

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

AUTHORIZED FOR PUBLIC DISCLOSURE

Questionnaire
Number

FOURTH INTEGRATED HOUSEHOLD SURVEY, 2016/17

THIS SURVEY IS BEING CONDUCTED BY THE NATIONAL STATISTICAL OFFICE UNDER THE AUTHORITY OF THE 2013 STATISTICS ACT.

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

HOUSEHOLD QUESTIONNAIRE

MODULE A-1: HOUSEHOLD IDENTIFICATION

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

	CODE		NAME
A01. DISTRICT:	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
A02. TA, STA, or TOWN:	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
A03. ENUMERATION AREA:	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
A04. PLACE / VILLAGE NAME:		
A05. PANEL OR CROSS-SECTIONAL:	CROSS-SECTION.....1 PANEL A2>>A09 PANEL B3>>A09		<input style="width: 20px; height: 20px;" type="text"/>
A06. HOUSEHOLD ID (FROM LIST):	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
A07. NAME OF HOUSEHOLD HEAD:		
A08. DWELLING STRUCTURE NO. (FROM LIST):	CODE	<input style="width: 20px; height: 20px;" type="text"/>	(THEN>>A15)
A09. IHPS Y2-HHID FROM TRACKING FORM:	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	- <input style="width: 20px; height: 20px;" type="text"/>
A10. NAME OF HOUSEHOLD HEAD FROM IHPS:		
A11. LOCATION OF HOUSEHOLD:	SAME DWELLING UNIT.....1 ▶ A13 DIFFERENT DWELLING UNIT WITHIN SAME VILLAGE/URBAN LOCATION.....2 DIFFERENT VILLAGE/URBAN LOCATION, WITHIN SAME DISTRICT.....3 DIFFERENT VILLAGE/URBAN LOCATION, WITH DIFFERENT DISTRICT.....4		<input style="width: 20px; height: 20px;" type="text"/>
A12. IHPS ROSTER ID & NAME OF TRACKING TARGET:	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
A13. CURRENT NAME OF HOUSEHOLD HEAD:		
A14. LOWEST IHPS ROSTER ID NUMBER FROM SECTION B, QUESTION 06_1:	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	REFER TO COMPLETED T0 AND CONFIRM IN MODULE B HOUSEHOLD ROSTER

VISIT 1

A15. DESCRIPTION OF LOCATION OF HOUSEHOLD:

.....

A16. WHAT ARE THE GPS COORDINATES OF THE DWELLING?

LATITUDE (S)									
			°			.			
LONGITUDE (E)									
			°			.			

A17. WEATHER CONDITION AT MEASUREMENT:

- | | |
|------------------------------------|--|
| Clear/ Sunny.....1 | Mostly Cloudy / Considerable Cloudiness..4 |
| Mostly Clear / Mostly Sunny.....2 | Completely Cloudy5 |
| Partly Cloudy / Partly Sunny.....3 | Rainy.....6 |

A18. PHONE NUMBER FOR HOUSEHOLD HEAD:

A. NAME: _____ B. PHONE: _____

VISIT 2 (ONLY APPLICABLE FOR PANEL HOUSEHOLDS)

A31. IS THIS HOUSEHOLD IN THE SAME DWELLING AS IN VISIT 1?

YES...1 ▶ A33
NO2

A32. DESCRIPTION OF NEW LOCATION OF HOUSEHOLD:

.....

A33. WHAT ARE THE GPS COORDINATES OF THE DWELLING? (RETAKE - DO NOT COPY)

LATITUDE (S)									
			°			.			
LONGITUDE (E)									
			°			.			

A34. WEATHER CONDITION AT MEASUREMENT:

- | | |
|------------------------------------|--|
| Clear/ Sunny.....1 | Mostly Cloudy / Considerable Cloudiness..4 |
| Mostly Clear / Mostly Sunny.....2 | Completely Cloudy5 |
| Partly Cloudy / Partly Sunny.....3 | Rainy.....6 |

A35. PHONE NUMBER FOR HOUSEHOLD HEAD: (RETAKE - DO NOT COPY)

A. NAME: _____ B. PHONE: _____

A19. CONTACT INFORMATION - REFERENCE PERSON 1:

A. NAME: _____

B. RELATIONSHIP TO HEAD: _____

C. PHONE: _____

D. DISTRICT: _____

E. TA, STA, or TOWN: _____

F. PLACE / VILLAGE: _____

A20. CONTACT INFORMATION - REFERENCE PERSON 2:

A. NAME: _____

B. RELATIONSHIP TO HEAD: _____

C. PHONE: _____

D. DISTRICT: _____

E. TA, STA, or TOWN: _____

F. PLACE / VILLAGE: _____

A21. 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

A22. ENUMERATOR CODE:

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A23. ENUMERATOR NAME:

	DATE	START	END	MODULES
A24. Attempt 1				
Attempt 2				
Attempt 3				

HH MM HH MM
 ENUMERATOR>> NEXT PAGE

A25. SUPERVISOR CODE:

--	--	--

A26. SUPERVISOR NAME:

A27. DATE OF INSPECTION:

DD	MM	YYYY

VISIT 2 (ONLY APPLICABLE FOR PANEL HOUSEHOLDS)

A36. ENUMERATOR CODE:

--	--	--

A37. ENUMERATOR NAME:

	DATE	START	END	MODULES
A38. Attempt 1				
Attempt 2				
Attempt 3				

HH MM HH MM
 ENUMERATOR>> NEXT PAGE

A39. SUPERVISOR CODE:

--	--	--

A40. SUPERVISOR NAME:

A41. DATE OF INSPECTION:

DD	MM	YYYY

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

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

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INTRODUCTION TO THE HOUSEHOLD TO BE INTERVIEWED

CONVEY THE FOLLOWING INFORMATION TO THE RESPONDENT:

Every few years the National Statistical Office in Zomba selects at random several hundred households in each district of the country to ask them questions about how they are living. It is within the legal mandate of the NSO to collect this information and the responses which are provided by the households to these questions are intended to help the government of Malawi do a better job in meeting the needs of all Malawians.

CROSS-SECTION:

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

ALL PANEL:

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 in 2013 as part of the Integrated Household Panel Survey (IHPS). The two surveys 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.

IHPS HOUSEHOLDS:

Now in 2015/2016, we are returning to see how things are progressing in terms of living standards.

SPLIT-OFF HOUSEHOLDS:

At the time of IHPS, 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 (CONTINUED)

B01	B22 ASK OF ONLY HH HEAD: What is the main language you speak at home? CHEWA.....1 NYANJA.....2 YAO.....3 TUMBUKA.....4 LOWWE.....5 NKHONDE.....6 NGONI.....7 SENA.....8 NYAKYUSA.....9 TONGA.....10 LAMBIA.....11 SENGA.....12 SUKWA.....13 ENGLISH.....14 OTHER (SPECIFY) ..15	B22_4 ENUMERATOR: IS THIS PERSON [NAME] AGED 12 YEARS OR OLDER? YES..1 NO...2>>NEXT ROW	B23 What religion, if any, does [NAME] practice? NONE.....1 TRADITIONAL...2 CHRISTIANITY...3 ISLAM.....4 OTHER RELIGION (SPECIFY).....5	B24 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	B24_1 Under what type of marriage custom (tradition) did [NAME] marry or form a consensual union with his/her spouse? PATRILINEAL..1 MATRILINEAL..2 OTHER (SPECIFY) ...3	B24_2 Upon marriage does [NAME] stay in his or her own village or move to his or her spouse's village? STAY IN OWN VILLAGE AS SPOUSE IS FROM THE SAME VILLAGE.....1 STAY IN OWN VILLAGE EVEN IF SPOUSE IS FROM A DIFFERENT VILLAGE..2 MOVE TO DIFFERENT VILLAGE.....3	B25 Does [NAME]'s spouse live in this household now? YES..1 NO...2>>B27	B26 COPY THE ID CODE OF THE WIFE/ HUSBAND. In what year did [NAME] marry or form a consensual union? IF MORE THAN ONE WIFE, COPY ID CODES OF ALL WIVES RESIDENT IN HOUSEHOLD.						B27 Does [NAME] have a spouse living outside of this household now? YES..1 NO...2>>NEXT ROW	B28 How many spouses does [NAME] have who are residing elsewhere? NUMBER
								SPOUSE #1		SPOUSE #2		SPOUSE #3			
								ID	YEAR	ID	YEAR	ID	YEAR		
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

MODULE D: HEALTH (CONTINUED)

I D C O D E	D01 D37 IS THIS PERSON, [NAME], LESS THAN 15 YEARS OLD? YES...1 NO...2>>NEXT ROW	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 BREASTMILK.....12	D44 IS THIS PERSON, [NAME], A CHILD LESS THAN 5 YEARS OF AGE? YES..1 NO...2>>NEXT MODULE	D45 Where was this child delivered? HOSPITAL/ MATERNITY CLINIC....1 AT HOME...2 OTHER (SPECIFY).3	D46 Who assisted in delivering this child? DOCTOR/ CLINICAL OFFICER . 1 NURSE/MIDWIFE. . .2 PATIENT ATTENDANT .3 TRADITIONAL BIRTH ATTENDANT4 RELATIVE/FRIEND . .5 NO ONE6 OTHER (SPECIFY) . .7 (THEN >> NEXT MODULE)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

MODULE F: HOUSING (CONTINUED)

F20 In the event of a black out, what source of energy do you use for ...?		F21 Do you get your electricity via ESCOM?	F22 Following your application to get electricity, how many weeks did you have to wait for your connection to be in working order? IF DID NOT APPLY, RECORD 9999.	F23 Did you have to pay an unofficial fee to get a connection?	F24 In the last 12 months, how frequently did you experience blackouts in your area? READ RESPONSES	F25 How much did you last pay for electricity? IF NEVER PAYS FOR ELECTRICITY, RECORD 9999 AND >>F26_2	F26 To what length of time does this cost for electricity refer?	F26_1 Would you agree or disagree with the following statement: On the whole ESCOM is responsive to the needs of households like mine?	F26_2 How satisfied are you with ESCOM? (THEN >>F31)	F27 Although you do not have electricity in your dwelling, does your village / neighborhood have access to electricity provided by ESCOM?	F28 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>>F27	WEEKS	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	STRONGLY AGREE...1 AGREE...2 DISAGREE...3 STRONGLY DISAGREE...4	VERY SATISFIED...1 SATISFIED...2 NEITHER SATISFIED NOR DISSATISFIED...3 DISSATISFIED...4 VERY DISSATISFIED...5	YES...1 NO...2>>F31	YES...1 NO...2>>F31

F29 What is the main reason for your household not to have access to electricity?	F30 How many weeks have you been waiting for?	F31 Is there a MTL telephone in working condition in the dwelling unit?	F32 What was the total cost for MTL telephone service in the household over the last period? LAST BILL AMOUNT	F33 To what length of time does this MTL telephone cost refer?		F34 How many working cell phones in total does your household own? IF NONE, RECORD 0 AND >> F36.	F35 Estimate the total cost for all cell phone service for all household members last month?	F36 What is your main source of drinking water?	F37 What was the total cost of drinking water for your household last month? IF NONE, ENTER 0 AND CONTINUE TO F38.
CONNECTION/WIRING FEE UNAFFORDABLE...1>>F31 NO NEED FOR ELECTRICITY...2>>F31 DWELLING UNAPPROPRIATE FOR CONNECTION...3>>F31 APPLICATION PENDING...4 LINE WAS DISCONNECTED...5>>F31 OTHER (SPECIFY)...6>>F31	WEEKS	YES...1 NO...2>>F34	MK	TIME AMOUNT 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

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.	F39 Do you use the main water source...	F40 What is your main source of drinking water in the other season?	F41 What kind of toilet facility does your household use?	F42 Is this toilet facility for the use of? READ RESPONSES	F43 What kind of rubbish disposal facilities does your household use?	F44 Do any members of your household sleep under a bed net to protect against mosquitoes at some time during the year?	F45 Has/have the bed net(s) ever been dipped in insecticide against mosquitoes in the past six months?	F46 ENUMERATOR: DOES THIS HOUSEHOLD HAVE ANY CHILDREN BELOW 5 YEARS OF AGE?	F47 Do the children under 5 in the household sleep under a bed net at those times of the year when there are mosquitoes present?
TIME AMOUNT MINUTE...1 HOUR...2	ALL YEAR AROUND...1>>F41 ONLY RAINY SEASON...2 ONLY DRY SEASON...3	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	FLUSH TOILET...1 VIF...2 LATRINE...3 TRADIT...4 W/O ROOF...5>>F43 NONE...6 OTHER (SPECIFY) 6	Household members only...1 Other households also...2	COLLECTED FROM RUBBISH BIN...1 RUBBISH PIT...2 BURNING...3 PUBLIC RUBBISH HEAP...4 OTHER (SPECIFY)...5 NONE...6	YES...1 NO...2>>F48	YES...1 NO...2 ALL NETS TREATED 4 LESS THAN 6 MONTHS OLD...3	YES...1 NO...2>>F48	YES, FOR ALL CHILDREN UNDER FIVE...1 YES, FOR SOME CHILDREN UNDER FIVE...2 NO, NONE OF THE CHILDREN UNDER FIVE...3

MODULE F: HOUSING

F48 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, village savings organization, or another financial institution? YES...1 NO...2>>50	F49 ENUMERATOR: RECORD THE HOUSEHOLD ROSTER ID OF THE RESPONDENT. HH ROSTER ID CODE	F50 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, village savings organization, or another financial institution? YES...1 NO...2>>52	F51 ENUMERATOR: RECORD THE HOUSEHOLD ROSTER ID CODE FOR UP TO 3 INDIVIDUALS, EXCLUDING THE RESPONDENT.			F52 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	F53 ENUMERATOR: RECORD THE HOUSEHOLD ROSTER ID OF THE RESPONDENT. HH ROSTER ID CODE	F54 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	F55 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				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:

<input type="text"/>	<input type="text"/>
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?		G04 How much came from purchases?		G05 How much did you spend? MK	G06 How much came from own-production?		G07 How much came from gifts and other sources?		DE LINE NUMBER
				QUANTITY	UNIT	QUANTITY	UNIT		QUANTITY	UNIT	QUANTITY	UNIT	
1	Cereals, Grains and Cereal Products												1
2	Maize <i>ufa mgaiwa</i> (normal flour) *		101										2
3	Maize <i>ufa</i> refined (fine flour) *		102										3
4	Maize <i>ufa madeya</i> (bran flour) *		103										4
5	Maize grain (not as <i>ufa</i>) *		104										5
6	Green maize *		105										6
7	Rice		106										7
8	Finger millet (<i>mawere</i>)		107										8
9	Sorghum (<i>mapira</i>)		108										9
10	Pearl millet (<i>mchewere</i>)		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:
 KILOGRAMME1
 50 KG. BAG2
 PAIL (SMALL)4
 PAIL (LARGE)5
 No. 10 PLATE6
 No. 12 PLATE7
 BUNCH.8
 PIECE.9
 HEAP10
 BALE11
 OX-CART (UNSHELLED) . . .14
 LITRE.15
 GRAM18
 MILLILITRE19
 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	CODES FOR UNIT:
20	Cassava tubers *		201										20	KILOGRAMME 1
21	Cassava flour		202										21	50 KG. BAG 2
22	White sweet potato *		203										22	PAIL (SMALL) . . . 4
23	Orange sweet potato *		204										23	PAIL (LARGE) . . . 5
24	Irish potato		205										24	No. 10 PLATE . . . 6
25	Potato crisps		206										25	No. 12 PLATE . . . 7
26	Plantain, cooking banana		207										26	BUNCH 8
27	Cocoyam (<i>masimbi</i>)		208										27	PIECE 9
28	Other (specify)		209										28	HEAP 10
29	Nuts and Pulses												29	BALE 11
30	Bean, white		301										30	OX-CART (UNSHELLED) . . 14
31	Bean, brown *		302										31	LITRE 15
32	Pigeonpea (<i>nandolo</i>) *		303										32	GRAM 18
33	Groundnut *		304										33	MILLILITRE 19
34	Groundnut flour *		305										34	TEASPOON 20
35	Soyabean flour		306										35	SATCHET/TUBE . . . 22
36	Ground bean (<i>nzama</i>)		307										36	OTHER (SPECIFY) . 23
37	Cowpea (<i>khobwe</i>)		308										37	
38	Macademia nuts		309										38	
39	Other (specify)		310										39	

* 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	CODES FOR UNIT:
41	Onion *		401									41	KILOGRAMME 1
42	Cabbage *		402									42	50 KG. BAG 2
43	Tanaposi/Rape *		403									43	PAIL (SMALL) 4
44	Nkhwani *		404									44	PAIL (LARGE) 5
45	Chinese cabbage		405									45	No. 10 PLATE 6
46	Other cultivated green leafy vegetables		406									46	No. 12 PLATE 7
47	Gathered wild green leaves		407									47	BUNCH 8
48	Tomato *		408									48	PIECE 9
49	Cucumber		409									49	HEAP 10
50	Pumpkin *		410									50	BALE 11
51	Okra / There're *		411									51	OX-CART (UNSHELLED) . . 14
52	Tinned vegetables (specify)		412									52	LITRE 15
53	Mushroom		413									53	GRAM 18
54	Other vegetables (specify)		414									54	MILLILITRE 19
55	Meat, Fish and Animal products											55	TEASPOON 20
56	Eggs		501									56	SATCHET/TUBE . . . 22
57	Dried fish *		502									57	OTHER (SPECIFY) . 23
58	Fresh fish *		503									58	
59	Beef		504									59	
60	Goat		505									60	

* 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	CODES FOR UNIT:
				QUANTITY	UNIT	QUANTITY	UNIT	MK	QUANTITY	UNIT	QUANTITY	UNIT		
127	Spices & Miscellaneous											127	BUNCH.8	
128	Salt *		810									128	PIECE.9	
129	Spices		811									129	HEAP10	
130	Yeast, baking powder, bicarbonate of soda		812									130	BALE11	
131	Tomato sauce (bottle)		813									131	OX-CART (UNSHELLED) . . 14	
132	Hot sauce (Nali, etc.)		814									132	LITRE.15	
133	Jam, jelly		815									133	GRAM18	
134	Sweets, candy, chocolates		816									134	MILLILITRE . . . 19	
135	Honey		817									135	TEASPOON. . . . 20	
136	Other (specify)		818									136	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)**

		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

		G10	G11
		What was the total number of days in which any meal was shared with people [...]?	What was the total number of meals that were shared over past 7 days with [...]?
		NUMBER OF DAYS	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

<p>H01 In the past 7 days, did you worry that your household would not have enough food?</p> <p>YES...1 NO...2</p>	<p>H02 In the past 7 days, how many days have you or someone in your household had to:</p> <p>IF NO DAYS, RECORD ZERO.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> </tr> <tr> <td style="text-align: center;">a. Rely on less preferred and/or less expensive foods?</td> <td style="text-align: center;">b. Limit portion size at meal-times?</td> <td style="text-align: center;">c. Reduce number of meals eaten in a day?</td> <td style="text-align: center;">d. Restrict consumption by adults in order for small children to eat?</td> <td style="text-align: center;">e. Borrow food, or rely on help from a friend or relative?</td> </tr> <tr> <td style="text-align: center;">DAYS</td> </tr> <tr> <td style="height: 20px;"></td> </tr> </table>						a. Rely on less preferred and/or less expensive foods?	b. Limit portion size at meal-times?	c. Reduce number of meals eaten in a day?	d. Restrict consumption by adults in order for small children to eat?	e. Borrow food, or rely on help from a friend or relative?	DAYS	DAYS	DAYS	DAYS	DAYS						<p>H03 How many meals, including breakfast are taken per day in your household?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> <tr> <td style="text-align: center;">a. Adults</td> <td style="text-align: center;">b. Children (5-17 Yrs of Age)</td> <td style="text-align: center;">c. Children (6-59 months) LEAVE BLANK IF NO CHILDREN</td> </tr> <tr> <td style="text-align: center;">NUMBER</td> <td style="text-align: center;">NUMBER</td> <td style="text-align: center;">NUMBER</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>				a. Adults	b. Children (5-17 Yrs of Age)	c. Children (6-59 months) LEAVE BLANK IF NO CHILDREN	NUMBER	NUMBER	NUMBER				<p>H04 In the last 12 months, have you been faced with a situation when you did not have enough food to feed the household?</p> <p>YES.1 NO..2 >>NEXT MODULE</p>
a. Rely on less preferred and/or less expensive foods?	b. Limit portion size at meal-times?	c. Reduce number of meals eaten in a day?	d. Restrict consumption by adults in order for small children to eat?	e. Borrow food, or rely on help from a friend or relative?																															
DAYS	DAYS	DAYS	DAYS	DAYS																															
a. Adults	b. Children (5-17 Yrs of Age)	c. Children (6-59 months) LEAVE BLANK IF NO CHILDREN																																	
NUMBER	NUMBER	NUMBER																																	

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

<p>H05 When did you experience this incident in the last 12 months?</p> <p>MARK X IN EACH MONTH OF 2015 AND 2016 THAT THE HOUSEHOLD DID NOT HAVE ENOUGH FOOD</p> <p>LEAVE CELL BLANK FOR FUTURE MONTHS FROM INTERVIEW DATE OR MONTHS MORE THAN 12 MONTHS AGO FROM INTERVIEW DATE.</p>	<p>H06 What was the cause of this situation?</p> <p>LIST UP TO 3 IN ORDER OF IMPORTANCE; USE CODES ON THE RIGHT.</p>													
2015														
Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec			
X	X	X												
2016												a.	b.	c.
Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	1ST	2ND	3RD
										X	X			

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE H:

ID	ENUMERATOR: RECORD END TIME FOR <u>MODULE H</u> :	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 <u>one week (7 days)</u> , did your household purchase or pay for any [...]?	I01 YES . 1 NO . . 2 >> NEXT ITEM	I02	I03	DATA ENTRY LINE NUMBER
			ITEM CODE	MK	
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 <u>one month</u> , did your household purchase or pay for any [...]?	I04 YES . 1 NO . . 2 >> NEXT ITEM	I05	I06	DATA ENTRY LINE NUMBER
			ITEM CODE	MK	
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	J02	J03
	YES . 1 NO . . 2 >> NEXT ITEM	ITEM CODE	MK
Infant clothing		301	
Baby nappies/diapers		302	
Boy's trousers		303	
Boy's shirts		304	
Boy's jackets		305	
Boy's undergarments		306	
Boy's other clothing		307	
Men's trousers		308	
Men's shirts		309	
Men's jackets		310	
Men's undergarments		311	
Men's other clothing		312	
Girl's blouse/shirt		313	
Girl's dress/skirt		314	
Girl's undergarments		315	
Girl's other clothing		316	
Lady's blouse/shirt		317	
<i>Chitenje</i> cloth		318	
Lady's dress/skirt		319	
Lady's undergarments		320	

Over the past three months, did your household purchase or pay for any [...]?	J01	J02	J03
	YES . 1 NO . . 2 >> NEXT ITEM	ITEM CODE	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

Over the past one year (twelve months), did your household purchase or pay for any [...]? YES . 1 NO . . 2 >> NEXT ITEM	K01	K02	K03
		ITEM CODE	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	

ENUMERATOR: RECORD START DATE & TIME FOR MODULE K:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY	MONTH	HOURS	MINUTES

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 [...]? YES . 1 NO . . 2 >> NEXT ITEM	K01	K02	K03	K04
		ITEM CODE	What was the estimated total value of [...] consumed? MK	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:

<input type="text"/>
ID

ENUMERATOR:
RECORD
END TIME
FOR MODULE K:

<input type="text"/>	<input type="text"/>
HOURS	MINUTES

MODULE L: DURABLE GOODS

ENUMERATOR: RECORD START DATE & TIME
FOR MODULE L:

DAY	MONTH	HOURS	MINUTES

ITEM	L01 Does your household own a [ITEM]?	L02 D G U O R O A D B L E	L03 How many [ITEM]s do you own?	L04 What is the age of this [ITEM]?	L05 If you wanted to sell one of this [ITEM] today, how much would you receive?	L06 Did you purchase or pay for any [ITEM] in the last 12 months?	L07 How much in total did pay for [ITEM] in the last 12 months?
	YES..1 NO...2 >> NEXT ITEM	ITEM CODE	NUMBER	YEARS	MK	YES..1 NO...2 >> NEXT ITEM	MK
Mortar/pestle (<i>mtondo</i>)		501					
Bed		502					
Table		503					
Chair		504					
Fan		505					
Air conditioner		506					
Radio ('wireless')		507					
Radio with flash drive/micro CD		5801					
Tape or CD/DVD player; HiFi		508					
Television		509					
VCR		510					
Sewing machine		511					
Kerosene/paraffin stove		512					
Electric or gas stove; hot plate		513					
Refrigerator		514					
Washing machine		515					
Bicycle		516					

MODULE L: DURABLE GOODS (CONTINUED)

ITEM	L01 Does your household own a [ITEM]?	L02 D G U O R O A D B L E	L03 How many [ITEM]s do you own?	L04 What is the age of this [ITEM]?	L05 If you wanted to sell one of this [ITEM] today, how much would you receive?	L06 Did you purchase any [ITEM] in the last 12 months?	L07 How much in total did you pay for [ITEM] in the last 12 months?
	YES...1 NO...2>> NEXT ITEM	ITEM CODE	NUMBER	YEARS	MK	MK	MK
Motorcycle/scooter		517					
Car		518					
Mini-bus		519					
Lorry		520					
Beer-brewing drum		521					
Upholstered chair, sofa set		522					
Coffee table (for sitting room)		523					
Cupboard, drawers, bureau		524					
Lantern (paraffin)		525					
Desk		526					
Clock		527					
Iron (for pressing clothes)		528					
Computer equipment & accessories		529					
Sattelite dish		530					
Solar panel		531					
Generator		532					

ENUMERATOR:
RECORD
PRIMARY
RESPONDENT
ID FOR MODULE L:

ID

ENUMERATOR:
RECORD
END TIME
FOR MODULE L:

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HOURS MINUTES

MODULE M: FARM/FISHERY IMPLEMENTS, STRUCTURES AND MACHINERY (CONTINUED)

DATA ENTRY LINE NUMBER	ITEM		M09	M10	M11	M12	M13	M14	
			How much did it cost to build [ITEM]?	Did your household use the [ITEM] during the last 12 months?	What was the main reason for not using the [ITEM]?	Did your household rent or borrow any [ITEM] during the last 12 months?	How many [ITEM] did your household rent or borrow during the last 12 months?	How much did your household pay to rent or borrow [ITEM] during the last 12 months?	
			MK	YES..1>> M12 NO...2	NO NEED FOR ONE.....1 NEEDS REPAIRS....2 LENT TO OTHERS.....3 RENTED TO OTHERS.....4 OTHER (SPECIFY) ..5	YES..1 NO...2 >>NEXT ITEM	NUMBER	MK	
1	IMPLEMENTS								
2	601	HAND HOE							
3	602	SLASHER							
4	603	AXE							
5	604	SPRAYER							
6	605	PANGA KNIFE							
7	606	SICKLE							
8	607	TREADLE PUMP							
9	608	WATERING CAN							
10	MACHINERY								
11	609	OX CART							
12	610	OX PLOUGH							
13	611	TRACTOR							
14	612	TRACTOR PLOUGH							
15	613	RIDGER							
16	614	CULTIVATOR							
17	615	GENERATOR							
18	616	MOTORISED PUMP							
19	617	GRAIN MILL							
20	618	OTHER (SPECIFY)							
21	STRUCTURES/BUILDINGS								
22	619	CHICKEN HOUSE							
23	620	LIVESTOCK KRAAL							
24	621	POULTRY KRAAL							
25	622	STORAGE HOUSE							
26	623	GRANARY							
27	624	BARN							
28	625	PIG STY							

ENUMERATOR:
RECORD
PRIMARY
RESPONDENT
ID FOR MODULE M:

ID

ENUMERATOR:
RECORD
END TIME
FOR MODULE M:

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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)

E N T E R P R I S E I D	<p>N31 A. During the last month of operation, how many non-household member men/women/children (under-18) 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.</p>											<p>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.</p>	
	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)

E N T E R P R I S E I D	N33 ENUMERATOR: REFER TO QUESTION 25. WAS THE LAST MONTH OF OPERATION A MONTH OF...	N34 During the last month of average sales , what was the value of total sales (zogulitsa) of products, goods or services of this [ENTERPRISE]?	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]?	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]?
	LOW SALES.....1 AVERAGE SALES...2 >> N36 HIGH SALES.....3 >> N38		>> N40		>> N40			
		AVG SALES MK	HIGH SALES MK	LOW SALES MK	HIGH SALES MK	LOW SALES MK	AVG SALES MK	PROFIT (MK) LAST MONTH OF OPERATION
1								
2								
3								
4								
5								

MODULE N: HOUSEHOLD ENTERPRISES (CONTINUED)

E N T E R P R I S E I D	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.		b.		c.		d.		e.		f.		g.		h.	
	Raw Materials		Purchase of Goods for Sale (Inventory)		Freight / Transport		Fuel / Oil		Electricity		Water		Insurance		Other (Specify)	
	MK		MK		MK		MK		MK		MK		MK		MK	
	1															
	2															
3																
4																
5																

ENUMERATOR:
 RECORD
 PRIMARY
 RESPONDENT
 ID FOR MODULE N:

ID

ENUMERATOR:
 RECORD
 END TIME
 FOR MODULE N:

HOURS	MINUTES

MODULE O: CHILDREN LIVING ELSEWHERE (CONTINUED)

LINE NUMBER	O10	O11	O12	O13	O13_1	O14	O14_1	O14_2	O14_3	O14_4	O15	O16	O17	O18	
	What is the current main occupation of [NAME]?	Did [NAME] send any cash to this household at any point during the last 12 months?	At what frequency did [NAME] send cash to this household during the last 12 months?	How much cash did [NAME] send to this household each month during the last 12 months?	Who in the household kept/decided on the use of this income?	How much cash did [NAME] send to this household in total during the last 12 months?	Of the Cash that [NAME] sent in the last 12 months, did any of it come through other means other than a bank?	In what currency was the cash? IF MORE THAN ONE MEANS, RECORD CURRENCY FOR THE MAIN CASH TRANSFER RECEIVED	How much cash did [Name] send through other means other than the bank during the last 12 months? RECORD THE AMOUNT RECEIVED IN THE CURRENCY SPEIFIED IN O14_2	Who in the household kept/decided on the use of this income?	Did [NAME] send any in-kind assistance to this household at any point during the last 12 months?	At what frequency did [NAME] send in-kind assistance to this household during the last 12 months?	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?	Who in the household kept/decided on the use of this in-kind assistance?	
	(Supervisor to put in occupation code after interview)	EXCLUDE FOOD AND NON-FOOD IN-KIND ASSISTANCE. YES..1 NO...2>>O15	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	IF IN FOREIGN CURRENCY, ESTIMATE THE VALUE IN MALAWI KWACHA.	LIST UP TO 2 MEMBERS FROM HOUSEHOLD ROSTER (THEN >> O15)	IF IN FOREIGN CURRENCY, ESTIMATE THE VALUE IN MALAWI KWACHA.		USD...1 POUNDS..2 EUROS...3 SOUTH AFRICAN RANDS...4 OTHERS, SPECIFY..5		LIST UP TO 2 MEMBERS FROM HOUSEHOLD ROSTER	INCLUDE ONLY FOOD AND NON-FOOD IN-KIND ASSISTANCE. YES..1 NO...2>>NEXT ROW	READ RESPONSES Twice or More Per Month..1 Monthly...2 Quarterly...3 Semi-Annually...4 Annually...5 Sporadically As Needed..6 Other (Specify)..7	MK	LIST UP TO 2 MEMBERS FROM HOUSEHOLD ROSTER (THEN >>NEXT ROW)	
	DESCRIPTION	OCCUP. CODE		AMOUNT/ MONTH	HH ROSTER ID CODE #1	HH ROSTER ID CODE #2	AMOUNT IN TOTAL			HH ROSTER ID CODE #1	HH ROSTER ID CODE #2			HH ROSTER ID CODE #1	HH ROSTER ID CODE #2
01															
02															
03															
04															
05															
06															
07															
08															
09															
10															
11															
12															

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE O:
 ENUMERATOR: RECORD END TIME FOR MODULE O: HOURS MINUTES

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		
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	Q02			Q02_1	Q02_2	Q02_3	Q03	
			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	How much of the [ITEM] given away was destined to rural/urban/international locations?			If Cash was sent to another country, did any of it go through other means other than a bank? YES..1 NO..2>> Q03	In what currency was the cash? IF MORE THAN ONE MEANS, RECORD CURRENCY FOR THE MAIN CASH TRANSFER SENT USD...1 POUNDS..2 EUROS...3 SOUTH AFRICAN RANDS...4 OTHERS...6	How much cash was sent through other means other than the bank during the last 12 months? RECORD THE AMOUNT SENT IN THE CURRENCY SPECIFIED IN Q02_2	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 MK	TO URBAN AREAS MK	TO OTHER COUNTRIES MK				HH ROSTER ID CODE #1	HH ROSTER ID CODE #2
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: RECORD PRIMARY RESPONDENT 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 <i>DO NOT INCLUDE PENSIONS AND VOUCHERS FOR FERTILIZER AND SEED.</i>	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)		X	X		
1031	MASAF - Public Works Programme		X	X		
1032	Food/Cash-for-Work Programme (NON-MASAF - Public Works Programme [PWP])		X	X		
104	Inputs-For-Work Programme		X	X		
105	School Feeding Programme		X	X		
106	Free Distribution of Likuni Phala to Children and Mothers (Targeted Nutrition Programme [TNP])		X	X		
107	Supplementary Feeding for Malnourished Children at a Nutritional Rehabilitation Unit		X	X		
108	Scholarships/Bursaries for Secondary Education. (e.g., CRECCOM)		X	X		
1091	Scholarships for Tertiary Education (e.g. University Scholarship, Upgrading Teachers) Tertiary Loan Scheme (Government Loan for University and Other Tertiary Education)		X	X		
111	Direct Cash Transfers from Government (Mtukula Pakhoma)		X	X		
112	Direct Cash Transfers from others (Development Partners, NGOs). SPECIFY		X	X		
113	Other, Specify:		X	X		

MODULE R: SOCIAL SAFETY NETS (CONTINUED)

[ASK OF HOUSEHOLD HEAD]

CODE	PROGRAM <i>DO NOT INCLUDE PENSIONS AND VOUCHERS FOR FERTILIZER AND SEED.</i>	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 (CONTINUED)

<p>S12 During the last 12 months, did you try to borrow from someone outside the household or from an institution and <u>were</u> turned down?</p> <p>YES..1 NO...2 >>S15</p>	<p>S13 Who turned you down? LIST UP TO 2.</p> <p>USE CODES BELOW.</p>		<p>S14 What was main <u>reason</u> for trying to obtain the loan? Was it: [READ RESPONSES]</p> <p>PURCHASE LAND. .1 PURCHASE AGRI-CULTURAL INPUTS FOR FOOD CROP .2 PURCHASE INPUTS FOR TOBACCO . .3 PURCHASE INPUTS FOR OTHER CASH CROPS4 BUSINESS START-UP CAPITAL. . .5 PURCHASE NON-FARM INPUTS . .6 CONSUMPTION. . .7 OTHER (SPECIFY).8</p>	<p>S15 Are you awaiting word on a loan that you applied for during the last 12 months?</p> <p>YES..1 NO...2>>S18</p>	<p>S16 From whom or which institution are you awaiting word on a loan? LIST UP TO 2.</p> <p>USE CODES BELOW.</p>		<p>S17 What was main <u>reason</u> for trying to obtain the loan? Was it: [READ RESPONSES]</p> <p>PURCHASE LAND. .1 PURCHASE AGRI-CULTURAL INPUTS FOR FOOD CROP .2 PURCHASE INPUTS FOR TOBACCO . .3 PURCHASE INPUTS FOR OTHER CASH CROPS4 BUSINESS START-UP CAPITAL. . .5 PURCHASE NON-FARM INPUTS . .6 CONSUMPTION. . .7 OTHER (SPECIFY).8</p>	<p>S18 ENUMERATOR: WAS THE ANSWER TO QUESTIONS S01, S12 AND S15 ALWAYS "NO"?</p> <p>ANSWER TO ALL THREE QUESTIONS WAS ALWAYS "NO"..1</p> <p>ANSWER TO ALL THREE QUESTIONS WAS NOT ALWAYS "NO"..2>>NEXT MODULE</p>	<p>S19 Why did you <u>not attempt to borrow</u> in the last 12 months? [LIST UP TO TWO ANSWERS IN ORDER OF IMPORTANCE.]</p> <p>NO NEED1 BELIEVED WOULD BE REFUSED.2 TOO EXPENSIVE3 TOO MUCH TROUBLE FOR WHAT IT IS WORTH .4 INADEQUATE COLLATERAL .5 DO NOT LIKE TO BE IN DEBT.6 DO NOT KNOW ANY LENDER.7 OTHER (SPECIFY)8</p> <p>(THEN >> NEXT MODULE)</p>	
	1ST	2ND			1ST	2ND			1ST	2ND

CODES FOR S4, S13 & S16:

- RELATIVE1
- NEIGHBOUR.2
- GROCERY/LOCAL MERCHANT3
- MONEY LENDER (KATAPILA).4
- EMPLOYER5
- RELIGIOUS INSTITUTION6
- MARDEF7
- MRFC8
- SACCO.9
- BANK (COMMERCIAL). 10
- NGO.11
- OTHER (SPECIFY) . . 12
- VILLAGE BANK.....13

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE S:

ID

ENUMERATOR: RECORD END TIME FOR MODULE S:

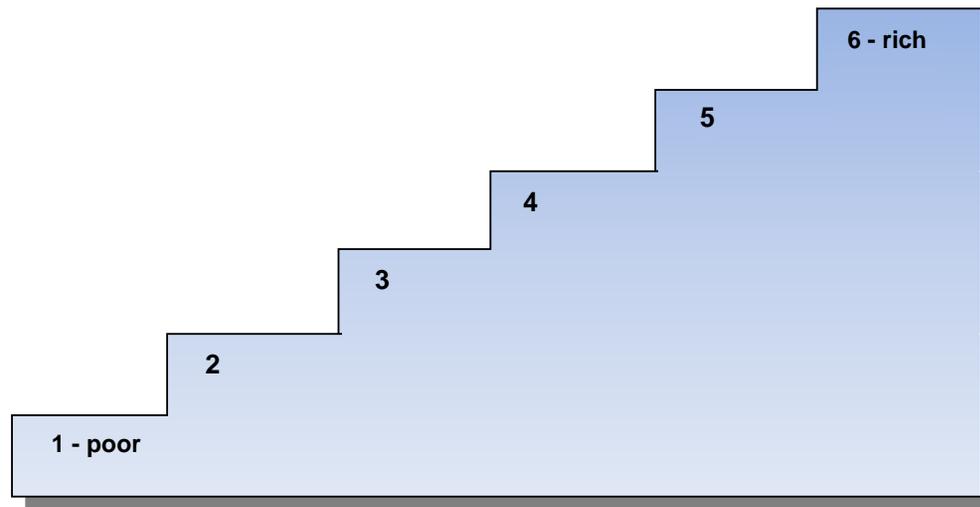
HOURS	MINUTES

MODULE T: SUBJECTIVE ASSESSMENT OF WELL-BEING

ENUMERATOR: RECORD START DATE & TIME FOR MODULE T:

DAY	MONTH	HOURS	MINUTES

<p>T01 Concerning your household's <u>food consumption</u> over the past <u>one month</u>, which of the following is true?</p> <p>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</p> <p><i>(NOTE THAT 'ADEQUATE' MEANS NO MORE OR NO LESS THAN WHAT THE RESPONDENT CONSIDERS TO BE THE MINIMUM CONSUMPTION NEEDS OF THE HOUSEHOLD.)</i></p>	<p>T02 Concerning your <u>housing</u>, which of the following is true?</p>	<p>T03 Concerning your household's <u>clothing</u>, which of the following is true?</p>	<p>T04 Concerning the standard of <u>health care</u> you receive for household members, which of the following is true?</p>	<p>T05 Imagine six steps, where on the bottom, the first step, stand the poorest people, and on the highest step, the sixth, stand the rich.</p> <p>SHOW THE PICTURE OF THE STEPS BELOW.</p>	<p>T06 On which step are most of your neighbors today?</p>	<p>T07 On which step are most of your friends today?</p>	<p>T08 Which of the following is true? Your current income . . . [READ]:</p> <p>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</p>	<p>T09 How many <u>changes of clothes</u> do you (HH HEAD) own?</p> <p>(NUMBER OF TROUSERS FOR MEN; SKIRTS/ DRESSES FOR WOMEN)</p> <p>NUMBER</p>	<p>T10 What do you (HH HEAD) <u>sleep on</u>?</p> <p>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</p>	<p>T11 What do you (HH HEAD) <u>sleep under in the cold season</u> (July)?</p> <p>BLANKET & SHEETS. . . 1 BLANKET ONLY. 2 SHEETS ONLY 3 CHITENJE CLOTH. . . . 4 FERTILIZER or GRAIN SACK 5 CLOTHES 6 NOTHING 7 OTHER (SPECIFY) . . . 8</p>	<p>T12 What do you (HH HEAD) <u>sleep under in the hot season</u> (October)?</p>



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

T13 - T20 ASKED OF ONLY CROSS-SECTIONAL HOUSEHOLDS

T13	T14	T15	T16	T17	T18	T19	T20
During the last 12 months, was there a time when you or others in your household worried about not having enough food to eat because of a lack of money or other resources?	During the last 12 months, was there a time when you or others in your household were unable to eat healthy and nutritious food because of a lack of money or other resources?	During the last 12 months, was there a time when you or others in your household ate only a few kinds of foods because of a lack of money or other resources?	During the last 12 months, was there a time when you or others in your household had to skip a meal because there was not enough money or other resources to get food?	During the last 12 months, was there a time when you or others in your household ate less than you thought you should because of a lack of money or other resources?	During the last 12 months, was there a time when your household ran out of food because of a lack of money or other resources?	During the last 12 months, was there a time when you or others in your household were hungry but did not eat because there was not enough money or other resources for food?	During the last 12 months, was there a time when you or others in your household went without eating for a whole day because of a lack of money or other resources?
NO.....1 YES.....2 DON'T KNOW..3 REFUSED.....4	NO.....1 YES.....2 DON'T KNOW..3 REFUSED.....4	NO.....1 YES.....2 DON'T KNOW..3 REFUSED.....4	NO.....1 YES.....2 DON'T KNOW..3 REFUSED.....4	NO.....1 YES.....2 DON'T KNOW..3 REFUSED.....4	NO.....1 YES.....2 DON'T KNOW..3 REFUSED.....4	NO.....1 YES.....2 DON'T KNOW..3 REFUSED.....4	NO.....1 YES.....2 DON'T KNOW..3 REFUSED.....4

ENUMERATOR: RECORD
PRIMARY RESPONDENT
ID FOR MODULE T:

ID

ENUMERATOR:
RECORD
END TIME
FOR MODULE T:

<input type="text"/>	<input type="text"/>
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HOURS MINUTES

MODULE V: CHILD ANTHROPOMETRY ENUMERATOR: RECORD START DATE & TIME FOR MODULE V:

DAY	MONTH	HOURS	MINUTES
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V01	V02	V03	V04		V05	V06	V07	V08	V09	V10	V11	V12	V13	V14	V15	V16	
I D C O D E	<p>CROSS-SECTIONAL: PUT AN 'X' FOR ALL INDIVIDUALS WHO ARE OLDER THAN EXACTLY FIVE YEARS OLD (60 MONTHS).</p> <p>PANEL: PUT AN 'X' FOR ALL NEW INDIVIDUALS WHO ARE OLDER THAN EXACTLY FIVE YEARS OLD. FOR IHPS HOUSEHOLD MEMBERS PUT AN 'X' FOR ALL MEMBERS WHO ARE OLDER THAN 10 YEARS OF AGE.</p> <p>DO NOT ADMINISTER THIS MODULE TO THESE INDIVIDUALS OUTSIDE OF THE SPECIFICIED AGE RANGES.</p> <p>IF NONE WITHIN THE SPECIFIED AGE RANGES FOR EACH HOUSEHOLD AND INDIVIDUAL TYPE, >>NEXT MODULE.</p>	<p>RECORD THE ID OF THE MOTHER / GUARDIAN OF THE CHILD IN THE HOUSEHOLD</p>	<p>How old is [NAME]?</p> <p>RECONFIRM EXACT AGE - MUST INCLUDE BOTH YEARS AND MONTHS.</p>		<p>WAS [NAME] MEASURED?</p>	<p>WHY NOT?</p>	<p>IS THE ANSWER TO V05 "NO"?</p>	<p>WEIGHT OF CHILD</p>	<p>HEIGHT / LENGTH OF CHILD</p> <p>CHILDREN AGED UNDER 24 MONTHS SHOULD BE MEASURED LYING DOWN. ALL OTHERS, STANDING.</p>	<p>HEIGHT / LENGTH MEASURED WITH CHILD STANDING OR LYING DOWN?</p>	<p>WAS THE MEASURE- MENT OF THE CHILD DONE IN A NORMAL MANNER, OR WAS MEASURE- MENT DIFFICULT?</p>	<p>ASK OF MOTHER / GUARDIAN: Does the child participate in a <u>nutrition programme</u>?</p>	<p>ASK OF MOTHER/ GUARDIAN : Does the child participate in an <u>under-five clinic</u>?</p>	<p>DID CHILD APPEAR TO HAVE OEDEMA (SWELLING THAT IS NOT NORMAL)?</p> <p>IF CHILD NOT MEASURED DO NOT RESPOND.</p>	<p>IS THIS CHILD 9 MONTHS OR OLDER?</p>	<p>ASK OF MOTHER / GUARDIAN: Was the child given measles vaccination injections or MMR, a shot in the arm at at the age of 9 months or older?</p>	
			<p>YES, MEASURED FULLY...1>>V07</p> <p>YES, MEASURED PARTIALLY.2</p> <p>NO.....3</p>	<p>NOT AT HOME DURING SURVEY PERIOD. .1</p> <p>TOO ILL. .2</p> <p>UNWILLING.3</p> <p>OTHER. . .4</p>													<p>IN KG TO ONE DECIMAL PLACE. (IF LESS THAN 10 KG, PUT ZERO IN FIRST BLANK.)</p>
		<p>HH ROSTER ID</p>	<p>YEARS</p>	<p>MONTHS</p>													
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
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MODULE W: DEATHS IN HOUSEHOLD

W01. Over the past two years, did any member of your household die, including any infants?

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

ENUMERATOR: RECORD START DATE & TIME FOR MODULE W:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DAYS	MONTHS	HOURS	MINUTES

W02 S E R I A L N O	W03 NAME OF DECEASED	W04 DECEASED'S RELATION- SHIP TO HEAD OF HOUSEHOLD	W05 SEX MALE...1 FEMALE...2	W06 AGE AT DEATH IF UNDER 5 YEARS, INCLUDE MONTHS		W07 ACCORDING TO W06, WAS THE DECEASED UNDER 12 YEARS OLD WHEN HE/ SHE DIED? YES 1>>W09 NO...2	W08 What kind of <u>work</u> did [NAME] do for most of his/her life? FARMING 1 FISHING 2 TRADER/MERCHANT . 3 TRANSPORT 4 TRADESMAN (MASON, CARPENTER, ETC) . 5 CIVIL SERVANT . . . 6 TEACHER 7 DOCTOR/NURSE/ETC. 8 OTHER PROFESSION . 9 CLERK/SECRETARY .10 FACTORY WORKER . .11 RESTAURANT, BAR .12 GENERAL LABOURER.13 HOME WORKER . . .14 STUDENT15 MILITARY16 OTHER17	W09 Did [NAME] die of old age, an illness, or of some other cause? OLD AGE .1 (>>W14) ILLNESS .2 (>>W11) OTHER CAUSE . .3	W10 What was the [NON-ILLNESS] cause of [NAME]'s death? TRAFFIC ACCIDENT 1 OTHER ACCIDENT OR INJURY 2 CHILDBIRTH OR COMPLICATIONS. 3 MURDER 4 SUICIDE 5 WITCHCRAFT/ SORCERY 6 OTHER (SPEC.) . . 7	W11 What was the illness that caused [NAME]'s death? CAN NOTE UP TO TWO. CODES BELOW		W12 For how long was [NAME] suffering from this illness before he/she died? DAY . 3 WEEK. 4 MONTH 5 YEAR. 6	W13 Was this cause of death diagnosed, or is this only your own percep- tion? MEDICAL DIAGNOSIS 1 NON-MEDICAL DIAGNOSIS .2 OWN PERCEPTION 3	W14 After this person died, did you or members of your house- hold <u>lose any</u> <u>land or other</u> <u>assets</u> due to inheritance traditions? YES...1 NO...2 (>>NEXT DECEASED)	W15 What was the value of the land or assets lost? MK	
				1ST ILLNESS	2ND ILLNESS					TIME AMOUNT	UNIT					
31																
32																
33																
34																
35																
36																

RELATIONSHIP CODES

- 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
- TENANT OR TENANT'S
RELATIVE 14

ILLNESS CODES

- MALARIA 1
- MEASLES 2
- DIARRHEA 3
- PNEUMONIA 4
- MENINGITIS 5
- MALNUTRITION. 6
- TUBERCULOSIS. 7

- HIV/AIDS. 8
- HEART DISEASE 9
- HIGH BLOOD PRESSURE OR CIRCULATORY
PROBLEM.10
- STROKE.11
- CANCER.12
- KIDNEY DISEASE.13

- LIVER DISEASE.14
- SEXUALLY TRANSMITTED
DISEASE.15
- DIABETES COMPLICATION. .16
- DOES NOT KNOW17
- REFUSED TO ANSWER . . .18
- OTHER (SPECIFY)19

ENUMERATOR: RECORD
PRIMARY RESPONDENT
ID FOR MODULE W:

ID

ENUMERATOR:
RECORD
END TIME

FOR MODULE W: HOURS MINUTES

MODULE X: FILTER QUESTIONS FOR AGRICULTURE & FISHERY QUESTIONNAIRES

ENUMERATOR: RECORD START DATE & TIME FOR MODULE X:

DAY	MONTH	HOURS	MINUTES

X01. ENUMERATOR: IS THIS A PANEL HOUSEHOLD? YES...1>>>X10
NO...2

CROSS-SECTION

PANEL VISIT 1

PANEL VISIT 2

X02. ENUMERATOR: WHAT WAS THE LAST COMPLETED RAINY SEASON? 2014/15...1
2015/16...2

X10. Did you or anyone in your household own or cultivate a plot during the 2015/2016 rainy season? YES...1
NO...2

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

X03. Did you or anyone in your household own or cultivate a plot during the [LAST COMPLETED RAINY SEASON - IN X02]? YES...1
NO...2

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

X18. Did you or anyone in your household cultivate a plot during the 2016 dry (dimba) season? YES...1
NO...2

X04. ENUMERATOR: WHAT WAS THE LAST COMPLETED DRY (DIMBA) SEASON? 2015...1
2016...2

X11_1. ENUMERATOR: SHOULD THE AGRICULTURE QUESTIONNAIRE BE ADMINISTERED? MARK 'YES' IF RESPONDENT SAID 'YES' TO X10 OR X11. 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

X05. Did you or anyone in your household own or cultivate any plot during the [LAST COMPLETED DRY (DIMBA) SEASON - IN X04]? YES...1
NO...2

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

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

X06. Did you or anyone in your household produce any cassava, tea, coffee or any other fruits in the last 12 months? YES...1
NO...2

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

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

X07. Did you or anyone in your household own any livestock 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

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

X07. Did you or anyone in your household own any livestock in the last 12 months? YES...1
NO...2

X08. ENUMERATOR: SHOULD THE AGRICULTURE QUESTIONNAIRE BE ADMINISTERED? YES...1
NO...2

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

X09. Did you or anyone in this household do any fishing or fish trading in the last 12 months? YES...1
NO...2

IF YES, FISHERY QUESTIONNAIRE HAS TO BE ADMINISTERED.

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE X:

ENUMERATOR: RECORD END TIME FOR MODULE X:

HOURS	MINUTES

END OF QUESTIONS

SURVEY HOUSEHOLD MEMBER LIST

B01 C D I E D	B02 C D I E D NAMES OF HOUSEHOLD MEMBERS ONLY LIST HOUSEHOLD MEMBERS, NO OTHERS.	B03 SEX MALE...1 FEMALE..2	B05 How old is [NAME]? IF 6 YEARS AND OVER, GIVE YEARS ONLY. IF LESS THAN 6 YEARS IN AGE, GIVE <u>YEARS</u> <u>AND MONTHS</u> .	
			YEARS	MONTHS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				