLAGE: _____

A19. CONTACT INFORMATION - **REFERENCE PERSON 2:**

A. NAME: _____

B. RELATIONSHIP TO HEAD: _____

C. PHONE: _____

D. DISTRICT: _____

E. TA, STA, or TOWN: _____

F. PLACE / VILLAGE: _____

A20: CONTACT INFORMATION - **REFERENCE PERSON 3:**

A. NAME: _____

B. RELATIONSHIP TO HEAD: _____

C. PHONE: _____

D. DISTRICT: _____

E. TA, STA, or TOWN: _____

F. PLACE / VILLAGE: _____

MODULE A-2: SURVEY STAFF DETAILS

VISIT 1

A21. ENUMERATOR CODE: | | | |

A22. ENUMERATOR NAME: _____

A23.

	DATE	START		END		MODULES
Attempt 1						
Attempt 2						
Attempt 3						
		HH	MM	HH	MM	

ENUMERATOR>> NEXT PAGE

A24. SUPERVISOR CODE: | | | |

A25. SUPERVISOR NAME: _____

A26. DATE OF INSPECTION: | | | | (DD MM YYYY)

A27. DATA ENTRY CODE: | | | |

A28. DATA ENTRY NAME: _____

A29. DATE OF DATA ENTRY: | | | | (DD MM YYYY)

RECORD GENERAL NOTES ABOUT THE INTERVIEW AND ANY SPECIAL INFORMATION THAT WILL BE HELPFUL FOR SUPERVISORS AND DATA ANALYSIS.

PLEASE MARK AN `X' IN BOX IF HOUSEHOLD REFUSAL. PROVIDE DETAILS. ☐

VISIT 2

A35. ENUMERATOR CODE: | | | |

A36. ENUMERATOR NAME: _____

A37.

	DATE	START		END		MODULES
Attempt 1						
Attempt 2						
Attempt 3						
		HH	MM	HH	MM	

ENUMERATOR>> NEXT PAGE

A38. SUPERVISOR CODE: | | | |

A39. SUPERVISOR NAME: _____

A40. DATE OF INSPECTION: | | | | (DD MM YYYY)

A41. DATA ENTRY CODE: | | | |

A42. DATA ENTRY NAME: _____

A43. DATE OF DATA ENTRY: | | | | (DD MM YYYY)

RECORD GENERAL NOTES ABOUT THE INTERVIEW AND ANY SPECIAL INFORMATION THAT WILL BE HELPFUL FOR SUPERVISORS AND DATA ANALYSIS.

PLEASE MARK AN `X' IN BOX IF HOUSEHOLD REFUSAL. PROVIDE DETAILS. ☐

A44. 2ND DE CODE: | | | |

A45. 2ND DE NAME: _____

A46. DATE OF 2ND DE: | | | | (DD MM YYYY)

INTRODUCTION TO THE HOUSEHOLD TO BE INTERVIEWED

CONVEY THE FOLLOWING INFORMATION TO THE RESPONDENT:

You were one of the households interviewed as part of the Third Integrated Household Survey (IHS3) in 2009/2010 administered by the National Statistical Office in Zomba and selected for a follow-up interview this year as part of the Integrated Household Panel Survey (IHPS). The IHS3 survey asked questions about how you were living and the responses provided were intended to help the government of Malawi do a better job in meeting the needs of all Malawians.

IHS3 HOUSEHOLDS:
Now in 2012/2013, we are returning to see how things are progressing in terms of living standards.

SPLIT-OFF HOUSEHOLDS:
At the time of IHS3, one of your household members was living in a selected household, and we would like to see how things are progressing and how they, and the rest of their new household, are living now.

ALL:
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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MODULE B: HOUSEHOLD ROSTER

ENUMERATOR: RECORD **VISIT 1** START DATE & TIME FOR MODULE B: DAY MONTH HOURS MINUTES

IN ORDER TO MAKE A COMPREHENSIVE LIST OF INDIVIDUALS CONNECTED TO THE HOUSEHOLD, USE THE FOLLOWING PROBE QUESTIONS:

First, give me the names of all the members of your immediate family who normally live and eat their meals together here.

WRITE DOWN NAMES, SEX, AND RELATIONSHIP TO HH HEAD (B02 to B04). LIST HOUSEHOLD HEAD ON LINE 1.

Then, give me the names of any other persons related to you or other household members who normally live and eat their meals together here.
FILL IN B02 to B04.

Are there any other persons not here now who normally live and eat their meals here? For example, household members studying elsewhere or traveling.
FILL IN B02 to B04.

Then, give me the names of any other persons not related to you or other household members, but who normally live and eat their meals together here, such as servants, lodgers, or other who are not relatives.
FILL IN B02 to B04.

DO NOT LIST SERVANTS WHO HAVE A HOUSEHOLD ELSEWHERE, AND GUESTS WHO ARE VISITING TEMPORARILY AND HAVE A HOUSEHOLD ELSEWHERE.

IF MORE THAN 15 INDIVIDUALS, USE SECOND QUESTIONNAIRE. MAKE SURE TO MARK BOX ON FIRST PAGE OF BOTH QUESTIONNAIRES.

B01	B02	B03	B04	B04_1	B05		B06		B06_1	B06_2	B06_3	
ID CODE	NAME MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD. (CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON COVER.) FILL IN B02 TO B04 BEFORE COMPLETING QUESTIONS B04_1 AND FOLLOWING.	SEX MALE....1 FEMALE..2	RELATIONSHIP TO HEAD: HEAD. . . . . .1 WIFE/HUSBAND. . . . . .2 CHILD/ADOPTED CHILD . .3 GRANDCHILD. . . . . .4 NIECE/NEPHEW. . . . . .5 FATHER/MOTHER . . . . .6 SISTER/BROTHER. . . . .7 SON/DAUGHTER-IN-LAW . .8 BROTHER/SISTER-IN-LAW .9 GRANDFATHER/MOTHER. . 10 FATHER/MOTHER-IN-LAW. 11 OTHER RELATIVE. . . . 12 SERVANT OR SERVANT'S RELATIVE . . . . . 13 LODGER/LODGER'S RELATIVE . . . . . 14 OTHER NON-RELATIVE. . 15 OTHER (SPECIFY) . . . 16	PHONE NUMBER:	***(VISIT 1 ONLY)*** How old is [NAME]? IF 6 YEARS AND OVER, GIVE YEARS ONLY. IF LESS THAN 6 YEARS IN AGE, GIVE YEARS AND MONTHS.		When was [NAME] born?		**IF THIS MEMBER WAS PRESENT AT LAST SURVEY, ENTER IHS3 ROSTER ID NUMBER FROM TRACKING FORM** **ELSE, ENTER 99**	***(VISIT 2 ONLY)*** Is [NAME] still a member of your household? STAYED.....1 NEW.....2 LEFT PERMANENTLY..3 DIED...4>>NEXT ROW	***(VISIT 2 ONLY)*** How old is [NAME]? IF 6 YEARS AND OVER, GIVE YEARS ONLY. IF LESS THAN 6 YEARS IN AGE, GIVE YEARS AND MONTHS.	
					YEARS	**MONTHS**	**MONTH**	**YEAR (4-DIGIT)**	**IHS3 ROSTER ID**		**YEARS**	**MONTHS**
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

MODULE B: HOUSEHOLD ROSTER (CONTINUED)

B01	B07	B08	B09	B10		B11	B12	B13	B14	B15		B16	B19
ID CODE	For how many months during the past 12 months (since MONTH/ YEAR) has [NAME] been **away** from this household?	How many days did [NAME] eat in this household in the past 7 days?	Where was [NAME] born? THIS VILLAGE.....1**>>B11** OTHER VILLAGE IN THIS DISTRICT.....2**>>B11** VILLAGE IN OTHER DISTRICT.....3 THIS TOWN OR URBAN CENTRE.....4**>>B11** OTHER TOWN OR URBAN CENTER IN THIS DISTRICT.....5**>>B11** TOWN OR URBAN CENTRE IN OTHER DISTRICT.....6 OUTSIDE MALAWI....7	In which district/country was [NAME] born? IF BORN IN ANOTHER DISTRICT IN MALAWI, LIST THE DISTRICT NAME & CODE; IF BORN ABROAD, LIST THE COUNTRY NAME & CODE. REFER TO THE MANUAL FOR DISTRICT AND COUNTRY CODES. (**THEN >> B12**)		Has [NAME] always lived in this village or urban location? YES..1 **>>B16** NO...2	How long is it since [NAME] came to stay here, in this village or urban location?	What was the main reason that [NAME] moved here? PARENTS MOVED. .1 TO LIVE WITH RELATIVES . . .2 SCHOOLING. . . .3 MARRIAGE . . . .4 FAMILY QUARREL .5 DIVORCE. . . . .6 RETURN FROM WORK ELSEWHERE.7 JOB TRANSFER . .8 LOOK FOR WORK. .9 START NEW JOB OR BUSINESS . 10 LOOKING FOR LAND TO FARM. 11 TO RECOVER FROM ILLNESS. 12 OTHER (SPEC.). 13	Where did [NAME] move from? OTHER VILLAGE IN THIS DISTRICT...2**>>B16** VILLAGE IN OTHER DISTRICT.....3 OTHER TOWN OR URBAN CENTER IN THIS DISTRICT ..5**>>B16** TOWN OR URBAN CENTRE IN OTHER DISTRICT.....6 OUTSIDE MALAWI..7	From which district/country did [NAME] move from? IF MOVED FROM ANOTHER DISTRICT IN MALAWI, LIST THE DISTRICT NAME & CODE; IF MOVED FROM ABROAD, LIST THE COUNTRY NAME & CODE. REFER TO THE MANUAL FOR DISTRICT AND COUNTRY CODES.		Where is [NAME]'s father? IF MEMBER OF HH, COPY ID LIVING OUTSIDE OF HH...97 DEAD.98 DOES NOT KNOW.99	Where is [NAME]'s mother? IF MEMBER OF HH, COPY ID LIVING OUTSIDE OF HH...97 DEAD.98 DOES NOT KNOW.99
	CUMULATED MONTHS	**NUMBER OF DAYS**		**DISTRICT/COUNTRY NAME**	**CODE**		**YEARS**			**DISTRICT/COUNTRY NAME**	**CODE**		
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													

MODULE B: HOUSEHOLD ROSTER (CONTINUED)

B01	B22	B22_1	B22_2	B22_3	B22_4	B23	B24	B25	B26			B27	B28
ID CODE	ASK OF ONLY HH HEAD: What language do you speak at home? CHEWA. . 1 NYANJA . 2 YAO. . . 3 TUMBUKA. 4 LOMWE. . 5 NKHONDE. 6 NGONI. . 7 SENA . . 8 NYAKYUSA 9 TONGA . 10 LAMBYA. 11 SENGA. 12 SUKWA . 13 ENGLISH.14 OTHER . 15	**ENUMERATOR:** IS THE SAMPLE HOUSEHOLD SELECTED FOR SURVEY EXPERIMENT? YES..1 NO...2	**ENUMERATOR:** IS THIS PERSON [NAME] AGED 5 YEARS OR OLDER? YES..1 NO...2**>>B22_4**	What is the highest educational qualification acquired by [NAME]? NONE. . . 1 PSLC. . . 2 JCE . . . 3 MSCE. . . 4 NON-UNIV. DIPLOMA. 5 UNIVER. DIPLOMA, DEGREE . 6 POST-GRAD. DEGREE . 7	**ENUMERATOR:** IS THIS PERSON [NAME] AGED 12 YEARS OR OLDER? YES..1 NO...2**>>NEXT ROW**	What religion, if any, does [NAME] practice? NONE.....1 TRADITIONAL..2 CHRISTIANITY.3 ISLAM.....4 OTHER RELIGION.....5	What is [NAME]'s present marital status? MONOGAMOUS MARRIED OR NON-FORMAL UNION.....1 POLYGAMOUS MARRIED OR NON-FORMAL UNION.....2 SEPARATED.3**>>NEXT ROW** DIVORCED..4**>>NEXT ROW** WIDOW OR WIDOWER...5**>>NEXT ROW** NEVER MARRIED...6**>>NEXT ROW**	Does [NAME]'s spouse live in this household now? YES..1 NO...2**>>B27**	COPY THE ID CODE OF THE WIFE/ HUSBAND. IF MORE THAN ONE WIFE, COPY ID CODES OF ALL WIVES RESIDENT IN HOUSEHOLD.			Does [NAME] have a spouse living outside of this household now? YES..1 NO...2**>>NEXT ROW**	How many spouses does [NAME] have who are residing elsewhere? NUMBER
									ID CODE				
									SPOUSE	2ND WIFE	3RD WIFE		
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR **VISIT 1** MODULE B:

ID

ENUMERATOR: RECORD **VISIT 1** END TIME FOR MODULE B:

HOURS MINUTES

VISIT 1

B001: **ENUMERATOR:** IS THIS A PANEL A OR PANEL B HOUSEHOLD?

PANEL A...1 >> MODULE C
PANEL B...2

B002: **ENUMERATOR:** IS THIS HOUSEHOLD SELECTED FOR THE SURVEY EXPERIMENT?

YES...1
NO....2 >> MODULE X

VISIT 2

B003: **ENUMERATOR:** IS THIS A PANEL A OR PANEL B HOUSEHOLD?

PANEL A...1
PANEL B...2 >> MODULE C

B004: **ENUMERATOR:** IS THIS HOUSEHOLD SELECTED FOR THE SURVEY EXPERIMENT?

YES...1
NO....2 >> MODULE X

ENUMERATOR: RECORD DATE: [ ][ ] DAY [ ][ ] MONTH

MODULE B1: HOUSING

ENUMERATOR: RECORD START TIME FOR MODULE B1: [ ][ ] HOURS [ ][ ] MINUTES

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE B1: [ ][ ][ ] ID

ENUMERATOR: RECORD END TIME FOR MODULE B1: [ ][ ] HOURS [ ][ ] MINUTES

B101	B102	B103	B104	B105	B106	B107	B108
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? OWNED. . . . 1 BEING PURCHASED . 2 EMPLOYER PROVIDES. . ..3 FREE, AUTHORIZED . .4 FREE, NOT AUTHORIZED. ..5 RENTED. 6	THE ROOF OF THE MAIN DWELLING IS PREDOMINANTLY MADE OF WHAT MATERIAL? GRASS.....1 IRON SHEETS.....2 CLAY TILES.....3 CONCRETE...4 PLASTIC SHEETING...5 OTHER (SPECIFY)..6	THE FLOOR OF THE MAIN DWELLING IS PREDOMI-NANTLY MADE OF WHAT MATERIAL? SAND. ....1 SMOOTHED MUD. ....2 SMOOTH CEMENT....3 WOOD. .. .4 TILE.. . .5 OTHER (SPECIFY).6	How many separate rooms do the members of your household occupy? (DO NOT COUNT BATHROOMS, TOILETS, STOREROOMS, OR GARAGE) NUMBER	How many working cell phones in total does your household own? IF NONE, RECORD 0. NUMBER	Estimate the total cost for all cell phone service for all household members last month? MK	What kind of toilet facility does your household use? FLUSH TOILET. . 1 VIP LATRINE. .2 TRADIT. LATRINE W/ROOF. . 3 TRADIT. LATRINE W/O ROOF. 4 NONE. . . .5 OTHER (SPECIFY) 6	Do any members of your household sleep under a bed net to protect against mosquitoes at some time during the year? YES..1 NO...2

MODULE B2: FOOD CONSUMPTION

ENUMERATOR: RECORD START TIME FOR MODULE B2: [ ][ ] HOURS [ ][ ] MINUTES

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE B2: [ ][ ][ ] ID

ENUMERATOR: RECORD END TIME FOR MODULE B2: [ ][ ] HOURS [ ][ ] MINUTES

Over the past one week (7 days), did you or others in your household consume any [. . .]? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.	B201 YES.1 NO..2>> **NEXT ITEM**	B202 **ITEM CODE**	ITEM	B201 YES.1 NO..2>> **NEXT ITEM**	B202 **ITEM CODE**
Maize *ufa mgaiwa* (normal flour) *		101	Eggs		501
Maize *ufa* refined (fine flour) *		102	Beef		504
Maize *ufa madeya* (bran flour) *		103	Goat		505
Rice		106	Pork		506
Bread		111	Chicken		508
Cassava tubers*		201	Other poultry-guinea fowl,doves,etc.		509
White sweet potato*		203	Fresh milk		701
Bean, brown*		302	Sugar		801
Groundnut*		304	Cooking oil		803
Nkhwani*		404	Chips (vendor)		821
Tomato*		408	Mandazi, doughnut (vendor)		827

MODULES B3, B4 & B5: NON-FOOD EXPENDITURES

MODULE B3: ONE WEEK RECALL

Over the past one week (7 days), did your household purchase or pay for any [...]?	B301 YES.1 NO..2>> **NEXT ITEM**	B302 **ITEM CODE**
Charcoal		101
Paraffin or kerosene		102
Cigarettes or other tobacco		103
Candles		104
Matches		105
Newspapers or magazines		106
Public transport - Bicycle Taxi		107
Public transport - Bus/Minibus		108
Public transport - Other (Truck, Oxcart, Etc..)		109

MODULE B4: ONE MONTH RECALL

Over the past one month, did your household purchase or pay for any [...]?	B401 YES.1 NO..2>> **NEXT ITEM**	B402 **ITEM CODE**
Bar soap (body soap or clothes soap)		202
Clothes soap (powder)		203
Toothpaste, toothbrush		204
Glycerine, Vaseline, skin creams		206
Other personal products (shampoo, razor blades, cosmetics, hair products, etc.)		207
Batteries		220
Recharging batteries, cell phones		221

MODULE B5: THREE MONTH RECALL

Over the past three months, did your household purchase or pay for any [...]?	B501 YES.1 NO..2>> **NEXT ITEM**	B502 **ITEM CODE**
Men's trousers		308
Men's shirts		309
Men's jackets		310
Men's undergarments		311
Men's other clothing		312
Boy's shoes		322
Men's shoes		323
Girl's shoes		324
Lady's shoes		325

ENUMERATOR: RECORD START TIME FOR MODULE B3: [ ][ ] HOURS [ ][ ] MINUTES

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE B3,B4,B5: [ ][ ] ID

ENUMERATOR: RECORD END TIME FOR MODULE B5: [ ][ ] HOURS [ ][ ] MINUTES

MODULE B6: ASSETS

ENUMERATOR: RECORD START TIME FOR MODULE B6: HOURS MINUTES

ITEM	B601 How many [ITEM]s do you own? IF NONE, RECORD ZERO. NUMBER	B602 ITEM CODE
Mortar/pestle (*mtondo*)		501
Bed		502
Table		503
Chair		504
Radio (wireless)		507
Tape or CD/DVD player, HiFi		508
Television		509
Sewing machine		511
Electric or gas stove; hot plate		513
Refrigerator		514
Bicycle		516
Motorcycle/scooter		517
Car		518
Upholstered chair, sofa set		522
Coffee table (for sitting room)		523
Cupboard, drawers, bureau		524
Lantern (paraffin)		525
Clock		527
Iron (for pressing clothes)		528

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE B6: ID

ENUMERATOR: RECORD END TIME FOR MODULE B6: HOURS MINUTES

MODULE B7: SHOCKS

ENUMERATOR: RECORD START TIME FOR MODULE B7: HOURS MINUTES

CODE	SHOCK	B701 During the last 12 months, was your household affected negatively by any of the following [SHOCK]? YES..1 NO...2 >> NEXT SHOCK	B702 Rank the three most significant shocks you experienced - **Most Severe (1), Second Most Severe (2), Third (3).**
101	Drought		
1101	Irregular Rains		
102	Floods		
1102	Landslides		
103	Earthquakes		
104	Unusually High Level of Crop Pests or Disease		
105	Unusually High Level of Livestock Disease		
106	Unusually Low Prices for Agricultural Output		
107	Unusually High Costs of Agricultural Inputs		
108	Unusually High Prices for Food		
109	End of Regular Assistance/Aid/ Remittances From Outside		
110	Reduction in the Earnings from Household		
111	Household (Non-Agricultural) Business		
112	Reduction in the Earnings of Currently		
113	Loss of Employment of Previously Salaried		
114	Serious Illness or Accident of Household Member(s)		
115	Birth in the Household		
116	Death of Income Earner(s)		
117	Death of Other Household Member(s)		
118	Break-Up of Household		
119	Theft of Money/Valuables/ Assets/Agricultural Output		
120	Conflict/Violence		
121	Other (Specify)		

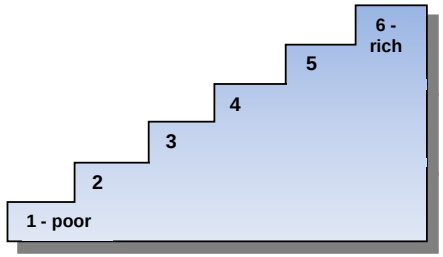
ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE B7: ID

ENUMERATOR: RECORD END TIME FOR MODULE B7: HOURS MINUTES

MODULE B8: SUBJECTIVE WELFARE

ENUMERATOR: RECORD START TIME FOR MODULE B8: HOURS MINUTES

B801 Concerning your household's food consumption over the past one month, which of the following is true? 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.)*	B802 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. On which step are you today?	B803 On which step are most of your neighbors today?	B804 On which step are most of your friends today?	B805 How many changes of clothes do you (HH HEAD) own? (NUMBER OF TROUSERS FOR MEN; SKIRTS/ DRESSES FOR WOMEN) NUMBER	B806 What do you (HH HEAD) sleep under in the cold season (July)? BLANKET & SHEETS. .1 BLANKET ONLY. . . . .2 SHEETS ONLY . . . .3 CHITENJE CLOTH. . .4 FERTILIZER or GRAIN SACK . . . .5 CLOTHES . . . . . .6 NOTHING 7



ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE B8: ID

ENUMERATOR: RECORD END TIME FOR MODULE B8: HOURS MINUTES

(THEN >> MODULE X)

MODULE C: EDUCATION

[ASK OF ALL PERSONS AGED 5 YEARS AND OLDER.]

C01	C02	C03	C04	C05		C06	C08	C09	C11
ID CODE	PUT AN 'X' FOR ALL INDIVIDUALS WHO ARE AGED BELOW 5 YEARS. DO NOT ADMINISTER THIS MODULE TO THESE INDIVIDUALS.	IS THE INFORMATION SELF-REPORTED OR IS IT BEING PROVIDED BY ANOTHER HOUSEHOLD MEMBER? SELF-REPORTED..1**>>C05** ANOTHER HH MEMBER....2	WHO IS REPORTING THE INFORMATION FOR THE INDIVIDUAL? LIST FROM HOUSEHOLD ROSTER HH ROSTER ID CODE	Are you able to read and write in the following languages? YES..1 NO...2		Have you ever attended school? YES..1 NO...2**>>NEXT MODULE**	What class are you in or what was the highest class level you ever attended? NURSERY/ PRE-SCHOOL-0 PRIMARY STND. 1 - 1 STND. 2 - 2 STND. 3 - 3 STND. 4 - 4 STND. 5 - 5 STND. 6 - 6 STND. 7 - 7 STND. 8 - 8 SECONDARY FORM 1 - 9 FORM 2 - 10 FORM 3 - 11 FORM 4 - 12 FORM 5 - 13 FORM 6 - 14 UNIVERSITY UNIV. 1 - 15 UNIV. 2 - 16 UNIV. 3 - 17 UNIV. 4 - 18 UNIV. 5 & ABOVE - 19 TRAINING COLLEGE TC YR. 1 - 20 TC YR. 2 - 21 TC YR. 3 - 22 TC YR. 4 - 23	What is the highest educational qualification you have acquired? NONE. . . 1 PSLC. . . 2 JCE . . . 3 MSCE. . . 4 NON-UNIV. DIPLOMA. 5 UNIVER. DIPLOMA, DEGREE . 6 POST-GRAD. DEGREE . 7	Did you attend school in the last completed academic year? YES..1 NO...2**>>C13**
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MODULE C: EDUCATION (CONTINUED)

C01	C12	C13	C15	C16	C17	C18	C19	
I D C O D E	What class were you in during the last completed academic year? NURSERY/ PRE-SCHOOL-0 PRIMARY STND. 1 - 1 STND. 2 - 2 STND. 3 - 3 STND. 4 - 4 STND. 5 - 5 STND. 6 - 6 STND. 7 - 7 STND. 8 - 8 SECONDARY FORM 1 - 9 FORM 2 - 10 FORM 3 - 11 FORM 4 - 12 FORM 5 - 13 FORM 6 - 14 UNIVERSITY UNIV. 1 - 15 UNIV. 2 - 16 UNIV. 3 - 17 UNIV. 4 - 18 UNIV. 5 & ABOVE - 19 TRAINING COLLEGE TC YR. 1 - 20 TC YR. 2 - 21 TC YR. 3 - 22 TC YR. 4 - 23	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? YES..1**>>C16** NO...2	In which calendar year did you last attend school? RECORD CALENDAR YEAR IF WITHIN PAST 12 MONTHS**>>C22** OTHERWISE**>>NEXT MODULE**	What type of school do you attend? PRIMARY LEA/GOVERNMENT. . . . .11 PRIVATE NON-RELIGIOUS .12 CHURCH/MISSION SCHOOL .13 ISLAMIC SCHOOL. . . . .14 OTHER PRIMARY . . . . .15 SECONDARY GOVERNMENT (CONVENTIONAL). . . . 21 COMMUNITY DAY (CDSS) . 22 CHURCH/MISSION SCHOOL .23 ISLAMIC SCHOOL. . . . .24 NIGHT SCHOOL. . . . . .25 OTHER SECONDARY . . . .26 TERTIARY UNIVERSITY. . . . . .31 TRAINING COLLEGE. . . .32 OTHER TERTIARY. 33	Are you a day scholar or a boarder at the school? DAY SCHOLAR..1 BOARDER..2**>>C20**	How do you get to school each day? FOOT.....1 BICYCLE...2 BUS/MINI-BUS.....3 PRIVATE VEHICLE..4 OTHER (SPECIFY).5	How long does it usually take you to get to school by this means of transport? MINUTE. 1 HOUR. . 2	
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MODULE C: EDUCATION (CONTINUED)

C01	C20	C22									
ID CODE	At any time in the past 12 months, did you ever temporarily withdraw from school, so that you missed more than two consecutive weeks of instruction?	How much was spent on you education in the last 12 months by the household, family, and friends for: IF NOTHING WAS SPENT, RECORD ZERO. IF THE RESPONDENT CAN ONLY GIVE A TOTAL AMOUNT, RECORD "999999" IN THE RELEVANT COLUMNS, AND THE TOTAL AMOUNT IN THE LAST COLUMN.									
	YES..1 NO...2	A Tuition, including extra tuition fees MK	B Expenditures on after school programs & tutoring MK	C School books & stationery MK	D School uniform clothing MK	E Boarding Fees MK	F Contribution for school building or maintenance MK	G Transport MK	H Parent/ Teacher Association & other related fees MK	I Other MK	J TOTAL **THEN >> NEXT ROW** MK
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MODULE D: HEALTH

[ASK 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
ID CODE	IS THE INFORMATION SELF-REPORTED OR IS IT BEING PROVIDED BY ANOTHER HOUSEHOLD MEMBER? SELF-REPORTED..1**>>D04** ANOTHER HH MEMBER....2	WHO IS REPORTING THE INFORM-ATION FOR THE INDI-VIDUAL? LIST FROM HOUSEHOLD ROSTER HH ROSTER ID CODE	During the past 2 weeks have you suffered from an illness or injury? YES..1 NO...2**>>D10**	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 HEADACHE . . . .10 FAINTING . . . .11 SKIN PROBLEM . .12 DENTAL PROBLEM .13 EYE PROBLEM. . .14 EAR/NOSE/THROAT.15 BACKACHE . . . .16 HEART PROBLEM. .17 BLOOD PRESSURE .18 PAIN WHEN PASS-ING URINE . . .19 DIABETES . . . .20 MENTAL DISORDER.21 TB . . . . . .22 SEXUALLY TRANSMITTED DISEASE . . . .23 BURN . . . . . .24 FRACTURE . . . .25 WOUND . . . . . 26 POISONING . . . 27 PREGNANCY . . . 28 UNSPECIFIED LONG-TERM ILLNESS . . . .29 OTHER (SPECIFY).30		Who diagnosed the illness? MEDICAL WORKER (DOCTOR, CLINICAL OFFICER, NURSE) AT HOSPITAL . . . 1 MEDICAL WORKER AT OTHER HEALTH FACILITY. . . . . 2 HEALTH SURVEILLANCE ASSISTANT . . . . .3 TRADITIONAL HEALER 4 NON-HH MEMBER (NOT MEDICAL). . 5 SELF . . . . . 6 OTHER HH MEMBER. . 7 OTHER (SPECIFY). . 8		What action 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 SOUGHT TREATMENT AT VILLAGE HEALTH CLINIC/WITH HEALTH SURVEILLANCE ASSISTANT . . 8 WENT TO LOCAL PHARMACY . . 9 WENT TO LOCAL GROCERY FOR MEDICINE. . . . . .10 SOUGHT TREATMENT WITH TRADITIONAL HEALER. . . .11 SOUGHT TREATMENT WITH FAITH HEALER. . . . . .12 OTHER (SPECIFY). 13		During the past 2 weeks, for how many days did you have to stop your normal activities because of this (these) illness(es)? IF NONE, RECORD ZERO AND **>> D10**.	During the past 2 weeks, for how many days, did anyone else in the household have to stop their normal activities to care for you? IF NONE, RECORD ZERO.
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MODULE D: HEALTH (CONTINUED)

D01	D10	D11	D12	D13	D14	D15	D16	D17	D18	D19
ID CODE	How much in total did you spend in the past 4 weeks for all illnesses and injuries, including for medicine, tests, consultation, & in-patient fees, if any? INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS.	How much in total did you spend in the past 4 weeks for medical care not related to an illness - 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 non-prescription medicines - Panadol, Fansidar, cough syrup, etc.? INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS.	During the last 12 months, were you hospitalized or had an overnight stay(s) in a medical facility? YES..1 NO...2**>>D18**	What was the total cost of your hospital-ization(s) or overnight stay(s) in a medical facility during the last 12 months? INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS.	How much in total did you spend to travel to the medical facility for overnight stay(s) during the last 12 months? INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS.	How much did you spend on food during overnight stay(s) at the medical facility during the last 12 months? 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 during the last 12 months? YES..1 NO...2	During the last 12 months, did you stay over-night(s) at a traditional healer's or faith healer's dwelling? YES..1 NO...2**>>D33**	What was the total cost of your stay(s) at the traditional healer's or faith healer's dwelling during the last 12 months? INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS.
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MODULE D: HEALTH (CONTINUED)

D01	D20	D21	D22	D33	D34		D35		D36	
ID CODE	How much in total did you spend to travel to the traditional healer's or faith healer's dwelling for overnight stay(s) during the last 12 months? INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS.	How much did you spend on food during overnight stay(s) at the traditional healer's or faith healer's dwelling during the last 12 months? 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 during the last 12 months? YES..1 NO...2	Do you suffer from a chronic illness? YES...1 NO....2**>>D37**	What chronic illness do you suffer from? LIST UP TO 2. CHRONIC MALARIA/FEVER 1 TUBERCULOSIS . . . . .2 HIV/AIDS . . . . . .3 DIABETES . . . . . .4 ASTHMA . . . . . .5 BILHARZIA/ SCHISTOSOMIASIS . . .6 ARTHRITIS/ RHEUMATISM. . . . . .7 NERVE DISORDER . . . .8 STOMACH DISORDER. . . 9 SORES THAT DO NOT HEAL . . . . . .10 CANCER. . . . . .11 PNEUMONIA . . . . . .12 EPILEPSY . . . . . 13 MENTAL ILLNESS . . . 14 OTHER (SPEC.) 15		How long have you suffered from this illness (these illnesses)?		Who diagnosed the illness? MEDICAL WORKER (DOCTOR, CLINICAL OFFICER, NURSE) AT HOSPITAL . . . 1 MEDICAL WORKER AT OTHER HEALTH FACILITY. . . . . 2 HSA . . . . . .3 TRADITIONAL HEALER 4 NON-HH MEMBER (NOT MEDICAL). . 5 SELF . . . . . 6 OTHER HH MEMBER. . 7 OTHER (SPECIFY). . 8	
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MODULE D: HEALTH (CONTINUED)

D01 I D C O D E	D37 IS THIS PERSON, [NAME], LESS THAN 15 YEARS OLD? YES...1 NO....2**>>D39**	D38 What did you have for breakfast yesterday? TEA/DRINK WITH SUGAR.....1 MILK/MILK TEA WITH SUGAR.....2 SOLID FOOD ONLY..3 TEA/DRINK WITH SOLID FOOD..4 PORRIDGE WITH G/NUT FLOUR.5 PORRIDGE WITH SOLID FOOD..6 PORRIDGE WITH SUGAR.....7 PORRIDGE WITH MILK.....8 PORRIDGE WITHOUT SUGAR....9 NOTHING.....10 OTHER (SPECIFY).11	D39 IS THIS PERSON, [NAME], A WOMAN AGED 12 TO 49 YEARS? YES..1 NO...2**>>NEXT MODULE**	D40 In the past 24 months, did you <u>give birth</u> to a child, even if born dead? YES..1 NO...2**>>NEXT MODULE**	D41 Did you regularly go to a health clinic when you were pregnant with your last child born in the last 24 months? YES..1 NO...2	D42 Where did you deliver your last child born in the last 24 months? HOSPITAL/ MATERNITY CLINIC....1 AT HOME...2 OTHER (SPECIFY).3	D43 Who assisted in delivering this child? DOCTOR/ CLINICAL OFFICER . 1 NURSE/MIDWIFE. . .2 PATIENT ATTENDANT .3 TRADITIONAL BIRTH ATTENDANT . . . . .4 RELATIVE/FRIEND . .5 NO ONE . . . . . 6 OTHER (SPECIFY). . 7 (THEN **>> NEXT MODULE**)
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MODULE E: TIME USE & LABOUR

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

E01 ID CODE	E02 PUT AN 'X' FOR ALL INDI-VIDUALS WHO ARE AGED BELOW 5 YEARS. DO NOT ADMIN-ISTER THIS MODULE TO THESE INDI-VIDUALS.	E03 IS THE RESPONDENT REPORTING FOR HIM/HERSELF? YES.1**>>E05** NO..2	E04 WHO IS RESPONDING ON BEHALF OF [NAME]? LIST FROM HOUSEHOLD ROSTER HH ROSTER ID CODE	E05 How many hours did you spend yester-day collect-ing water? HOURS	E06 How many hours did you spend yesterday collecting firewood (or other fuel materials)? HOURS	E06_1 In the last 12 months, did you work on household agricultural activities (including farming, raising livestock or fishing, whether for sale or for household food) even if only for one hour? YES...1 NO....2	E06_2 In the last 12 months, did you run a non-farm business of any size for yourself or the household, even if only for one hour? YES...1 NO....2	E06_3 In the last 12 months, did you help in any kind of non-farm business run by this household, even if only for one hour? YES...1 NO....2	E06_4 In the last 12 months, did you work as an employee for a wage, salary, commission, or any payment in kind: including doing paid apprenticeship, domestic work or paid farm work, excluding *ganyu* , even if only for one hour? YES...1 NO....2	E06_5 In the last 12 months, did you engage in an unpaid apprenticeship for anyone that is not a member of the household, even if only for one hour? **YES...1** **NO....2**	E06_6 In the last 12 months, did you engage in casual, part-time or *ganyu* labour, even if only for one hour? YES...1 NO....2	E06_7 REVIEW QUESTIONS E06_1 TO E06_6. DID THIS PERSON ANSWER 'YES' TO AT LEAST ONE QUESTION? YES.1 NO..2**>>E07**
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MODULE E: TIME USE & LABOUR (CONTINUED)

E01	E06_8		E07	E08	E09	E10	E11	E12	E13	E13_1	
ID CODE	In what type of economic activity did you spend most of your time in the last 12 months: WAGE EMPLOYMENT EXCLUDING *GANYU*.....1 HOUSEHOLD BUSINESS (NON-AG).....2 UNPAID HOUSEHOLD LABOR (AGRIC).....3 UNPAID APPRENTICESHIP.....4 *GANYU*.....5		How many hours in the last seven days did you spend on household agricultural activities (including livestock and fishing-related activities) whether for sale or for household food?	How many hours in the last seven days did you run or do any kind of non-agricultural or non-fishing household business, big or small, for yourself?	How many hours in the last seven days did you help in any of the household's non-agricultural or non-fishing household businesses, if any?	How many hours in the last seven days did you engage in casual, part-time or *ganyu* labour?	How many hours in the last seven days did you do any work for a wage, salary, commission, or any payment in kind, excluding *ganyu*?	How many hours in the last seven days did you engage in an unpaid apprenticeship for anyone that is not a member of the household?	REVIEW QUESTIONS E07 TO E12. DID THIS PERSON, [NAME], WORK FOR ANY HOURS AT THESE TASKS OVER THE LAST SEVEN DAYS? YES.1 NO..2**>>E14**	In what type of economic activity did you spend most of your time in the last 7 days: WAGE EMPLOYMENT EXCLUDING *GANYU*.....1 HOUSEHOLD BUSINESS (NON-AG).....2 UNPAID HOUSEHOLD LABOR (AGRIC).....3 UNPAID APPRENTICESHIP.....4 *GANYU*.....5 (THEN**>>E18**)	
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MODULE E: TIME USE & LABOUR (CONTINUED)

						MAIN WAGE JOB OVER THE LAST 12 MONTHS			
E01	E14	E15	E16	E17	E18	E19		E20	
I D C O D E	Even though you did not do any activities in the last seven days, do you have a job, business, or other economic or farming activity that you will return to? NOT *GANYU*. YES.1 NO..2**>>E16**	What is the main reason you did not work at this activity during the last seven days? ON LEAVE.....1 ILL.....2 BUSINESS CLOSED TEMPORARILY..3 NOT FARMING SEASON.....4 OTHER (SPECIFY)...5 (THEN **>> E18)**	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? YES.1 NO..2	If you were offered a wage job, would you be willing to accept it? YES.1 NO..2	**ENUMERATOR:** CHECK QUESTION E06_4. DID THE RESPONDENT REPORT YES TO THIS QUESTION? YES.1 NO..2**>>E46**	Describe your main wage job over the last 12 months. WRITTEN DESCRIPTION	**(Supervisor to put in occupation code after interview)** OCCUP. CODE	Describe what kind of trade or business your main wage job over the last 12 months is connected with. WRITTEN DESCRIPTION	**(Supervisor to put in industry code after interview)** IND. CODE
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MODULE E: TIME USE & LABOUR (CONTINUED)

E01 I D C O D E	E21 Is your employer for your main wage job over the last 12 months… READ RESPONSES Private Company.....1 Private Individual.....2 Government.....3 State-Owned Enterprise (Parastatal).....4 MASAF/Public Works Program.....5 Church/Religious Organization.....6 Political Party.....7 Other (Specify).....8	E21_1 What type of position is your main wage job? READ RESPONSES Permanent.....1 Fixed-term with duration ≥1 .....2 Government.....3 Temporary/Seasonal/ Freelance.....4	E21_2 Does this wage job have a contract? YES.1 NO..2	E21_3 Are you enrolled in a pension scheme for this wage job? YES.1 NO..2	E21_4 Are you enrolled in a health insurance scheme with this wage job? YES.1 NO..2	E22 In how many months over the last 12 months, did you work at this wage job? NUMBER OF MONTHS	E23 During these months, approximately how many weeks per month did you work at this wage job? NUMBER OF WEEKS / MONTH	E24 During these weeks, approximately how many hours per week did you work at this wage job? NUMBER OF HOURS / WEEK	E24_1 During the last 7 days, approximately how many hours did you work at this wage job? NUMBER OF HOURS
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MODULE E: TIME USE & LABOUR (CONTINUED)

E01	E25	E26		E26_1		E27	E28		E28_1		E29	E30	E31
ID CODE	How much was your last payment for wages/salary?	What period of time do each of your salary payments cover?		Who in the household controls/ decides on the use of your salary payment? LIST UP TO 2 MEMBERS FROM HOUSEHOLD ROSTER		How much do you usually receive in allowances or gratuities, including in-kind payments such as uniform, housing, food, and transport, that were not included in the salary you just reported? ESTIMATE CASH VALUE OF ANY IN-KIND PAYMENTS RECEIVED. **IF NOTHING, RECORD ZERO, >> E29.**	Over what period of time are you reporting your allowances and gratuity payments?		Who in the household controls/ decides on the use of your allowances or gratuities? LIST UP TO 2 MEMBERS FROM HOUSEHOLD ROSTER		Is this wage job considered an apprenticeship?	Have you made any payments to your employer for your apprenticeship?	How much in total have you paid over the last 12 months for your apprenticeship? ESTIMATE CASH VALUE OF ANY IN-KIND PAYMENTS.
	MK	NUMBER OF TIME UNITS	TIME UNIT DAY. .3 WEEK .4 MONTH.5	**HH ROSTER ID CODE #1**	**HH ROSTER ID CODE #2**	MK	NUMBER OF TIME UNITS	TIME UNIT DAY. .3 WEEK .4 MONTH.5	**HH ROSTER ID CODE #1**	**HH ROSTER ID CODE #2**	YES.1 NO..2**>>E32**	YES.1 NO..2**>>E32**	MK
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MODULE E: TIME USE & LABOUR (CONTINUED)

SECONDARY WAGE JOB OVER THE LAST 12 MONTHS

E01 I D C O D E	E32 At any time over the last 12 months, were you employed for a second wage job , including casual/part-time labour, for a wage, salary, commission or any payment in kind, excluding ganyu, for anyone who is not a member of your household? YES.1 NO..2**>>E46**	E33 Describe your secondary wage job over the last 12 months. WRITTEN DESCRIPTION	**(Supervisor to put in occupation code after interview)** OCCUP. CODE	E34 Describe what kind of trade or business your secondary wage job over the last 12 months is connected with. WRITTEN DESCRIPTION	**(Supervisor to put in industry code after interview)** IND. CODE	E35 Is your employer for your secondary wage job over the last 12 months… READ RESPONSES Private Company.....1 Private Individual.....2 Government.....3 State-Owned Enterprise (Parastatal).....4 MASAF/Public Works Program.....5 Church/Religious Organization.....6 Political Party.....7 Other (Specify).....8	E35_1 What type of position is your secondary wage job? READ RESPONSES Permanent.....1 Fixed-term with duration ≥1 .....2 Government.....3 Temporary/Seasonal/ Freelance.....4
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MODULE E: TIME USE & LABOUR (CONTINUED)

E01 ID CODE	E35_2 Does this wage job have a contract? YES.1 NO..2	E35_3 Are you enrolled in a pension scheme for this wage job? YES.1 NO..2	E35_4 Are you enrolled in a health insurance scheme with this wage job? YES.1 NO..2	E36 In how many months over the last 12 months, did you work at this wage job? NUMBER OF MONTHS	E37 During these months, approximately how many weeks per month did you work at this wage job? NUMBER OF WEEKS / MONTH	E38 During these weeks, approximately how many hours per week did you work at this wage job? NUMBER OF HOURS / WEEK	E38_1 During the last 7 days, approximately how many hours did you work at this wage job? NUMBER OF HOURS	E39 How much was your last payment for wages/salary? MK	E40 What period of time do each of your salary payments cover? NUMBER OF TIME UNITS	 TIME UNIT DAY. .3 WEEK .4 MONTH.5	E40_1 Who in the household controls/ decides on the use of your salary payments? LIST UP TO 2 MEMBERS FROM HOUSEHOLD ROSTER **HH ROSTER ID CODE #1**	 **HH ROSTER ID CODE #2**
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MODULE E: TIME USE & LABOUR (CONTINUED)

												UNPAID APPRENTICESHIP	
E01	E41	E42		E42_1		E43	E44	E45	E46	E47			
I D C O D E	How much do you usually receive in allowances or gratuities, including in-kind payments such as uniform, housing, food, and transport, that were not included in the salary you just reported? ESTIMATE CASH VALUE OF ANY IN-KIND PAYMENTS RECEIVED. **IF NOTHING, RECORD ZERO, >> E43.**	Over what period of time are you reporting your allowances and gratuity payments?		Who in the household controls/ decides on the use of your allowances or gratuities? LIST UP TO 2 MEMBERS FROM HOUSEHOLD ROSTER		Is this wage job considered an apprenticeship?	Have you made any payments to your employer to for your apprenticeship?	How much in total have you paid over the last 12 months for your apprenticeship? ESTIMATE CASH VALUE OF ANY IN-KIND PAYMENTS.	ENUMERATOR: CHECK QUESTION E06_5. DID THE RESPONDENT REPORT YES TO THIS QUESTION?	Describe your unpaid apprenticeship over the last 12 months? REFER TO MAIN UNPAID APPRENTICESHIP, IF MORE THAN ONE		**(Supervisor to put in occupation code after interview)**
	MK	NUMBER OF TIME UNITS	TIME UNIT DAY. .3 WEEK .4 MONTH.5	**HH ROSTER ID CODE #1**	**HH ROSTER ID CODE #2**	YES.1 NO..2**>>E46**	YES.1 NO..2**>>E46**	MK	YES.1 NO..2**>>E55**	WRITTEN DESCRIPTION		OCCUP. CODE	
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MODULE E: TIME USE & LABOUR (CONTINUED)

E01 ID CODE	E48 Describe what kind of trade or business your unpaid apprenticeship over the last 12 months is connected with? REFER TO MAIN UNPAID APPRENTICESHIP, IF MORE THAN ONE WRITTEN DESCRIPTION	(Supervisor to put in industry code after interview) IND. CODE	E49 Is your employer for your unpaid apprenticeship over the last 12 months… (READ ALL RESPONSES) Private Company.....1 Private Individual.....2 Government.....3 State-Owned Enterprise (Parastatal).....4 MASAF/Public Works Program.....5 Church/Religious Organization.....6 Political Party.....7 Other (Specify).....8	E50 In how many months over the last 12 months, did you work at this unpaid apprenticeship? NUMBER OF MONTHS	E51 During these months, approximately how many weeks per month did you work at this unpaid apprenticeship? NUMBER OF WEEKS / MONTH	E52 During these weeks, approximately how many hours per week did you work at this unpaid apprenticeship? NUMBER OF HOURS / WEEK	E52_1 During the last 7 days, approximately how many hours did you work at this unpaid apprenticeship? NUMBER OF HOURS	E53 Have you made any payments to your employer for your unpaid apprenticeship? YES.1 NO..2**>>E55**	E54 How much in total have you paid over the last 12 months for your unpaid apprenticeship? ESTIMATE CASH VALUE OF ANY IN-KIND PAYMENTS. MK	E55 ENUMERATOR: CHECK QUESTION E06_6. DID THE RESPONDENT REPORT YES TO THIS QUESTION? YES.1 NO..2**>>E60**
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

MODULE E: TIME USE & LABOUR (CONTINUED)

	GANYU LABOUR OVER THE LAST 12 MONTHS						**OTHER UNPAID LABOUR OVER THE LAST 12 MONTHS**					
E01	E56	E57	E58	E59	E59_1		E60	E61	E62	E63	E64	E65
ID CODE	In how many months over the last 12 months, did you do *ganyu* labour?	During these months, approximately how many weeks per month did you do *ganyu* labour?	During these weeks, approximately how many days per week did you do *ganyu* labour?	What was the average daily wage, in cash or in kind, that you received for the days worked at *ganyu* over the last 12 months?	Who in the household controls/ decides on the use of your *ganyu* earnings? LIST UP TO 2 MEMBERS FROM HOUSEHOLD ROSTER		At any time over the last 12 months, did you work for other households, free of charge, as exchange labourer or to assist for nothing in return? YES.1 NO..2 **>>NEXT ROW**	Over the last 12 months, for how many households in total did you work as exchange labourer or to assist for nothing in return?	Among the households for whom you worked as exchange laborer or to assist for nothing in return, how many were households of relatives? RECORD ZERO IF NONE.	Among the households for whom you worked as exchange laborer or to assist for nothing in return, how many were households of friends/ neighbors? RECORD ZERO IF NONE.	Was the household of the village headman among the households for whom you worked as exchange laborer or to assist for nothing in return? YES.1 NO..2	Over the last 12 months, for how many days in total did you work for other households as exchange labourer or to assist for nothing in return?
	NUMBER OF MONTHS	NUMBER OF WEEKS / MONTH	NUMBER OF DAYS / WEEK	MK	**HH ROSTER ID CODE #1**	**HH ROSTER ID CODE #2**		NUMBER OF HHs IN TOTAL	NUMBER OF HHs OF RELATIVES	NUMBER OF HHs OF FRIENDS/ NEIGHBORS		NUMBER OF DAYS
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

MODULE F: HOUSING

ENUMERATOR: RECORD START DATE & TIME FOR MODULE F:

DAY	MONTH	HOURS	MINUTES

F01	F02	F03		F04		F05	F06	F07	F08	F09
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? OWNED. . . . 1 BEING PURCHASED . 2 EMPLOYER PROVIDES. . ..3**>>F03** FREE, AUTHORIZED . .4**>>F03** FREE, NOT AUTHORIZED. ..5**>>F03** RENTED. . . ..6**>>F04**	If you sold this dwelling today, how much would you receive for it? MK	Estimate the rent you could receive if you rented this dwelling? (THEN **>>F05**) MK	DAY....3 WEEK...4 MONTH..5 YEAR...6 TIME UNIT	How much do you pay to rent this dwelling? MK	DAY....3 WEEK...4 MONTH..5 YEAR...6 TIME UNIT	How many years ago was this house built? How old is it? IF DO NOT KNOW, RECORD 999. YEARS	WHAT GENERAL TYPE OF CONSTRUCTION MATERIALS ARE USED FOR THE DWELLING? PERMANENT. . . 1 SEMI-PERMANENT 2 TRADITIONAL. . 3 (SEMI-PERMANENT IS MIX OF TRADITIONAL (GRASS, MUD) & MODERN MATERIALS (IRON SHEET, CEMENT)	THE OUTER WALLS OF THE MAIN DWELLING OF THE HOUSEHOLD ARE PREDOMINANTLY MADE OF WHAT MATERIAL? GRASS . . . . . 1 MUD (YOMATA). . 2 COMPACTED EARTH (YAMDINDO). . 3 MUD BRICK (UNFIRED) . . 4 BURNT BRICKS. . 5 CONCRETE. . . . 6 WOOD. . . . . 7 IRON SHEETS . . 8 OTHER (SPECIFY) 9	THE ROOF OF THE MAIN DWELLING IS PREDOMINANTLY MADE OF WHAT MATERIAL? GRASS.....1 IRON SHEETS.....2 CLAY TILES.....3 CONCRETE...4 PLASTIC SHEETING...5 OTHER (SPECIFY)..6	THE FLOOR OF THE MAIN DWELLING IS PREDOMINANTLY MADE OF WHAT MATERIAL? SAND. . . . . .1 SMOOTHED MUD. .2 SMOOTH CEMENT .3 WOOD. . . . .4 TILE. . . . . 5 OTHER (SPECIFY) . . 6

F10	F11	F12	F13	F14	F15	F16		F17	F18	F19
How many separate rooms do the members of your household occupy? (DO NOT COUNT BATHROOMS, TOILETS, STOREROOMS, OR GARAGE) NUMBER OF ROOMS	What is your main source of lighting fuel? COLLECTED FIREWOOD. . .1 PURCHASED FIREWOOD. . .2 GRASS. . . . .3 PARAFFIN . . .4 ELECTRICITY. .5 GAS. . . . . .6 BATTERY/DRY CELL (TORCH).7 CANDLES. . . .8 OTHER (SPECIFY). . .9 BATTERY/DRY CELL (CAR) .10	What is your main source of cooking fuel? COLLECTED FIREWOOD. . 1 **(>>F15)** PURCHASED FIREWOOD. . 2 **(>>F14)** PARAFFIN . . 3 ELECTRICITY. 4 GAS. . . . . 5 CHARCOAL . . 6 CROP RESIDUE 7 SAW DUST . . 8 ANIMAL WASTE 9 OTHER (SPECIFY). .10	Do you ever use firewood for fuel? YES..1 NO...2**>>F19**	Do you ever collect firewood? YES..1 NO...2>>**F18**	Where do you go to collect firewood? OWN WOODLOT .1 COMMUNITY WOODLOT .2 FOREST RESERVE .3 UNFARMED AREAS OF COMMUN-ITY . . .4 OTHER (SPECIFY).5	How long does it take you to walk from your dwelling to where you usually go to collect firewood? TIME AMOUNT	MINUTE..1 HOUR....2 UNIT	Of the firewood you used in the past week, how much of it did you purchase? ALL . . . 1 ALMOST ALL. . . 2 MORE THAN HALF . . 3 HALF. . . 4 LESS THAN HALF . . 5 A LITTLE. 6 NONE. . . 7	What is the total value of the firewood you used in the past week, whether gathered or purchased? (Estimate purchase cost of gathered firewood.) MK	Do you have electricity working in your dwelling? YES..1 NO...2**>>F27**

MODULE F: HOUSING (CONTINUED)

F20		F21	F22	F23	F24	F25	F26		F27	F28
In the event of a black out, what source of energy do you use for ...?		Do you get your electricity via ESCOM?	Following your application to get electricity, how long did you have to wait for your connection to be in working order? IF DID NOT APPLY, RECORD 9999.	Did you have to pay an unofficial fee to get a connection?	In the last 12 months, how frequently did you experience blackouts in your area? READ RESPONSES	How much did you last pay for electricity? IF NEVER PAYS FOR ELECTRICITY RECORD 9999 AND **>> F34**	To what length of time does this cost for electricity refer? (THEN**>>F34**)		Although you do not have electricity in your dwelling, does your village / neighborhood have access to electricity provided by ESCOM?	**ENUMERATOR:** IS THE DWELLING **OWNED** BY THE HOUSEHOLD ACCORDING TO F01?
LIGHTING FIREWOOD....1 PARAFFIN....2 CANDLES.....3 OTHER (SPECIFY)...4	COOKING CHARCOAL..1 FIREWOOD..2 GAS.....3 PARAFFIN..4 OTHER (SPECIFY).5	YES..1 NO...2**>>F25**	DAY....3 WEEK...4 MONTH..5 YEAR...6 TIME UNIT	YES..1 NO...2	Never....1 Every day.....2 Several times a week.....3 Several times a month....4	MK	TIME AMOUNT	DAY....3 WEEK...4 MONTH..5 YEAR...6 TIME UNIT	YES..1 NO...2**>>F34**	YES..1 NO...2**>>F34**

F29	F30	F34	F35	F36	F37	F38		F39
What is the main reason for your household not to have access to electricity?	How long have you been waiting for?	How many working cell phones in total does your household own? IF NONE, RECORD 0 AND **>> F36.**	Estimate the total cost for all cell phone service for all household members last month?	What is your main source of drinking water?	What was the total cost of drinking water for your household last month? IF NONE, ENTER 0 AND CONTINUE TO F38.	How long does it take you to walk (ONE WAY) to the main water source from your dwelling? IF THE WATER SOURCE IS ON PREMISES, RECORD 99 FOR TIME AMOUNT AND CONTINUE TO F39.		Do you use the main water source…
CONNECTION/ WIRING FEE UNAFFORDABLE..1**>>F34** NO NEED FOR ELECTRICITY...2**>>F34** DWELLING UNAPPROPRIATE FOR CONNECTION....3**>>F34** APPLICATION PENDING.....4 LINE WAS DISCONNECTED..5**>>F34** OTHER (SPECIFY).....6**>>F34**	DAY....3 WEEK...4 MONTH..5 YEAR...6 TIME UNIT	NUMBER	MK	PIPED INTO DWELLING. . 1 PIPED INTO YARD/PLOT. . 2 COMMUNAL STANDPIPE . . .3 OPEN WELL IN YARD/PLOT. 4 OPEN PUBLIC WELL. . . . 5 PROTECTED WELL IN YARD/PLOT. . . . . .6 PROTECTED PUBLIC WELL. .7 BOREHOLE . . . . . .8 SPRING . . . . . .9 RIVER/STREAM. . . . . .10 POND/LAKE. . . . . 11 DAM. . . . . 12 RAINWATER. . . . . .13 TANKER TRUCK/BOWSER. . 14 BOTTLED WATER. . . . . 15 OTHER (SPECIFY). . . . 16	MK	TIME AMOUNT	MINUTE..1 HOUR....2 TIME UNIT	ALL YEAR AROUND....1**>>F41** ONLY RAINYSEASON...2 ONLY DRY SEASON....3

MODULE F: HOUSING (CONTINUED)

F40	F41	F42	F43	F44	F45	F46	F47
What is your main source of drinking water in the other season? PIPED INTO DWELLING. . 1 PIPED INTO YARD/PLOT. . 2 COMMUNAL STANDPIPE . . .3 OPEN WELL IN YARD/PLOT. 4 OPEN PUBLIC WELL. . . . 5 PROTECTED WELL IN YARD/PLOT. . . . . .6 PROTECTED PUBLIC WELL. .7 BOREHOLE. . . . . 8 SPRING . . . . . .9 RIVER/STREAM. . . . . .10 POND/LAKE. . . . . 11 DAM. . . . . 12 RAINWATER. . . . . .13 TANKER TRUCK/BOWSER. . 14 BOTTLED WATER. 15	What kind of toilet facility does your household use? FLUSH TOILET. . 1 VIP LATRINE. .2 TRADIT. LATRINE W/ROOF. . 3 TRADIT. LATRINE W/O ROOF. 4 NONE. . . .5**>>F43** OTHER (SPECIFY) 6	Is this toilet facility for the use of: READ RESPONSES Household members only.1 Other households also.....2	What kind of rubbish disposal facilities does your household use? COLLECTED FROM RUBBISH BIN. . .1 RUBBISH PIT . .2 BURNING . . . . 3 PUBLIC RUBBISH HEAP . . . . . .4 OTHER (SPECIFY) . . . 5 NONE. 6	Do any members of your household sleep under a bed net to protect against mosquitoes at some time during the year? YES..1 NO...2**>>F48**	Has/have the bed net(s) ever been dipped in insecticide against mosqui-toes in the past six months? YES. . . . . .1 NO . . . . . 2 ALL NETS TREATED & LESS THAN 6 MONTHS OLD. . .3	**ENUMERATOR:** DOES THIS HOUSEHOLD HAVE ANY CHILDREN BELOW 5 YEARS OF AGE? YES..1 NO...2**>>F48**	Do the children under 5 in the household sleep under a bed net at those times of the year when there are mosquitoes present? YES, FOR ALL CHILDREN UNDER FIVE . . . . . 1 YES, FOR SOME CHILDREN UNDER FIVE . . . . . 2 NO, NONE OF THE CHILDREN UNDER FIVE 3

F48	F49	F50	F51			F52	F53	F54	F55		
Do you, either by yourself or together with another household member or someone outside your household, currently have an account at a bank, credit union, micro finance institution, post office, village savings organization, or another financial institution? YES..1 NO...2**>>50**	**ENUMERATOR:** RECORD THE HOUSEHOLD ROSTER ID OF THE RESPONDENT. **HH ROSTER ID CODE**	Does any other member of your household, either by him/herself or together with another household member or someone outside your household, currently have an account at a bank, credit union, micro finance institution, post office, village savings organization, or another financial institution? YES..1 NO...2**>>52**	**ENUMERATOR:** RECORD THE HOUSEHOLD ROSTER ID CODE FOR UP TO 3 INDIVIDUALS, EXCLUDING THE RESPONDENT. **HH ROSTER ID CODE #1**	**HH ROSTER ID CODE #2**	**HH ROSTER ID CODE #3**	In the past year (12 months), have you used an account at a bank, credit union, etc. of someone else in your household or your community? YES..1 NO...2**>>54**	**ENUMERATOR:** RECORD THE HOUSEHOLD ROSTER ID OF THE RESPONDENT. **HH ROSTER ID CODE**	In the past year (12 months), has any other member of your household used an account at a bank, credit union, etc. of someone else in your household or your community ? YES..1 NO...2**>>NEXT MODULE**	**ENUMERATOR:** RECORD THE HOUSEHOLD ROSTER ID CODE FOR UP TO 3 INDIVIDUALS, EXCLUDING THE RESPONDENT. **HH ROSTER ID CODE #1**	**HH ROSTER ID CODE #2**	**HH ROSTER ID CODE #3**

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE F: [ ] ID

ENUMERATOR: RECORD END TIME FOR MODULE F: [ ] [ ] HOURS MINUTES

MODULE G: FOOD CONSUMPTION OVER PAST ONE WEEK

ENUMERATOR: RECORD START DATE & TIME FOR MODULE G: DAYS | MONTHS | HOURS | MINUTES

G00_1. Who in the household is most knowledgeable about food consumed in the household. LIST MEMBER ID. [ ]

G00_2. Who in the household is reporting information on food consumption in this module. LIST MEMBER ID. [ ]

DE LINE NUMBER	Over the past one week (7 days), did you or others in your household consume any [. . .]? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.	G01 YES..1 NO...2**>> NEXT ITEM**	G02 ITEM CODE	G03 How much in total did your household consume in the past week? QUANTITY	G03 UNIT	G04 How much came from purchases? QUANTITY	G04 UNIT	G05 How much did you spend? MK	G06 How much came from own-production? QUANTITY	G06 UNIT	G07 How much came from gifts and other sources? QUANTITY	G07 UNIT	DE LINE NUMBER
1	**Cereals, Grains and Cereal Products**												1
2	Maize *ufa mgaiwa* (normal flour) *****		101										2
3	Maize *ufa* refined (fine flour) *		102										3
4	Maize *ufa madeya* (bran flour) *		103										4
5	Maize grain (not as *ufa*) *		104										5
6	Green maize *		105										6
7	Rice		106										7
8	Finger millet (*mawere*)		107										8
9	Sorghum (*mapira*)		108										9
10	Pearl millet (*mchewere*)		109										10
11	Wheat flour		110										11
12	Bread		111										12
13	Buns, scones		112										13
14	Biscuits		113										14
15	Spaghetti, macaroni, pasta		114										15
16	Breakfast cereal		115										16
17	Infant feeding cereals		116										17
18	Other (specify)		117										18

CODES FOR UNIT:

KILOGRAMME 1
50 KG. BAG 2
PAIL (SMALL) . . .4
PAIL (LARGE) . . .5
No. 10 PLATE . . .6
No. 12 PLATE . . .7
BUNCH. 8
PIECE. 9
HEAP 10
BALE 11
OX-CART (UNSHELLED) . . 14
LITRE. 15
GRAM 18
MILLILITRE . . . 19
TEASPOON. 20
SATCHET/TUBE. . .22
OTHER (SPECIFY). 23

* ENUMERATOR: PLEASE SPECIFY SUB-UNIT CODE FOR ITEM. REFER TO PHOTO AID

MODULE G: FOOD CONSUMPTION OVER PAST ONE WEEK

DE LINE NUMBER	Over the past one week (7 days), did you or others in your household consume any [. . .]? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.	G01 YES..1 NO...2**>> NEXT ITEM**	G02 ITEM CODE	G03 How much in total did your household consume in the past week?		G04 How much came from purchases?		G05 How much did you spend?	G06 How much came from own-production?		G07 How much came from gifts and other sources?		DE LINE NUMBER
				QUANTITY	UNIT	QUANTITY	UNIT	MK	QUANTITY	UNIT	QUANTITY	UNIT	
19	**Roots, Tubers, and Plantains**												19
20	Cassava tubers *		201										20
21	Cassava flour		202										21
22	White sweet potato *		203										22
23	Orange sweet potato *		204										23
24	Irish potato		205										24
25	Potato crisps		206										25
26	Plantain, cooking banana		207										26
27	Cocoyam (*masimbi*)		208										27
28	Other (specify)		209										28
29	**Nuts and Pulses**												29
30	Bean, white		301										30
31	Bean, brown *		302										31
32	Pigeonpea (*nandolo*) *		303										32
33	Groundnut *		304										33
34	Groundnut flour *		305										34
35	Soyabean flour		306										35
36	Ground bean (*nzama)*		307										36
37	Cowpea (*khobwe*)		308										37
38	Macademia nuts		309										38
39	Other (specify)		310										39

CODES FOR UNIT:

KILOGRAMME 1
50 KG. BAG 2
PAIL (SMALL) . . .4
PAIL (LARGE) . . .5
No. 10 PLATE . . .6
No. 12 PLATE . . .7
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LITRE. 15
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MILLILITRE . . . 19
TEASPOON. 20
SATCHET/TUBE. . .22
OTHER (SPECIFY). 23

* ENUMERATOR: PLEASE SPECIFY SUB-UNIT CODE FOR ITEM. REFER TO PHOTO AID

MODULE G: FOOD CONSUMPTION OVER PAST ONE WEEK (CONTINUED)

DE LINE NUMBER	Over the past one week (7 days), did you or others in your household consume any [. . .]? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.	G01 YES..1 NO...2**>> NEXT ITEM**	G02 ITEM CODE	G03 How much in total did your household consume in the past week?		G04 How much came from purchases?		G05 How much did you spend?	G06 How much came from own-production?		G07 How much came from gifts and other sources?		DE LINE NUMBER
				QUANTITY	UNIT	QUANTITY	UNIT	MK	QUANTITY	UNIT	QUANTITY	UNIT	
40	**Vegetables**												40
41	Onion *		401										41
42	Cabbage *		402										42
43	*Tanaposi* /Rape *		403										43
44	*Nkhwani* *		404										44
45	Chinese cabbage		405										45
46	Other cultivated green leafy vegetables		406										46
47	Gathered wild green leaves		407										47
48	Tomato *		408										48
49	Cucumber		409										49
50	Pumpkin *		410										50
51	Okra / *Therere* *		411										51
52	Tinned vegetables (specify)		412										52
53	Mushroom		413										53
54	Other vegetables (specify)		414										54
55	**Meat, Fish and Animal products**												55
56	Eggs		501										56
57	Dried fish *		502										57
58	Fresh fish *		503										58
59	Beef		504										59
60	Goat		505										60

CODES FOR UNIT:

KILOGRAMME 1
50 KG. BAG 2
PAIL (SMALL) . . .4
PAIL (LARGE) . . .5
No. 10 PLATE . . .6
No. 12 PLATE . . .7
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OX-CART (UNSHELLED) . . 14
LITRE. 15
GRAM 18
MILLILITRE . . . 19
TEASPOON. 20
SATCHET/TUBE. . .22
OTHER (SPECIFY). 23

* ENUMERATOR: PLEASE SPECIFY SUB-UNIT CODE FOR ITEM. REFER TO PHOTO AID

MODULE G: FOOD CONSUMPTION OVER PAST ONE WEEK (CONTINUED)

DE LINE NUMBER	Over the past one week (7 days), did you or others in your household consume any [. . .]? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.	G01 YES..1 NO...2**>> NEXT ITEM**	G02 ITEM CODE	G03 How much in total did your household consume in the past week?		G04 How much came from purchases?		G05 How much did you spend?	G06 How much came from own-production?		G07 How much came from gifts and other sources?		DE LINE NUMBER
				QUANTITY	UNIT	QUANTITY	UNIT	MK	QUANTITY	UNIT	QUANTITY	UNIT	
61	**Meat, Fish and Animal products (Continued)**												61
62	Pork		506										62
63	Mutton		507										63
64	Chicken		508										64
65	Other poultry - guinea fowl, doves, etc.		509										65
66	Small animal – rabbit, mice, etc.		510										66
67	Termites, other insects (eg Ngumbi, caterpillar)		511										67
68	Tinned meat or fish		512										68
69	Smoked fish		513										69
70	Fish Soup/Sauce		514										70
71	Other (specify)		515										71
72	**Fruits**												72
73	Mango *		601										73
74	Banana *		602										74
75	Citrus – naartje, orange, etc.		603										75
76	Pineapple		604										76
77	Papaya		605										77
78	Guava *		606										78
79	Avocado		607										79
80	Wild fruit (*masau, malambe, etc.*)		608										80
81	Apple		609										81
82	Other fruits (specify)		610										82

CODES FOR UNIT:

KILOGRAMME 1
50 KG. BAG 2
PAIL (SMALL) . . .4
PAIL (LARGE) . . .5
No. 10 PLATE . . .6
No. 12 PLATE . . .7
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HEAP 10
BALE 11
OX-CART (UNSHELLED) . . 14
LITRE. 15
GRAM 18
MILLILITRE . . . 19
TEASPOON. 20
SATCHET/TUBE. . .22
OTHER (SPECIFY). 23

MODULE G: FOOD CONSUMPTION OVER PAST ONE WEEK (CONTINUED)

DE LINE NUMBER	Over the past one week (7 days), did you or others in your household consume any [. . .]? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.	G01 YES..1 NO...2**>> NEXT ITEM**	G02 ITEM CODE	G03 How much in total did your household consume in the past week?		G04 How much came from purchases?		G05 How much did you spend?	G06 How much came from own-production?		G07 How much came from gifts and other sources?		DE LINE NUMBER
				QUANTITY	UNIT	QUANTITY	UNIT	MK	QUANTITY	UNIT	QUANTITY	UNIT	
83	**Cooked Foods from Vendors**												83
84	Maize - boiled or roasted (vendor)		820										84
85	Chips (vendor)		821										85
86	Cassava - boiled (vendor)		822										86
87	Eggs - boiled (vendor)		823										87
88	Chicken (vendor)		824										88
89	Meat (vendor)		825										89
90	Fish (vendor)		826										90
91	*Mandazi* , doughnut (vendor)		827										91
92	Samosa (vendor)		828										92
93	Meal eaten at restaurant		829										93
94	Other (specify)		830										94
95	**Milk and Milk Products**												95
96	Fresh milk		701										96
97	Powdered milk		702										97
98	Margarine - Blue band		703										98
99	Butter		704										99
100	*Chambiko* - soured milk		705										100
101	Yoghurt		706										101
102	Cheese		707										102
103	Infant feeding formula (for bottle)		708										103
104	Other (specify)		709										104

CODES FOR UNIT:

KILOGRAMME 1
50 KG. BAG 2
PAIL (SMALL) . . .4
PAIL (LARGE) . . .5
No. 10 PLATE . . .6
No. 12 PLATE . . .7
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TEASPOON. 20
SATCHET/TUBE. . .22
OTHER (SPECIFY). 23

MODULE G: FOOD CONSUMPTION OVER PAST ONE WEEK (CONTINUED)

DE LINE NUMBER	Over the past one week (7 days), did you or others in your household consume any [. . .]? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.	G01 YES..1 NO...2**>> NEXT ITEM**	G02 ITEM CODE	G03 How much in total did your household consume in the past week?		G04 How much came from purchases?		G05 How much did you spend?	G06 How much came from own-production?		G07 How much came from gifts and other sources?		DE LINE NUMBER
				QUANTITY	UNIT	QUANTITY	UNIT	MK	QUANTITY	UNIT	QUANTITY	UNIT	
105	**Sugar, Fats, and Oil**												105
106	Sugar		801										106
107	Sugar Cane		802										107
108	Cooking oil *		803										108
109	Other (specify)		804										109
110	**Beverages**												110
111	Tea		901										111
112	Coffee		902										112
113	Cocoa, millo		903										113
114	Squash (Sobo drink concentrate)		904										114
115	Fruit juice		905										115
116	Freezes (flavoured ice)		906										116
117	Soft drinks (Coca-cola, Fanta, Sprite, etc.)		907										117
118	Chibuku(commercial traditional-style beer)		908										118
119	Bottled water		909										119
120	Maheu		910										120
121	Bottled / canned beer (Carlsberg, etc.)		911										121
122	Thobwa		912										122
123	Traditional beer (*masese*)		913										123
124	Wine or commercial liquor		914										124
125	Locally brewed liquor (*kachasu*)		915										125
126	Other (specify)		916										126

CODES FOR UNIT:

KILOGRAMME 1
50 KG. BAG 2
PAIL (SMALL) . . .4
PAIL (LARGE) . . .5
No. 10 PLATE . . .6
No. 12 PLATE . . .7
BUNCH. 8
PIECE. 9
HEAP 10
BALE 11
OX-CART (UNSHELLED) . . 14
LITRE. 15
GRAM 18
MILLILITRE . . . 19
TEASPOON. 20
SATCHET/TUBE. . .22
OTHER (SPECIFY). 23

MODULE G: FOOD CONSUMPTION OVER PAST ONE WEEK (CONTINUED)

DE LINE NUMBER	Over the past one week (7 days), did you or others in your household consume any [. . .]? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.	G01 YES..1 NO...2**>> NEXT ITEM**	G02 ITEM CODE	G03 How much in total did your household consume in the past week?		G04 How much came from purchases?		G05 How much did you spend?	G06 How much came from own-production?		G07 How much came from gifts and other sources?		DE LINE NUMBER
				QUANTITY	UNIT	QUANTITY	UNIT	MK	QUANTITY	UNIT	QUANTITY	UNIT	
127	**Spices & Miscellaneous**												127
128	Salt *		810										128
129	Spices		811										129
130	Yeast, baking powder, bicarbonate of soda		812										130
131	Tomato sauce (bottle)		813										131
132	Hot sauce (Nali, etc.)		814										132
133	Jam, jelly		815										133
134	Sweets, candy, chocolates		816										134
135	Honey		817										135
136	Other (specify)		818										136

* ENUMERATOR: PLEASE SPECIFY SUB-UNIT CODE FOR ITEM. REFER TO PHOTO AID

CODES FOR UNIT:

KILOGRAMME 1
50 KG. BAG 2
PAIL (SMALL) . . .4
PAIL (LARGE) . . .5
No. 10 PLATE . . .6
No. 12 PLATE . . .7
BUNCH. 8
PIECE. 9
HEAP 10
BALE 11
OX-CART (UNSHELLED) . . 14
LITRE. 15
GRAM 18
MILLILITRE . . . 19
TEASPOON. 20
SATCHET/TUBE. . .22
OTHER (SPECIFY). 23

MODULE G: FOOD CONSUMPTION OVER PAST ONE WEEK (CONTINUED)

		G08. Over the past one week (7 days), how many days did you or others in your household consume any [...]? IF NOT CONSUMED, RECORD ZERO.
		NUMBER OF DAYS
A	**Cereals, Grains and Cereal Products** (Previous Page: 100s) (Maize Grain/Flour; Green Maize; Rice; Finger Millet ; Pearl Millet; Sorghum; Wheat Flour; Bread; Pasta; Other Cereal)	
B	**Roots, Tubers, and Plantains** *[Previous Page: 200]* (Cassava Tuber/Flour; Sweet Potato; Irish Potato; Other Tuber/Plantain)	
C	**Nuts and Pulses** *[Previous Page: 300s]* (Bean; Pigeon Pea; Macademia Nut; Groundnut; Ground Bean; Cow Pea; Other Nut/Pulse)	
D	**Vegetables** *[Previous Page: 400s]* (Onion; Cabbage; Tanaposi; Nkhwani; Wild Green Leaves; Tomato; Cucumber; Other Vegetables/Leaves)	
E	**Meat, Fish and Animal Products** *[Previous Page: 500s]* Egg;Dried/Fresh/Smoked Fish (Excluding Fish Sauce/Powder); Beef; Goat Meat; Pork; Poultry; Other Meat)	
F	**Fruits** *[Previous Page: 600s]* (Mango; Banana; Citrus; Pineapple; Papaya; Guava; Avocado; Apple; Other Fruit)	
G	**Milk/Milk Products** *[Previous Page: 700s]* (Fresh/Powdered/Soured Milk; Yogurt; Cheese; Other Milk Product - Excluding Margarine/Butter or Small Amounts of Milk for Tea/Coffee)	
H	**Fats/Oil** *[Previous Page: 703, 704, 803, 804 (if app.)]* (Cooking Oil; Butter; Margarine; Other Fat/Oil)	
I	**Sugar/Sugar Products/Honey** *[Previous Page: 801, 802, 804 (if app.), 815, 816, 817, 817 (if app.)]* (Sugar; Sugar Cane; Honey; Jam; Jelly; Sweets/Candy/Chocolate; Other Sugar Product)	
J	**Spices/Condiments** *[Previous Page: 900s, 810-814, 817 (if app.)]* (Tea; Coffee/Cocoa/Millop; Salt; Spices; Yeast/Baking Powder; Tomato/Hot Sauce;Fish Powder/Sauce; Other Condiment - Including Small Amounts of Milk for Tea/Coffee)	

G09. Over the past one week (7 days), did any people that you did not list as household members [READ LIST FROM HH ROSTER] eat any meals in your household?

YES..1
NO...2**>> NEXT MODULE** ☐

		For G10-G11: IF NOT SHARED, RECORD ZERO.	G10 What was the total number of days in which any meal was shared with people […]? **NUMBER OF DAYS**	G11 What was the total number of meals that were shared over past 7 days with […]? **NUMBER OF MEALS**
A	Children 0-5 years			
B	Children 6-15 years			
C	Adults 16-65 years			
D	People over 65 years old			

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE G: ☐ ID

ENUMERATOR: RECORD END TIME FOR MODULE G: ☐☐ HOURS ☐☐ MINUTES

MODULE H: FOOD SECURITY

ENUMERATOR: RECORD START DATE & TIME FOR MODULE H: DAY | MONTH | HOURS | MINUTES

H01 In the past 7 days, did you worry that your household would not have enough food? YES..1 NO...2	H02 In the past 7 days, how many days have you or someone in your household had to: IF NO DAYS, RECORD ZERO. a. Rely on less preferred and/or less expensive foods? DAYS	b. Limit portion size at meal-times? DAYS	c. Reduce number of meals eaten in a day? DAYS	d. Restrict consumption by adults in order for small children to eat? DAYS	e. Borrow food, or rely on help from a friend or relative? DAYS	H03 How many meals, including breakfast are taken per day in your household? a. Adults NUMBER	b. Children (6-59 months) LEAVE BLANK IF NO CHILDREN NUMBER	H04 In the last 12 months, have you been faced with a situation when you did not have enough food to feed the household? YES.1 NO..2 >>NEXT MODULE

CODES FOR H06:

Inadequate household stocks due to drought/ poor rains.....1

Inadequate household food stocks due to crop pest damage.....2

Inadequate household food stocks due to small land size.....3

Inadequate household food stocks due to lack of farm inputs...4

Food in the market was very expensive.....5

Unable to reach the market due to high transportation costs.....6

No food in the market.....7

Floods/water logging.....8

Other (Specify).....9

H05 When did you experience this incident in the last 12 months?

MARK X IN EACH MONTH OF 2012 AND 2013 THAT THE HOUSEHOLD DID NOT HAVE ENOUGH FOOD

LEAVE CELL BLANK FOR FUTURE MONTHS FROM INTERVIEW DATE OR MOTNHS MORE THAN 12 MONTHS AGO FROM INTERVIEW DATE.

2012

Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
X	X	X									

2013

Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
										X	X

H06 What was the cause of this situation?

LIST UP TO 3 IN ORDER OF IMPORTANCE; USE CODES ON THE RIGHT.

a. 1ST	b. 2ND	c. 3RD

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE H: ID

ENUMERATOR: RECORD END TIME FOR MODULE H: HOURS | MINUTES

MODULE I: NON-FOOD EXPENDITURES – OVER PAST ONE WEEK & ONE MONTH

ENUMERATOR: RECORD START DATE & TIME FOR MODULE I: DAY | MONTH | HOURS | MINUTES

ONE WEEK RECALL

DATA ENTRY LINE NUMBER	Over the past one week (7 days), did your household purchase or pay for any [...]?	I01 YES.1 NO..2 >>NEXT ITEM	I02 ITEM CODE	I03 How much did you pay in total? MK	DATA ENTRY LINE NUMBER
1	Charcoal		101		1
2	Paraffin or kerosene		102		2
3	Cigarettes or other tobacco		103		3
4	Candles		104		4
5	Matches		105		5
6	Newspapers or magazines		106		6
7	Public transport - Bicycle Taxi		107		7
8	Public transport - Bus/Minibus		108		8
9	Public transport - Other (Truck, Oxcart, Etc..)		109		9

ONE MONTH RECALL

DATA ENTRY LINE NUMBER	Over the past one month, did your household purchase or pay for any [...]?	I04 YES.1 NO..2 >>NEXT ITEM	I05 ITEM CODE	I06 How much did you pay in total? MK	DATA ENTRY LINE NUMBER
1	Milling fees, grain		201		1
2	Bar soap (body soap or clothes soap)		202		2
3	Clothes soap (powder, paste)		203		3
4	Toothpaste, toothbrush		204		4
5	Toilet paper		205		5
6	Glycerine, Vaseline, skin creams		206		6
7	Other personal products (shampoo, razor blades, cosmetics, hair products, etc.)		207		7
8	Light bulbs		209		8
9	Postage stamps or other postal fees		210		9
10	Donation - to church, charity, beggar, etc.		211		10
11	Petrol or diesel		212		11
12	Motor vehicle service, repair, or parts		213		12
13	Bicycle service, repair, or parts		214		13
14	Wages paid to servants		215		14
15	Mortgage - regular payment to purchase house		216		15
16	Repairs & maintenance to dwelling		217		16
17	Repairs to household and personal items (radios, watches, etc., excluding battery		218		17
18	Expenditures on pets		219		18
19	Batteries		220		19
20	Recharging batteries, cell phones		221		20

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE I: ID

ENUMERATOR: RECORD END TIME FOR MODULE I: HOURS | MINUTES

MODULE J: NON-FOOD EXPENDITURES OVER PAST THREE MONTHS

ENUMERATOR: RECORD START DATE & TIME FOR MODULE J:

DAY | MONTH | HOURS | MINUTES

Over the past three months, did your household purchase or pay for any [...]?	J01 YES.1 NO..2**>>NEXT ITEM**	J02 **ITEM CODE**	J03 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	
Chitenje cloth		318	
Lady's dress/skirt		319	
Lady's undergarments		320	

Over the past three months, did your household purchase or pay for any [...]?	J01 YES.1 NO..2**>>NEXT ITEM**	J02 **ITEM CODE**	J03 How much did you pay in total? **MK**
Lady's other clothing		321	
Boy's shoes		322	
Men's shoes		323	
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 whisks, 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/DVD		336	
Tickets for sports / entertainment events		337	
House decorations		338	
Night's lodging in rest house or hotel		339	

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE J:

ID

ENUMERATOR: RECORD END TIME FOR MODULE J:

HOURS | MINUTES

MODULE K: NON-FOOD EXPENDITURES OVER PAST 12 MONTHS

ENUMERATOR: RECORD START DATE & TIME FOR MODULE K:

DAY	MONTH	HOURS	MINUTES

Over the past one year (twelve months), did your household purchase or pay for any [...]?	K01 YES.1 NO..2**>>NEXT ITEM**	K02 **ITEM CODE**	K03 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	
Cement		408	
Bricks		409	
Construction timber		410	
Council rates		411	
Insurance - health (MASM, etc.), auto, home, life		412	
Losses to theft (value of items or cash lost)		413	
Fines or legal fees		414	
Lobola (bridewealth) costs		415	
Marriage ceremony costs		416	
Funeral costs, household members		417	
Funeral costs, nonhousehold members (relatives, neighbors/friends)		418	

NON-FOOD ITEMS THAT MAY NOT HAVE BEEN PURCHASED

Over the past one year (twelve months) did your household gather, purchase, or pay for any [...]?	K01 YES.1 NO..2**>>NEXT ITEM**	K02 **ITEM CODE**	K03 What was the estimated total value of [...] consumed? **MK**	K04 What was the cost of that which you purchased? **MK**
Woodpoles, bamboo		419		
Grass for thatching roof or other use		420		

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE K:

ID

ENUMERATOR: RECORD END TIME FOR MODULE K:

HOURS	MINUTES

MODULE L: DURABLE GOODS

ENUMERATOR: RECORD START DATE & TIME FOR MODULE L: DAY [ ][ ] MONTH HOURS [ ][ ] MINUTES

DURABLE GOOD ITEM CODE	ITEM	L01 Does your household own a [ITEM]? YES..1 NO...2 >> **NEXT ITEM**	L03 How many [ITEM]s do you own? NUMBER	L04 What is the age of this [ITEM]? IF MORE THAN ONE ITEM, AVERAGE AGE. YEARS	L05 If you wanted to sell one of this [ITEM] today, how much would you receive? IF MORE THAN ONE, AVERAGE VALUE. MK
501	Mortar/pestle (*mtondo*)				
502	Bed				
503	Table				
504	Chair				
505	Fan				
506	Air conditioner				
507	Radio ('wireless')				
508	Tape or CD/DVD player; HiFi				
509	Television				
510	VCR				
511	Sewing machine				
512	Kerosene/paraffin stove				
513	Electric or gas stove; hot plate				
514	Refrigerator				
515	Washing machine				
516	Bicycle				

DURABLE GOOD ITEM CODE	ITEM	L01 Does your household own a [ITEM]? YES..1 NO...2 >> **NEXT ITEM**	L03 How many [ITEM]s do you own? IF ZERO, ENTER NONE NUMBER	L04 What is the age of this [ITEM]? IF MORE THAN ONE ITEM, AVERAGE AGE. YEARS	L05 If you wanted to sell one of this [ITEM] today, how much would you receive? IF MORE THAN ONE, AVERAGE VALUE. MK
517	Motorcycle/scooter				
518	Car				
519	Mini-bus				
520	Lorry				
521	Beer-brewing drum				
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	Computer equipment & accessories				
530	Sattelite dish				
531	Solar panel				
532	Generator				

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE L: [ ] ID

ENUMERATOR: RECORD END TIME FOR MODULE L: [ ][ ] HOURS MINUTES

MODULE M: FARM IMPLEMENTS, MACHINERY, AND STRUCTURES

A. Did your household own or rent any farm implements, machinery and/or structures, such as hand hoe, panga knife, treadle pump, ox cart, tractor, plough, generator, chicken house, storage house, barn, etc… in the last 12 months?

YES..1
NO...2**>> NEXT MODULE**

ENUMERATOR: RECORD START DATE & TIME FOR MODULE M:

DAY MONTH

HOURS MINUTES

DATA ENTRY LINE NUMBER	ITEM	ITEM CODE	M00 Does your household currently own [ITEM] ? YES..1 NO...2**>> M12**	M01 How many [ITEM] does your household currently own? NUMBER	M06 How much did your household spend on [ITEM] during the last 12 months? (excluding rent) MK	M10 Did your household use the [ITEM] during the last 12 months? YES..1 NO...2	M12 Did your household rent or borrow any [ITEM] during the last 12 months? YES..1 NO...2>>NEXT ROW	M14 How much did your household pay to rent or borrow [ITEM] during the last 12 months? ESTIMATE THE VALUE OF IN-KIND PAYMENTS MK	DATA ENTRY LINE NUMBER
1	**IMPLEMENTS**								1
2	HAND HOE	601							2
3	SLASHER	602							3
4	AXE	603							4
5	SPRAYER	604							5
6	PANGA KNIFE	605							6
7	SICKLE	606							7
8	TREADLE PUMP	607							8
9	WATERING CAN	608							9
10	**MACHINERY**								10
11	OX CART	609							11
12	OX PLOUGH	610							12
13	TRACTOR	611							13
14	TRACTOR PLOUGH	612							14
15	RIDGER	613							15
16	CULTIVATOR	614							16
17	GENERATOR	615							17
18	MOTORISED PUMP	616							18
19	GRAIN MILL	617							19
20	OTHER (SPECIFY)	618							20
21	**STRUCTURES/BUILDINGS**								21
22	CHICKEN HOUSE	619							22
23	LIVESTOCK KRAAL	620							23
24	POULTRY KRAAL	621							24
25	STORAGE HOUSE	622							25
26	GRANARY	623							26
27	BARN	624							27
28	PIG STY	625							28

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE M:

ID

ENUMERATOR: RECORD END TIME FOR MODULE M:

HOURS MINUTES

MODULE N: HOUSEHOLD ENTERPRISES

[ASK OF HOUSEHOLD HEAD]

ENUMERATOR: RECORD START DATE & TIME FOR MODULE N:

DAY	MONTH	HOURS	MINUTES

Over the past 12 months has anyone in your household…

N01 … owned a non-agricultural business or provided a non-agricultural service from home or a household-owned shop, as a carwash owner, metal worker, mechanic, carpenter, tailor, barber, etc.?

YES...1
NO....2 ☐

N02 … processed and sold any agricultural by-products, including flour, starch, juice, beer, jam, oil, seed, bran, etc., but excluding livestock by-products, fresh/processed fish?

YES...1
NO....2 ☐

N03 … owned a trading business on a street or in a market?

YES...1
NO....2 ☐

N04 … offered any service or sold anything on a street or in a market, including firewood, home-made charcoal, curios, construction timber, woodpoles, traditional medicine, mats, bricks, cane furniture, weave baskets, thatch grass etc.?

YES...1
NO....2 ☐

N05 … owned a professional office or offered professional services from home as a doctor, accountant, lawyer, translator, private tutor, midwife, mason, etc?

YES...1
NO....2 ☐

N06 … driven a household-owned taxi or pick-up truck to provide transportation or moving services?

YES...1
NO....2 ☐

N07 … owned a bar or restaurant?

YES...1
NO....2 ☐

N08 …owned any other non-agricultural business, even if it is a small business run from home or on a street?

YES...1
NO....2 ☐

B. **ENUMERATOR:** IS THERE A "1" FOR ANY OF THE QUESTIONS N01 THROUGH N08?

YES..1
NO...2**>>PAGE 51 TO RECORD PRIMARY RESPONDENT ID AND END TIME** ☐

PLEASE INCLUDE HOUSEHOLD BUSINESS VENTURES THAT HAVE BEEN SHUT DOWN PERMANENTLY OR TEMPORARILY DURING THE PAST 12 MONTHS.

MODULE N: HOUSEHOLD ENTERPRISES (CONTINUED)

ENTERPRISE ID	N09 Please provide details on the main product or service of each [ENTERPRISE] that your household operated during the past 12 months. PROVIDE A WRITTEN DESCRIPTION CONCERNING THE MAIN PRODUCT/SERVICE OF EACH ENTERPRISE THAT THE HOUSEHOLD OPERATED DURING THE PAST 12 MONTHS, BEFORE GOING ON TO N10. PLEASE INCLUDE BUSINESS VENTURES THAT HAVE BEEN SHUT DOWN PERMANENTLY OR TEMPORARILY DURING THE PAST 12 MONTHS.		N10 Who in the household manages this enterprise or is most familiar with it? LIST UP TO 2 FROM HOUSEHOLD ROSTER		N11 RECORD THE ID OF THE RESPONDENT, FOR THIS [ENTERPRISE]. LIST FROM HOUSEHOLD ROSTER	N12 Who in the household owns this [ENTERPRISE]? LIST UP TO 2 JOINT OWNERS		N13 How many individuals outside of the household are co-owners of this [ENTERPRISE]? IF NONE, RECORD ZERO IN BOTH COLUMNS, AND **>> N15.**		N14 What share of the profits from this [ENTERPRISE] is kept by your household, rather than the other owners? READ RESPONSES	N15 When was this [ENTERPRISE] first started?	
		(Supervisor to put in code after interview)								Almost none..1 About 25%....2 About half...3 About 75%....4 Almost all...5 Other (Specify)....6		
	WRITTEN DESCRIPTION	**INDUSTRY CODE**	**MANAGER 1** **HH ROSTER ID CODE**	**MANAGER 2** **HH ROSTER ID CODE**	**ROSTER ID CODE**	**OWNER 1** **HH ROSTER ID CODE**	**OWNER 2** **HH ROSTER ID CODE**	**MALE** **NUMBER**	**FEMALE** **NUMBER**		**MONTH**	**YEAR (4-DIGIT)**
1												
2												
3												
4												
5												

MODULE N: HOUSEHOLD ENTERPRISES (CONTINUED)

ENTERPRISE ID	N16 What weres the sources of start-up capital for this enterprise? READ ANSWERS. LIST UP TO 2. IF ONLY ONE SOURCE, RECORD "99" IN THE SECOND COLUMN. IF NO SOURCES OF START-UP CAPITAL, RECORD "99" IN BOTH COLUMNS. Own-savings from agriculture.....1 Own-savings from n on-agriculture.....2 Sale of assets owned.....3 Proceeds from another business.....4 Agricultural input credit.5 Non-agricultural credit from bank or other institution.....6 Loan from money lender....7 Loan from family/friends..8 Savings club.....9 Gift from family/friends.10 Inherited.....11 Other (specify).....12		N17 Where do you operate this [ENTERPRISE]? READ RESPONSES Home (inside residence).....1 **>> N20** Home (outside residence).....2 **>> N20** Industrial site.....3 Traditional market place...4 **>> N20** Commercial area shop.....5 Roadside.....6 **>> N20** Other fixed place.....7 Mobile.....8 **>> N20**	N18 Does this [ENTERPRISE] have access to working electricity? Yes..1 No...2 **>> N20**	N19 What is the main source of electricity for this [ENTERPRISE]? ESCOM/GRID...1 SOLAR PANEL..2 GENERATOR....3 OTHER (SPECIFY)....4	N20 To whom do you mostly sell your products or services? READ RESPONSES LIST UP TO 2 BUYERS. Final consumers.....1 Traders.....2 Other small businesses...3 Large established businesses/institutions..4 Export.....5 Manufacturer.....6 Marketing board.....7 Other (specify).....8		N21 Is this [ENTERPRISE] officially registered with the… YES..1 NO...2			N22 Does this [ENTERPRISE] or any of its owners or managers belong to any registered business association? YES..1 NO...2
	1ST	2ND				1ST	2ND	a. Registrar of Companies?	b. Malawi Revenue Authority?	c. Local Assembly?	
1											
2											
3											
4											
5											

MODULE N: HOUSEHOLD ENTERPRISES (CONTINUED)

ENTERPRISE ID	N23 **ENUMERATOR:** DOES THIS BUSINESS SELL FOREST-BASED PRODUCTS? YES..1 NO...2**>>N25**	N24 What is the source of the forest-based product sold by this [ENTERPRISE]? READ RESPONSES Own land.....1 Forest/wild park reserve....2 Communal land...3 Purchased from someone else....4 Other (Specify).5	N25 During the past 12 months, was this [ENTERPRISE] operational in the month of [MONTH], and if so, were your sales high, average, or low? MARK FOR EACH MONTH IN TURN. START FROM THE MOST RECENT MONTH THAT WAS COMPLETED, GOING BACK MONTH BY MONTH. PLACE AN 'X' ABOVE THE CURRENT MONTH. MAKE SURE ALL APPLICABLE MONTHS IN THE PAST 12 MONTH PERIOD ARE MARKED WITH ONE OF THE CODES BELOW. IF THERE IS NO MONTH MARKED WITH "0" IN THE PAST 12 MONTHS, SKIP TO QUESTION N27. NONE:NOT IN OPERATION..0 LOW.....1 AVERAGE.....2 HIGH.....3 **PLACE 'X' BELOW**																			N26 Why was this [ENTERPRISE] not in operation for [PERIOD INDICATED IN N25]? READ RESPONSES LIST UP TO 2 Lack of non-labour inputs..1 Lack of credit.....2 Lack of cash.....3 Seasonal work.....4 Bad weather.....5 Not profitable.....6 Own-Illness/Need to care for household members..7 Other (Specify)....8	
			2012									**2013**										**1ST**	**2ND**
			APR	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**		
1																							
2																							
3																							
4																							
5																							

MODULE N: HOUSEHOLD ENTERPRISES (CONTINUED)

ENTERPRISE ID	N27 **ENUMERATOR:** REFER TO N25. WAS THIS [ENTERPRISE] IN OPERATON IN THE LAST MONTH? YES..1 **>> N30** NO...2	N28 Are you planning to resume the operations of this [ENTERPRISE] within the next 12 months? YES..1 **>> N30** NO...2	N29 Why not? READ RESPONSES LIST UP TO 2 Lack of non-labour inputs..1 Lack of credit.....2 Lack of cash.....3 Not profitable.....4 Own-Illness/Need to care for household members..5 Other (Specify)....6		N30 A. During the last month of operation, which household members worked for this [ENTERPRISE]? MAKE SURE THE RESPONDENT IS REFERRING TO THE LAST MONTH OF OPERATION AS STATED IN QUESTION N25. LIST UP TO 4 ID CODES FROM HOUSEHOLD ROSTER. IF MORE THAN 4 HOUSEHOLD MEMBERS WERE EMPLOYED, USE ANOTHER QUESTIONNAIRE. B. During the last month of operation in the past 12 months, how many days did each household member work for this [ENTERPRISE]? C. During those days, approximately, how many hours did each member work for this [ENTERPRISE]? D. During the last 12 months, how many months did each member work for this [ENTERPRISE]?													
					OWNER # 1				**OWNER # 2**											
					HH MEMBER # 1				**HH MEMBER # 2**				**HH MEMBER # 3**				**HH MEMBER # 4**			
			1ST	**2ND**	**ID**	**DAYS**	**HOURS**	**MONTHS**	**ID**	**DAYS**	**HOURS**	**MONTHS**	**ID**	**DAYS**	**HOURS**	**MONTHS**	**ID**	**DAYS**	**HOURS**	**MONTHS**
1																				
2																				
3																				
4																				
5																				

MODULE N: HOUSEHOLD ENTERPRISES (CONTINUED)

ENTERPRISE ID	N31 A. During the last month of operation, how many non-household member men/women/children (under-15) worked for this [ENTERPRISE] ? MAKE SURE THE RESPONDENT IS REFERRING TO THE LAST MONTH OF OPERATION AS STATED IN QUESTION N25. IF THERE WAS NO HIRED LABOR, RECORD ZERO IN THE "NUMBER" COLUMNS AND CONTINUE TO QUESTION N32. B. During the last month of operation in the past 12 months, how many days did a **typical** man/woman/child employee work? C. During the days of employment in the last month of operation in the past 12 months, how many hours did a **typical** man/woman/child employee work? D. During the last month of operation in the past 12 months, what was the total expenditure of this [ENTERPRISE] on salaries or wages of **ALL** men/women/children employees? INCLUDE: ESTIMATED VALUE OF IN-KIND PAYMENTS. IF THERE WERE NO WAGE/SALARY (CASH OR IN-KIND) PAYMENTS, RECORD ZERO.												N32 During the last month of operation, what was the value of **total sales** (***zogulitsa***) of products, goods or services of this [ENTERPRISE]? MAKE SURE THE RESPONDENT IS REFERRING TO THE LAST MONTH OF OPERATION AS STATED IN QUESTION N25, AND THAT HE/SHE IS NOT NETTING OUT ANY COSTS INCURRED.
	MEN				**WOMEN**				**CHILDREN (U-15)**				**SALES (MK)**
	NUMBER	**DAYS PER MONTH**	**HOURS PER DAY**	**TOTAL WAGES / SALARIES LAST MONTH**	**NUMBER**	**DAYS PER MONTH**	**HOURS PER DAY**	**TOTAL WAGES / SALARIES LAST MONTH**	**NUMBER**	**DAYS PER MONTH**	**HOURS PER DAY**	**TOTAL WAGES / SALARIES LAST MONTH**	**LAST MONTH OF OPERATION**
1													
2													
3													
4													
5													

MODULE N: HOUSEHOLD ENTERPRISES (CONTINUED)

ENTERPRISE ID	N33 **ENUMERATOR:** REFER TO QUESTION 25. WAS THE LAST MONTH OF OPERATION A MONTH OF... LOW SALES.....1 AVERAGE SALES...2 **>> N36** HIGH SALES.....3 **>> N38**	N34 During the **last month of average sales**, what was the value of **total sales** (***zogulitsa***) of products, goods or services of this [ENTERPRISE]? **>> N40**	N35 During the **last month of high sales**, what was the value of **total sales** (***zogulitsa***) of products, goods or services of this [ENTERPRISE]?	N36 During the **last month of low sales**, what was the value of **total sales** (***zogulitsa***) of products, goods or services of this [ENTERPRISE]?	N37 During the **last month of high sales**, what was the value of **total sales** (***zogulitsa***) of products, goods or services of this [ENTERPRISE]? **>> N40**	N38 During the **last month of low sales**, what was the value of **total sales** (***zogulitsa***) of products, goods or services of this [ENTERPRISE]?	N39 During the **last month of average sales**, what was the value of **total sales** (***zogulitsa***) of products, goods or services of this [ENTERPRISE]?	N40 During the last month of operation, what was the **profit** (***phindu***)of this [ENTERPRISE]?
		AVG SALES	**HIGH SALES**	**LOW SALES**	**HIGH SALES**	**LOW SALES**	**AVG SALES**	**PROFIT (MK)**
		MK	**MK**	**MK**	**MK**	**MK**	**MK**	**LAST MONTH OF OPERATION**
1								
2								
3								
4								
5								

MODULE N: HOUSEHOLD ENTERPRISES (CONTINUED)

ENTERPRISE ID

N41
During the last month of operation, what was the total expenditure of this [ENTERPRISE] on…

MAKE SURE THE RESPONDENT IS REFERRING TO THE LAST MONTH OF OPERATION AS STATED IN QUESTION N25.

INCLUDE: ESTIMATED VALUE OF IN-KIND PAYMENTS.

IF NOTHING WAS SPENT, RECORD ZERO.

	a. Raw Materials	b. Purchase of Goods for Sale (Inventory)	c. Freight / Transport	d. Fuel / Oil	e. Electricity	f. Water	g. Insurance	h. Other (Specify)
	MK	MK	MK	MK	MK	MK	MK	MK
1								
2								
3								
4								
5								

ENUMERATOR: RECORD PRIM ARY RESPONDENT ID FOR MODULE N:

ID

ENUMERATOR: RECORD END TIME FOR MODULE N:

HOURS MINUTES

MODULE O: CHILDREN LIVING ELSEWHERE

A. Does the household head or spouse have any biological sons and/or daughters who are 15 years old and over and do not live in this household?

YES..1
NO...2 **>> NEXT MODULE**

ENUMERATOR: RECORD START DATE & TIME FOR MODULE O:

DAY | MONTH | HOURS | MINUTES

LINE NUMBER	RESPONDENT ID	O01 Please list all biological sons and/or daughters of head and/or spouse 15 years old and over who do not live in this household.	O01_2 IF THIS MEMBER WAS PRESENT AT LAST SURVEY, ENTER IHS3 ROSTER ID NUMBER FROM TRACKING FORM. ELSE, ENTER 99. **IHS3 ROSTER ID**	O02 Age **YEARS**	O03 Sex MALE....1 FEMALE..2	O04 What is the highest grade [NAME] has completed in school? NEVER ATTENDED SCHOOL- 0 PRIMARY STND. 1 - 1 STND. 2 - 2 STND. 3 - 3 STND. 4 - 4 STND. 5 - 5 STND. 6 - 6 STND. 7 - 7 STND. 8 - 8 SECONDARY FORM 1 - 9 FORM 2 - 10 FORM 3 - 11 FORM 4 - 12 FORM 5 - 13 FORM 6 - 14 UNIVERSITY UNIV. 1 - 15 UNIV. 2 - 16 UNIV. 3 - 17 UNIV. 4 - 18 UNIV. 5 & ABOVE - 19 TRAINING COLLEGE TC YR. 1 - 20 TC YR. 2 - 21 TC YR. 3 - 22 TC YR. 4 - 23	O05 Has [NAME] ever lived in this household? YES..1 NO...2**>>O07**	O06 In which year did [NAME] leave the household? **YEAR (4-DIGIT)**	O07 Where does [NAME] currently live? IF IN MALAWI, ASK FOR THE NAME OF DISTRICT OF CURRENT RESIDENCE. IF ABROAD, ASK FOR THE NAME OF COUNTRY OF CURRENT RESIDENCE. REFER TO THE MANUAL FOR DISTRICT AND COUNTRY CODES. **DISTRICT or COUNTRY** / **CODE**	O08 For how long has [NAME] lived in this [DISTRICT/ COUNTRY REPORTED IN O07]? CODES FOR UNIT: MONTH..1 YEAR...2 **LENGTH** / **UNIT**	O09 What is [NAME]'s current activity status? WORKING.....1 UNEMPLOYED..2**>>O11** STUDENT.....3**>>O11** HOUSE WORK..4**>>O11** HANDI-CAPPED.....5**>>O11** OTHER (SPECIFY)...6**>>O11**
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											

MODULE O: CHILDREN LIVING ELSEWHERE (CONTINUED)

LINE NUMBER	O10 What is the current main occupation of [NAME]? DESCRIPTION	(Supervisor to put in occupation code after interview) OCCUP. CODE	O11 Did [NAME] send any cash to this household at any point during the last 12 months? EXCLUDE FOOD AND NON-FOOD IN-KIND ASSISTANCE. YES..1 NO...2>>**O15**	O12 At what frequency did [NAME] send cash to this household during the last 12 months? READ RESPONSES Twice or More Per Month..1 Monthly....2 Quarterly..3>>**O14** Semi-Annually...4>>**O14** Annually...5>>**O14** SporadicallY As Needed..6>>**O14** Other (Specify)..7>>**O14**	O13 How much cash did [NAME] send to this household **each month** during the last 12 months? IF IN FOREIGN CURRENCY, ESTIMATE THE VALUE IN MALAWI KWACHA. AMOUNT/ MONTH	O13_1 Who in the household kept/ decided on the use of this income? LIST UP TO 2 MEMBERS FROM HOUSEHOLD ROSTER (THEN >> O15) HH ROSTER ID CODE #1	HH ROSTER ID CODE #2	O14 How much cash did [NAME] send to this household **in total** during the last 12 months? IF IN FOREIGN CURRENCY, ESTIMATE THE VALUE IN MALAWI KWACHA. AMOUNT IN TOTAL	O14_1 Who in the household kept/ decided on the use of this income? LIST UP TO 2 MEMBERS FROM HOUSEHOLD ROSTER HH ROSTER ID CODE #1	HH ROSTER ID CODE #2	O15 Did [NAME] send any in-kind assistance to this household at any point during the last 12 months? INCLUDE ONLY FOOD AND NON-FOOD IN-KIND ASSISTANCE. YES..1 NO...2>>**NEXT ROW**	O16 At what frequency did [NAME] send in-kind assistance to this household during the last 12 months? READ RESPONSES Twice or More Per Month..1 Monthly....2 Quarterly..3 Semi-Annually...4 Annually...5 Sporadically As Needed..6 Other (Specify)..7	O17 What was the total estimated cash value of all food and other in-kind assistance that [NAME] sent to this household during the last 12 months? MK	18 Who in the household kept/ decided on the use of this in-kind assistance? LIST UP TO 2 MEMBERS FROM HOUSEHOLD ROSTER (THEN >>**NEXT ROW**) HH ROSTER ID CODE #1	HH ROSTER ID CODE #2
01																	
02																	
03																	
04																	
05																	
06																	
07																	
08																	
09																	
10																	
11																	
12																	

ENUMERATOR: RECORD END TIME FOR MODULE O: HOURS MINUTES

MODULE P: OTHER INCOME

ENUMERATOR: RECORD START DATE & TIME FOR MODULE P: DAY | MONTH | HOURS | MINUTES

DATA ENTRY LINE NUMBER	CODE	SOURCE	P01 During the last 12 months, did you or any members of your household receive any [SOURCE]? YES.1 NO..2>> **NEXT ROW**	P02 How much [SOURCE] did your household receive in total during the last 12 months? ESTIMATE THE CASH VALUE OF IN-KIND TRANSFERS RECEIVED	P03 How much of [SOURCE] came from rural/urban/international locations?			P04 Who in your household kept/decided what to do with these earnings? LIST UP TO 2 FROM HOUSEHOLD ROSTER.	
					FROM RURAL AREAS	FROM URBAN AREAS	FROM OTHER COUNTRIES	HH ROSTER ID CODE # 1	HH ROSTER ID CODE # 2
				MK	MK	MK	MK		
1	**INCOMING TRANSFERS / GIFTS:**								
2	101	Cash Transfers/Gifts from Individuals (Friends/Relatives) [DO NOT INCLUDE REMITTANCES FROM ANYONE LISTED IN MODULE O.]							
3	102	Food Transfers/Gifts from Individuals (Friends/Relatives) [DO NOT INCLUDE REMITTANCES FROM ANYONE LISTED IN MODULE O.]							
4	103	Non-Food In-Kind Transfers/Gifts from Individuals (Friends/Relatives) [DO NOT INCLUDE REMITTANCES FROM ANYONE LISTED IN MODULE O.]							
5	**PENSION & INVESTMENT INCOME:**								
6	104	Savings, Interest or Other Investment Income							
7	105	Pension Income							
8	**RENTAL INCOME:**								
9	106	Income from Non-Agricultural Land Rental							
10	107	Income from Apartment, House Rental							

MODULE P: OTHER INCOME (CONTINUED)

DATA ENTRY LINE NUMBER	CODE	SOURCE	P01 During the last 12 months, did you or any members of your household receive any [SOURCE]? YES.1 NO..2 >> NEXT SOURCE	P02 How much [SOURCE] did your household receive in total during the last 12 months? ESTIMATE THE CASH VALUE OF IN-KIND TRANSFERS RECEIVED	P03 How much of the total [SOURCE] came from rural/urban/international locations?			P04 Who in your household kept/decided what to do with these earnings? LIST UP TO 2 FROM HOUSEHOLD ROSTER.	
					FROM RURAL AREAS	FROM URBAN AREAS	FROM OTHER COUNTRIES	HH ROSTER ID CODE # 1	HH ROSTER ID CODE # 2
				MK	MK	MK	MK		
11	**RENTAL INCOME (CONTINUED):**								
12	108	Income from Shop, Store Rental							
13	109	Income from Car, Truck, Other Vehicle Rental (DO NOT INCLUDE ANY NON-FARM ENTERPRISE INCOME)							
14	**REVENUE FROM SALES OF ASSETS:**								
15	110	Income from Real Estate Sales							
16	111	Income from Household Non-Agricultural Asset Sales							
17	112	Income from Household Agricultural/Fishing Asset Sales							
18	**OTHER INCOME:**								
19	113	Inheritance							
20	114	Lottery/Gambling Winnings							
21	115	Other Income (Specify):							

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE P: ____ ID

ENUMERATOR: RECORD END TIME FOR MODULE P: ____ HOURS ____ MINUTES

MODULE Q: GIFTS GIVEN OUT

ENUMERATOR: RECORD START DATE & TIME FOR MODULE Q:

DAY | MONTH | HOURS | MINUTES

DATA ENTRY LINE NUMBER	CODE	ITEM	Q01 During the last 12 months, did you or any members of your household give away any [ITEM] to individuals (friends/family) outside your household? YES.1 NO..2 **>> NEXT ITEM**	Q02 How much of the [ITEM] given away was destined to rural/urban/international locations?			Q03 Who in the household decided on the allocation of [ITEM] given away to individuals outside your household (friends/family) during the last 12 months? LIST UP TO 2 FROM HOUSEHOLD ROSTER.	
				TO RURAL AREAS	**TO URBAN AREAS**	**TO OTHER COUNTRIES**	**HH ROSTER ID CODE # 1**	**HH ROSTER ID CODE # 2**
				MK	**MK**	**MK**		
1		**Outgoing Transfers/Gifts**						
2	201	Cash Transfers/Gifts [DO NOT INCLUDE GIFTS GIVEN FOR WEDDINGS, CEREMONIES OR FUNERALS. THESE EXPENDITURES ARE RECORDED IN MODULE K.]						
3	202	Food Transfers/Gifts [DO NOT INCLUDE GIFTS GIVEN FOR WEDDINGS, CEREMONIES OR FUNERALS. THESE EXPENDITURES ARE RECORDED IN MODULE K]						
4	203	Non-Food In-Kind Transfers/Gifts [DO NOT INCLUDE GIFTS GIVEN FOR WEDDINGS, CEREMONIES OR FUNERALS. THESE EXPENDITURES ARE RECORDED IN MODULE K.]						

ENUMERATOR: RECOF PRIMARY RESPONDEN ID FOR MODULE Q:

ID

ENUMERATOR: RECORD END TIME FOR MODULE Q:

HOURS | MINUTES

MODULE R: SOCIAL SAFETY NETS
[ASK OF HOUSEHOLD HEAD]

ENUMERATOR: RECORD START DATE & TIME FOR MODULE R:

DAY	MONTH	HOURS	MINUTES

CODE	PROGRAM ***DO NOT INCLUDE PENSIONS AND VOUCHERS FOR FERTILIZER AND SEED.***	R01 In the last 12 months, has any member of your household received cash, food, or other aid from [PROGRAMME]? YES...1 NO....2 **>>NEXT ROW**	R02 In the last 12 months, what was the total assistance received from [PROGRAMME]?			R03 Was the assistance given to… READ RESPONSES Entire HH...1 **>> R05** Specific HH Members.....2
			CASH MK	IN-KIND CASH VALUE - MK	MAIZE KG	
101	Free Maize (Specify)					
102	Free Food (other than Maize) (Specify)					
1031	MASAF - Public Works Programme					
1032	Food/Cash-for-Work Programme (NON-MASAF - Public Works Programme [PWP])					
104	Inputs-For-Work Programme					
105	School Feeding Programme					
106	Free Distribution of Likuni Phala to Children and Mothers (Targeted Nutrition Programme [TNP])					
107	Supplementary Feeding for Malnourished Children at a Nutritional Rehabilitation Unit					
108	Scholarships/Bursaries for Secondary Education. (e.g., CRECCOM)					
1091	Scholarships for Tertiary Education (e.g.University Scholarship, Upgrading Teachers) Tertiary Loan Scheme (Government Loan for University and Other Tertiary Education)					
111	Direct Cash Transfers from Government					
112	Direct Cash Transfers from others (Development Partners, NGOs). SPECIFY					
113	Other, Specify:					

MODULE R: SOCIAL SAFETY NETS (CONTINUED)

[ASK OF HOUSEHOLD HEAD]

CODE	PROGRAM *DO NOT INCLUDE PENSIONS AND VOUCHERS FOR FERTILIZER AND SEED.*	R04 Which household members received this assistance in the last 12 months? RECORD HOUSEHOLD ROSTER ID OF EACH MEMBER MENTIONED					R5 Who in your household controls/decides on the use of assistance from [PROGRAMME]? LIST UP TO 2 FROM HOUSEHOLD ROSTER		R6 In the last 12 months, for how many months did your household receive assistance from [PROGRAMME]?	R7 When was the last time your household received this assistance (THEN >> NEXT ROW)	
		ID CODE # 1	ID CODE # 2	ID CODE # 3	ID CODE # 4	ID CODE # 5	HH ROSTER ID CODE #1	HH ROSTER ID CODE #2	NUMBER OF MONTHS	MONTH	YEAR (4-DIGIT)
101	Free Maize										
102	Free Food (other than Maize)										
1031	MASAF - Public Works Programme										
1032	Food/Cash-for-Work Programme (NON-MASAF - Public Works Programme [PWP])										
104	Inputs-For-Work Programme										
105	School Feeding Programme										
106	Free Distribution of Likuni Phala to Children and Mothers (Targeted Nutrition Programme [TNP])										
107	Supplementary Feeding for Malnourished Children at a Nutritional Rehabilitation Unit										
108	Scholarships/Bursaries for Secondary Education. (e.g., CRECCOM)										
1091	Scholarships for Tertiary Education (e.g.University Scholarship, Upgrading Teachers) 'Tertiary Loan Scheme (Government Loan for University and Other Tertiary Education)										
111	Direct Cash Transfers from Government										
112	Direct Cash Transfers from others (Development Partners, NGOs), SPECIFY										
113	Other, Specify:										

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE R:

ID

ENUMERATOR: RECORD END TIME FOR MODULE R:

HOURS MINUTES

MODULE S: CREDIT

[ASK OF HOUSEHOLD HEAD]

ENUMERATOR: RECORD START DATE & TIME FOR MODULE S:

DAY	MONTH	HOURS	MINUTES

S01. 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**>>S12** ☐

S02 LOAN NO	S03 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.	S04 CODE SOURCE OF LOAN USE CODES ON THE NEXT PAGE.	S05 Which household member was responsible for the loan? LIST UP TO 2 FROM HOUSEHOLD ROSTER HH ROSTER ID CODE # 1	HH ROSTER ID CODE # 2	S06 What was main reason 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 CROPS . . . . .4 BUSINESS START-UP CAPITAL. . .5 PURCHASE NON-FARM INPUTS . .6 CONSUMPTION. . .7 OTHER (SPECIFY).8	S07 How much was borrowed? MK	S08 When 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	S09 Is the loan repaid? YES..1**>>S11** NO...2	S10 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	S11 How much did you pay (do you expect to have paid) in total when you (will have) paid off this loan (interest + principal)? (THEN **>> NEXT ROW.** WHEN ALL LOANS DONE, **>> 12)** MK
1												
2												
3												
4												
5												
6												
7												
8												

MODULE S: CREDIT (CONTINUED)

S12 During the last 12 months, did you try to borrow from someone outside the household or from an institution and were turned down? YES..1 NO...2 **>>S15**	S13 Who turned you down? LIST UP TO 2. **USE CODES BELOW.** 1ST / 2ND	S14 What was main reason for trying to obtain the loan? Was it: [READ RESPONSES] PURCHASE LAND. .1 PURCHASE AGRI-CULTURAL INPUTS FOR FOOD CROP .2 PURCHASE INPUTS FOR TOBACCO . .3 PURCHASE INPUTS FOR OTHER CASH CROPS . . . . .4 BUSINESS START-UP CAPITAL. . .5 PURCHASE NON-FARM INPUTS . .6 CONSUMPTION. . .7 OTHER (SPECIFY).8	S15 Are you awaiting word on a loan that you applied for during the last 12 months? YES..1 NO...2**>>S18**	S16 From whom or which institution are you awaiting word on a loan? LIST UP TO 2. **USE CODES BELOW.** 1ST / 2ND	S17 What was main reason for trying to obtain the loan? Was it: [READ RESPONSES] PURCHASE LAND. .1 PURCHASE AGRI-CULTURAL INPUTS FOR FOOD CROP .2 PURCHASE INPUTS FOR TOBACCO . .3 PURCHASE INPUTS FOR OTHER CASH CROPS . . . . .4 BUSINESS START-UP CAPITAL. . .5 PURCHASE NON-FARM INPUTS . .6 CONSUMPTION. . .7 OTHER (SPECIFY).8	S18 **ENUMERATOR:** WAS THE ANSWER TO QUESTIONS **S01, S12 AND S15 ALWAYS "NO"?** ANSWER TO ALL THREE QUESTIONS WAS ALWAYS "NO"..1 ANSWER TO ALL THREE QUESTIONS WAS NOT ALWAYS "NO"..2**>>NEXT MODULE**	S19 Why did you not attempt to borrow in the last 12 months? [LIST UP TO TWO ANSWERS IN ORDER OF IMPORTANCE.] NO NEED . . . . . .1 BELIEVED WOULD BE REFUSED. . . . . .2 TOO EXPENSIVE . . . . .3 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 **(**THEN **>> NEXT MODULE)** 1ST / 2ND

CODES FOR S4, S13 & S16:

RELATIVE 1
NEIGHBOUR. 2
GROCERY/LOCAL MERCHANT 3
MONEY LENDER (KATAPILA). 4
EMPLOYER 5
RELIGIOUS INSTITUTION 6
MARDEF 7
MRFC 8
SACCO. 9
BANK (COMMERCIAL). 10
NGO. 11
OTHER (SPECIFY). . 12

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE S: [ ] ID

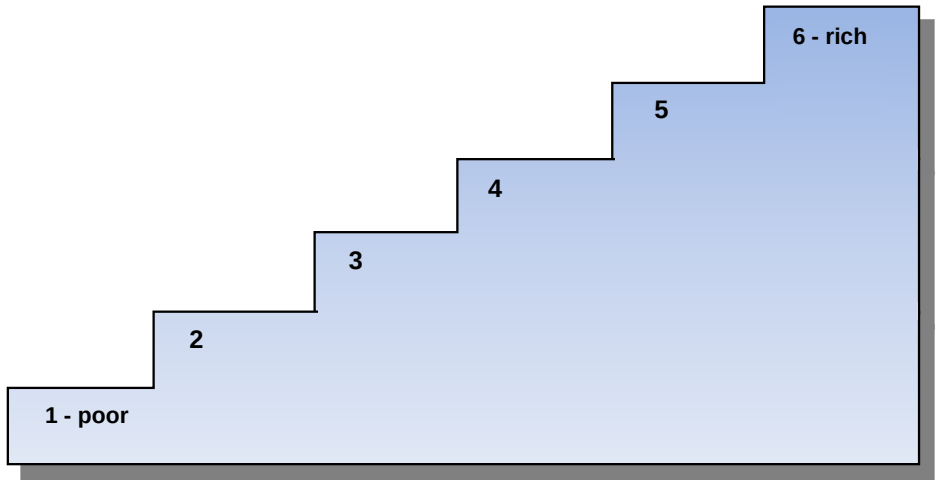
ENUMERATOR: RECORD END TIME FOR MODULE S: [ ][ ] HOURS MINUTES

MODULE T: SUBJECTIVE ASSESSMENT OF WELL-BEING

ENUMERATOR: RECORD START DATE & TIME FOR MODULE T:

DAY	MONTH	HOURS	MINUTES

T01	T02	T03	T04	T05	T06	T07	T08	T09	T10	T11	T12
Concerning your household's food consumption over the past one month, which of the following is true?	Concerning your housing, which of the following is true?	Concerning your household's clothing, which of the following is true?	Concerning the standard of health care 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]:	How many changes of clothes do you (HH HEAD) own?	What do you (HH HEAD) sleep on?	What do you (HH HEAD) sleep under in the cold season (July)?	What do you (HH HEAD) sleep under in the hot season (October)?
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?	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	(NUMBER OF TROUSERS FOR MEN; SKIRTS/ DRESSES FOR WOMEN) NUMBER	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	BLANKET & SHEETS. . .1 BLANKET ONLY. . . . .2 SHEETS ONLY . . . . .3 CHITENJE CLOTH. . . .4 FERTILIZER or GRAIN SACK . . . . . .5 CLOTHES . . . . . .6 NOTHING . . . . . .7 OTHER (SPECIFY) . . .8	



MODULE T: SUBJECTIVE ASSESSMENT OF WELL-BEING (CONTINUED)

T13	T14	T15	T16	T17	T18	T19	T20	T21	T22
During the last 12 months, were you worried that your household would run out of food because of lack of money or other resources to get food?	During the last 12 months, did your household run out of food because of lack of money or other resources to get food?	During the last 12 months, did your household lack enough money or other resources to get healthy and nutritious food?	During the last 12 months, did you have to consume a diet based on only few kinds of foods because of lack of money or other resources to get food?	During the last 12 months, did you not eat breakfast, lunch or dinner because of lack of money or other resources to get food?	During the last 12 months, did you eat less than you thought you should because of lack of money or other resources to get food?	During the last 12 months, did you feel hungry but didn't eat because of lack of money or other resources to get food?	During the last 12 months, did you eat only one meal in a day or go without eating for a whole day because of lack of money or other resources to get food?	**ENUMERATOR**: DOES THIS HOUSEHOLD HAVE ANY MEMBERS LESS THAN 15 YEARS OLD?	During the last 12 months, did any child, age 14 or younger, in your household not eat healthy because of lack of money or other resources to get healthy and nutritious food?
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	YES.....1 NO.....2	YES.....1 NO.....2 **>> NEXT MODULE**	YES.....1 NO.....2

T23	T24	T25	T26	T27	T28
During the last 12 months, did any child, age 14 or younger, in your household have to consume a diet based on only few kinds of foods because of lack of money or other resources to get food?	During the last 12 months, did any child in your household not eat breakfast, lunch or dinner because of lack of money or other resources to get food?	During the last 12 months, did any child, age 14 or younger, in your household eat less than you thought he/she should because of lack of money or other resources to get food?	During the last 12 months, did you have to serve less food to any child in your household because of lack of money or other resources to get food?	During the last 12 months, did any child in your household feel hungry but didn't eat because of lack of money or other resources to get food?	During the last 12 months, did any child in your household eat only one meal in a day or go without eating for a whole day because of lack of money or other resources to get food?
YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE T: [ ] ID

ENUMERATOR: RECORD END TIME FOR MODULE T: [ ][ ] HOURS MINUTES

MODULE U: SHOCKS & COPING STRATEGIES

[ASK OF HOUSEHOLD HEAD]

ENUMERATOR: RECORD START DATE & TIME FOR MODULE U: DAY | MONTH | HOURS | MINUTES

CODE	SHOCK	U01 During the last 12 months, was your household affected negatively by any of the following [SHOCK]? YES..1 NO...2 >> NEXT SHOCK	U02 Rank the three most significant shocks you experienced - **Most Severe (1), Second Most Severe (2), Third (3).**
101	Drought		
1101	Irregular Rains		
102	Floods		
1102	Landslides		
103	Earthquakes		
104	Unusually High Level of Crop Pests or Disease		
105	Unusually High Level of Livestock Disease		
106	Unusually Low Prices for Agricultural Output		
107	Unusually High Costs of Agricultural Inputs		
108	Unusually High Prices for Food		
109	End of Regular Assistance/Aid/ Remittances From Outside Household		
110	Reduction in the Earnings from Household (Non-Agricultural) Business (Not due to Illness or Accident)		
111	Household (Non-Agricultural) Business Failure (Not due to Illness or Accident)		
112	Reduction in the Earnings of Currently Salaried Household Member(s) (Not due to Illness or Accident)		
113	Loss of Employment of Previously Salaried Household Member(s) (Not due to Illness or Accident)		
114	Serious Illness or Accident of Household Member(s)		
115	Birth in the Household		
116	Death of Income Earner(s)		
117	Death of Other Household Member(s)		
118	Break-Up of Household		
119	Theft of Money/Valuables/Assets/Agricultural Output		
120	Conflict/Violence		
121	Other (Specify)		

THE QUEST-IONS TO THE RIGHT SHOULD ONLY BE ASKED CON-CERNING THE THREE MOST SEVERE SHOCKS, AS NOTED IN U02.

LEAVE ALL OTHER ROWS BLANK.

U03 As a result of this [SHOCK], did your […] …

READ RESPONSES FOR EACH COLUMN

Increase.....1
Decrease.....2
Did Not Change..3

U04 What did your household do in response to this [SHOCK] to try to regain your former welfare level?

FOR EACH SHOCK, LIST UP TO 3 ANSWERS BY ORDER OF IMPORTANCE. IF HAPPENED MORE THAN ONCE DURING THE LAST 12 MONTHS, ASK ABOUT THE MOST RECENT INCIDENT. USE CODES ON THE RIGHT.

INCOME	ASSETS	FOOD PRODUCTION	FOOD STOCKS	FOOD PURCHASES	1ST	2ND	3RD

RELIED ON OWN-SAVINGS....1

RECEIVED UNCONDITIONAL HELP FROM RELATIVES/FRIENDS....2

RECEIVED UNCONDITIONAL HELP FROM GOVERNMENT.....3

RECEIVED UNCONDITIONAL HELP FROM NGO/RELIGIOUS INSTITUTION.....4

CHANGED EATING PATTERNS (RELIED ON LESS PREFERRED FOOD OPTIONS, REDUCED THE PROPORTION OR NUMBER OF MEALS PER DAY, OR HOUSEHOLD MEMBERS SKIPPED DAYS OF EATING, ETC.).....5

EMPLOYED HOUSEHOLD MEMBERS TOOK ON MORE EMPLOYMENT...6

ADULT HOUSEHOLD MEMBERS WHO WERE PREVIOUSLY NOT WORKING HAD TO FIND WORK.....7

HOUSEHOLD MEMBERS MIGRATED.....8

REDUCED EXPENDITURES ON HEALTH AND/OR EDUCATION...9

OBTAINED CREDIT.....10

SOLD AGRICULTURAL ASSETS.11

SOLD DURABLE ASSETS.....12

SOLD LAND/BUILDING.....13

SOLD CROP STOCK.....14

SOLD LIVESTOCK.....15

INTENSIFY FISHING.....16

SENT CHILDREN TO LIVE ELSEWHERE.....17

ENGAGED IN SPIRITUAL EFFORTS - PRAYER, SACRIFICES, DIVINER CONSULTATIONS.....18

DID NOT DO ANYTHING.....19

OTHER (SPECIFY).....20

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE U: ID

ENUMERATOR: RECORD END TIME FOR MODULE U: HOURS | MINUTES

MODULE V: CHILD ANTHROPOMETRY

ENUMERATOR: RECORD START DATE & TIME FOR MODULE V: DAY | MONTH | HOURS | MINUTES

V01 ID CODE	V02	V03	V04		V05	V06	V07	V08	V09	V10	V11	V12	V13	V14
	PUT AN 'X' FOR ALL INDIVIDUALS WHO ARE AGED UNDER SIX MONTHS OR OLDER THAN EXACTLY FIVE YEARS OLD (60 MONTHS). DO NOT ADMINISTER THIS MODULE TO THESE INDIVIDUALS. IF NONE AGED SIX TO 59 MONTHS, >>**NEXT MODULE**.	RECORD THE ID OF THE MOTHER / GUARDIAN OF THE CHILD IN THE HOUSE-HOLD	How old is [NAME]? RECONFIRM EXACT AGE - MUST INCLUDE BOTH YEARS AND MONTHS.		WAS [NAME] MEASURED?	WHY NOT?	IS THE ANSWER TO V05 "NO"?	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 partici-pate in a nutrition programme?	ASK OF MOTHER/ GUARDIAN: Does the child participate in an under-five clinic?	DID CHILD APPEAR TO HAVE OEDEMA (SWELLING THAT IS NOT NORMAL)?
		HH ROSTER ID	YEARS	MONTHS	YES, MEASURED FULLY.....1>>V07 YES, MEASURED PARTIALLY.2 NO.....3	NOT AT HOME DURING SURVEY PERIOD. .1 TOO ILL. .2 UNWILLING.3 OTHER. . .4	YES..1>>V12 NO...2	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 NOT APPLICABLE.3	NORMAL....1 DIFFICULT.2	YES. .1 NO . .2	YES. .1 NO . .2 **(IF CHILD NOT MEASURED >> NEXT CHILD)**	YES. .1 NO . .2
1								__ __ . __	__ __ __ . __					
2								__ __ . __	__ __ __ . __					
3								__ __ . __	__ __ __ . __					
4								__ __ . __	__ __ __ . __					
5								__ __ . __	__ __ __ . __					
6								__ __ . __	__ __ __ . __					
7								__ __ . __	__ __ __ . __					
8								__ __ . __	__ __ __ . __					
9								__ __ . __	__ __ __ . __					
10								__ __ . __	__ __ __ . __					
11								__ __ . __	__ __ __ . __					
12								__ __ . __	__ __ __ . __					

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE V: ID

ENUMERATOR: RECORD END TIME FOR MODULE V: HOURS | MINUTES

MODULE X: FILTER QUESTIONS FOR AGRICULTURE & FISHERY QUESTIONNAIRES

ENUMERATOR: RECORD START DATE & TIME FOR MODULE X: DAY | MONTH | HOURS | MINUTES

VISIT 1

X10. Did you or anyone in your household own or cultivate a plot during the 2012/2013 rainy season? YES..1 NO...2 [ ]

X11. Did you or anyone in your household own any livestock in the last 12 months? YES..1 NO...2 [ ]

X11_1. **ENUMERATOR:** SHOULD THE AGRICULTURE QUESTIONNAIRE BE ADMINISTERED? MARK `YES' IF RESPONDENT SAID 'YES' TO X10 OR X11. YES..1 NO...2 [ ]

X12_1. **ENUMERATOR:** IS THIS A PANEL A HOUSEHOLD? YES..1 NO...2>> [ ]
END OF HOUSEHOLD QUESTIONNAIRE

X16. Did you or anyone in this household do any fishing or fish trading in the last 12 months? YES..1 NO...2 [ ]

X16_1. **ENUMERATOR:** SHOULD THE FISHERY QUESTIONNAIRE BE ADMINISTERED? MARK 'YES' IF RESPONDENT SAID 'YES' TO X16. YES..1 NO...2 [ ]

VISIT 2

X17. **ENUMERATOR:** DID HOUSEHOLD SAY 'YES' TO X10? YES..1 NO...2 [ ]

X18. Did you or anyone in your household cultivate a plot during the 2013 dry (dimba) season? YES..1 NO...2 [ ]

X19. Did you or anyone in your household harvest any cassava, tea, coffee or any other fruits in the last 12 months? YES..1 NO...2 [ ]

X20. **ENUMERATOR:** SHOULD THE VISIT 2 AGRICULTURE QUESTIONNAIRE BE ADMINISTERED? MARK 'YES' IF RESPONDENT SAID 'YES' TO ONE OF X17, X18 or X19. YES..1 NO...2 [ ]

X21. **ENUMERATOR:** IS THIS A PANEL B HOUSEHOLD? YES..1 NO...2 [ ]

X22. Did you or anyone in this household do any fishing or fish trading in the last 12 months? YES..1 NO...2 [ ]

X23. **ENUMERATOR:** SHOULD THE FISHERY QUESTIONNAIRE BE ADMINISTERED? MARK 'YES' IF RESPONDENT SAID 'YES' TO X22. YES..1 NO...2 [ ]

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE X: [ ] ID

ENUMERATOR: RECORD END TIME FOR MODULE X: [ ][ ] HOURS MINUTES

SURVEY HOUSEHOLD MEMBER LIST

B01	B02	B03	B05		B06_2	B06_3	
ID CODE	NAMES OF HOUSEHOLD MEMBERS ONLY LIST HOUSEHOLD MEMBERS, NO OTHERS.	SEX MALE....1 FEMALE..2	***(VISIT 1 ONLY)*** How old is [NAME]? IF 6 YEARS AND OVER, GIVE YEARS ONLY. IF LESS THAN 6 YEARS IN AGE, GIVE YEARS AND MONTHS.		***(VISIT 2 ONLY)*** Is [NAME] still a member of your household? STAYED.....1 NEW.....2 LEFT PERMANENTLY..3 DIED.....4	***(VISIT 2 ONLY)*** How old is [NAME]? IF 6 YEARS AND OVER, GIVE YEARS ONLY. IF LESS THAN 6 YEARS IN AGE, GIVE YEARS AND MONTHS.	
			YEARS	**MONTHS**		**YEARS**	**MONTHS**
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							