

**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:    .....

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:    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)									
			°			.			
LONGITUDE (E)									
			°			.			

A16. WEATHER CONDITION AT MEASUREMENT:

Clear/ Sunny.....1	Mostly Cloudy / Considerable Cloudiness..4	<input style="width: 100%;" type="text"/>
Mostly Clear / Mostly Sunny.....2	Completely Cloudy .....5	
Partly Cloudy / Partly Sunny.....3	Rainy.....6	

A17. PHONE NUMBER FOR HOUSEHOLD HEAD:

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: \_\_\_\_\_

**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)									
			°			.			
LONGITUDE (E)									
			°			.			

A33. WEATHER CONDITION AT MEASUREMENT:

Clear/ Sunny.....1	Mostly Cloudy / Considerable Cloudiness..4	<input style="width: 100%;" type="text"/>
Mostly Clear / Mostly Sunny.....2	Completely Cloudy .....5	
Partly Cloudy / Partly Sunny.....3	Rainy.....6	

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

A. NAME: \_\_\_\_\_ B. PHONE: \_\_\_\_\_

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:

---

	DATE	START	END	MODULES
A23. 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.

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A44. 2ND DE CODE:

--	--	--

A45. 2ND DE NAME:

---

**VISIT 2**

A35. ENUMERATOR CODE:

--	--	--

A36. ENUMERATOR NAME:

---

	DATE	START	END	MODULES
A37. 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.

--

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 (CONTINUED)**

ID CODE	B22	B22_1	B22_2	B22_3	B22_4	B23	B24	B25	B26			B27	B28
	ASK OF ONLY HH HEAD: What language do you speak at home?	ENUMERATOR: IS THE SAMPLE HOUSEHOLD SELECTED FOR SURVEY EXPERIMENT?	ENUMERATOR: IS THIS PERSON [NAME] AGED 5 YEARS OR OLDER?	What is the highest educational qualification acquired by [NAME]?	ENUMERATOR: IS THIS PERSON [NAME] AGED 12 YEARS OR OLDER?	What religion, if any, does [NAME] practice?	What is [NAME]'s present marital status?	Does [NAME]'s spouse live in this household now?	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?	How many spouses does [NAME] have who are residing elsewhere?
	CHEWA . . 1 NYANJA . 2 YAO . . . 3 TUMBUKA . 4 LOMWE . . 5 NKHONDE . 6 NGONI . . 7 SENA . . . 8 NYAKYUSA 9 TONGA . 10 LAMBAYA . 11 SENGA . 12 SUKWA . 13 ENGLISH . 14 OTHER . 15	YES . . 1 NO . . . 2	YES . . 1 NO . . . 2 >> B22_4	NONE . . . 1 PSLC . . . 2 JCE . . . 3 MSCE . . . 4 NON-UNIV. DIPLOMA . 5 UNIVER. DIPLOMA, DEGREE . 6 POST-GRAD. DEGREE . 7	YES . . 1 NO . . . 2 >> NEXT ROW	NONE . . . . . 1 TRADITIONAL . 2 CHRISTIANITY . 3 ISLAM . . . . . 4 OTHER RELIGION . . . . 5	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	YES . . 1 NO . . . 2 >> B27	ID CODE SPOUSE      2ND      3RD WIFE        WIFE        WIFE			YES . . 1 NO . . . 2 >> NEXT ROW	NUMBER
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

**MODULE B1: HOUSING**

**ENUMERATOR:** RECORD START TIME FOR **MODULE B1:**  HOURS  MINUTES

**ENUMERATOR:** RECORD PRIMARY RESPONDENT ID FOR **MODULE B1:**

**ENUMERATOR:** RECORD END TIME FOR **MODULE B1:**  HOURS  MINUTES

**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

**MODULE B2: FOOD CONSUMPTION**

**ENUMERATOR:** RECORD START TIME FOR **MODULE B2:**  HOURS  MINUTES

**ENUMERATOR:** RECORD PRIMARY RESPONDENT ID FOR **MODULE B2:**

**ENUMERATOR:** RECORD END TIME FOR **MODULE B2:**  HOURS  MINUTES

**ENUMERATOR:** RECORD DATE:  DAY  MONTH

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 ELASTIC 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	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

	B201	B202	B201	B202
Over the past <u>one week (7 days)</u> , 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.	YES..1 NO..2>> > NEXT ITEM	ITEM CODE	ITEM	YES..1 NO..2>> NEXT ITEM 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**

	B301	B302
Over the past <u>one week (7 days)</u> , did your household purchase or pay for any [...]?  YES..1 NO..2>> NEXT ITEM		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**

	B401	B402
Over the past <u>one month</u> , did your household purchase or pay for any [...]?  YES..1 NO..2>> NEXT ITEM		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**

	B501	B502
Over the past <u>three months</u> , did your household purchase or pay for any [...]?  YES..1 NO..2>> NEXT ITEM		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:**

**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.	B602 ITEM CODE
Mortar/pestle ( <i>mtondo</i> )		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 - <b>Most Severe (1), Second Most Severe (2), Third (3).</b>
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)		

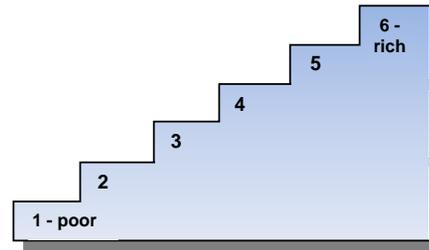
ENUMERATOR: RECORD  
 PRIMARY RESPONDENT  
 ID FOR MODULE B7:   
 ID

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 <u>food consumption</u> over the past <u>one month</u> , 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.	B803 On which step are most of your neighbors today?	B804 On which step are most of your friends today?	B805 How many <u>changes of clothes</u> do you (HH HEAD) own?  (NUMBER OF TROUSERS FOR MEN; SKIRTS/DRESSES FOR WOMEN)  NUMBER	B806 What do you (HH HEAD) <u>sleep under in the cold season</u> (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 D: HEALTH (CONTINUED)**

IDCODE	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 give birth 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)
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 <u>sold this dwelling</u> today, how much would you receive for it?  MK	Estimate the rent you could receive if you rented this dwelling?  (THEN >>F05)  MK		How much do you pay to rent this dwelling?  MK		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
			DAY . . . 3 WEEK . . 4 MONTH . 5 YEAR . . 6		DAY . . . 3 WEEK . . 4 MONTH . 5 YEAR . . 6					
			TIME UNIT		TIME UNIT					

F10	F11	F12	F13	F14	F15	F16		F17	F18	F19
How many <u>separate rooms</u> do the members of your household occupy?  (DO NOT COUNT BATHROOMS, TOILETS, STOREROOMS, OR GARAGE)  NUMBER OF ROOMS	What is your main source of <u>lighting fuel</u> ?  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 <u>cooking fuel</u> ?  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 COMMUNITY . . 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 <u>electricity</u> working in your dwelling?  YES . . 1 NO . . . 2>>F27

**MODULE F: HOUSING (CONTINUED)**

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

<p><b>F29</b> What is the main reason for your household not to have access to electricity?  CONNECTION/WIRING FEE UNAFFORDABLE...1&gt;&gt;F34 NO NEED FOR ELECTRICITY...2&gt;&gt;F34 DWELLING UNAPPROPRIATE FOR CONNECTION...3&gt;&gt;F34 APPLICATION PENDING.....4 LINE WAS DISCONNECTED..5&gt;&gt;F34 OTHER (SPECIFY).....6&gt;&gt;F34</p>	<p><b>F30</b> How long have you been waiting for?  DAY....3 WEEK...4 MONTH..5 YEAR...6</p>	<p><b>F34</b> How many working cell phones in total does your household own?  IF NONE, RECORD 0 AND &gt;&gt; F36.</p>	<p><b>F35</b> Estimate the total cost for all cell phone service for all household members last month?</p>	<p><b>F36</b> What is your main source of drinking water?  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</p>	<p><b>F37</b> What was the total cost of drinking water for your household last month?  IF NONE, ENTER 0 AND CONTINUE TO F38.</p>	<p><b>F38</b> 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.</p>	<p><b>F39</b> Do you use the main water source...  ALL YEAR AROUND....1&gt;&gt;F41 ONLY RAINYSEASON...2 ONLY DRY SEASON....3</p>
<p>TIME UNIT</p>	<p>NUMBER</p>	<p>MK</p>	<p>MK</p>	<p>TIME AMOUNT</p>	<p>MINUTE..1 HOUR....2</p>	<p>TIME UNIT</p>	<p>TIME UNIT</p>

**MODULE F: HOUSING (CONTINUED)**

<p><b>F40</b> What is your <u>main</u> source of <u>drinking water</u> in the <u>other</u> season?</p> <p>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</p>	<p><b>F41</b> What kind of <u>toilet facility</u> does your household use?</p> <p>FLUSH TOILET. . . 1 VIP LATRINE. .2 TRADIT. W/ROOF. . 3 LATRINE W/O ROOF. 4 NONE. . . .5&gt;&gt;F43 OTHER (SPECIFY) 6</p>	<p><b>F42</b> Is this toilet facility for the use of: READ RESPONSES</p> <p>Household members only.1 Other households also.....2</p>	<p><b>F43</b> What kind of <u>rubbish disposal</u> facilities does your household use?</p> <p>COLLECTED FROM RUBBISH BIN. . .1 RUBBISH PIT . . .2 BURNING . . . .3 PUBLIC RUBBISH HEAP . . . . .4 OTHER (SPECIFY) . . .5 NONE. . . . .6</p>	<p><b>F44</b> Do any members of your household <u>sleep under a bed net</u> to protect against mosquitoes at some time during the year?</p> <p>YES..1 NO...2&gt;&gt;F48</p>	<p><b>F45</b> Has/have the bed net(s) ever been dipped in insecticide against mosqui-toes in the past six months?</p> <p>YES. . . . . . . . . . .1 NO . . . . . . . . . . .2 ALL NETS TREATED &amp; LESS THAN 6 MONTHS OLD. . .3</p>	<p><b>F46</b> <b>ENUMERATOR:</b> DOES THIS HOUSEHOLD HAVE ANY CHILDREN BELOW 5 YEARS OF AGE?</p> <p>YES..1 NO...2&gt;&gt;F48</p>	<p><b>F47</b> Do the children under 5 in the household sleep under a bed net at those times of the year when there are mosquitoes present?</p> <p>YES, FOR <u>ALL</u> CHILDREN UNDER FIVE . . . . . 1 YES, FOR <u>SOME</u> CHILDREN UNDER FIVE . . . . . 2 NO, NONE OF THE CHILDREN UNDER FIVE . . . . . 3</p>
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<p><b>F48</b> 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?</p> <p>YES..1 NO...2&gt;&gt;50</p>	<p><b>F49</b> <b>ENUMERATOR:</b> RECORD THE HOUSEHOLD ROSTER ID OF THE RESPONDENT.</p> <p>HH ROSTER ID CODE</p>	<p><b>F50</b> 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?</p> <p>YES..1 NO...2&gt;&gt;52</p>	<p><b>F51</b> <b>ENUMERATOR:</b> RECORD THE HOUSEHOLD ROSTER ID CODE FOR UP TO 3 INDIVIDUALS, EXCLUDING THE RESPONDENT.</p> <p>HH ROSTER ID CODE #1 HH ROSTER ID CODE #2 HH ROSTER ID CODE #3</p>			<p><b>F52</b> 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?</p> <p>YES..1 NO...2&gt;&gt;54</p>	<p><b>F53</b> <b>ENUMERATOR:</b> RECORD THE HOUSEHOLD ROSTER ID OF THE RESPONDENT.</p> <p>HH ROSTER ID CODE</p>	<p><b>F54</b> 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 ?</p> <p>YES..1 NO...2&gt;&gt;NEXT MODULE</p>	<p><b>F55</b> <b>ENUMERATOR:</b> RECORD THE HOUSEHOLD ROSTER ID CODE FOR UP TO 3 INDIVIDUALS, EXCLUDING THE RESPONDENT.</p> <p>HH ROSTER ID CODE #1 HH ROSTER ID CODE #2 HH ROSTER ID CODE #3</p>		
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**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	G03 How much in total did your household consume in the past week?	G04	G04 How much came from purchases?	G05	G05 How much did you spend?	G06	G06 How much came from own-production?	G07	G07 How much came from gifts and other sources?	DE LINE NUMBER
1	<b>Cereals, Grains and Cereal Products</b>												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:**

- 1 KILOGRAMME . . . . 1
- 2 50 KG. BAG . . . . 2
- 3 PAIL (SMALL) . . . . 4
- 4 PAIL (LARGE) . . . . 5
- 5 No. 10 PLATE . . . . 6
- 6 No. 12 PLATE . . . . 7
- 7 BUNCH. . . . . 8
- 8 PIECE. . . . . 9
- 9 HEAP . . . . . 10
- 10 BALE . . . . . 11
- 11 OX-CART (UNSHELLED) . . . 14
- 12 LITRE. . . . . 15
- 13 GRAM . . . . . 18
- 14 MILLILITRE . . . . 19
- 15 TEASPOON. . . . . 20
- 16 SATCHET/TUBE. . . . 22
- 17 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	<b>Roots, Tubers, and Plantains</b>											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 ( <i>masimbi</i> )		208									27	
28	Other (specify)		209									28	
29	<b>Nuts and Pulses</b>											29	
30	Bean, white		301									30	
31	Bean, brown *		302									31	
32	Pigeonpea ( <i>nandolo</i> ) *		303									32	
33	Groundnut *		304									33	
34	Groundnut flour *		305									34	
35	Soyabean flour		306									35	
36	Ground bean ( <i>nzama</i> )		307									36	
37	Cowpea ( <i>khobwe</i> )		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
- 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 (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	QUANTITY	UNIT	QUANTITY	UNIT	QUANTITY	UNIT	
40	<b>Vegetables</b>													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	<b>Meat, Fish and Animal products</b>													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  
 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 (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	<b>Meat, Fish and Animal products (Continued)</b>													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	<b>Fruits</b>													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 ( <i>masau, malambe, etc.</i> )		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  
 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	
83	<b>Cooked Foods from Vendors</b>												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	<b>Milk and Milk Products</b>												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:**
- 83 KILOGRAMME . . . .1
  - 84 50 KG. BAG . . . .2
  - 85 PAIL (SMALL) . . .4
  - 86 PAIL (LARGE) . . .5
  - 87 No. 10 PLATE . . .6
  - 88 No. 12 PLATE . . .7
  - 89 BUNCH. . . . .8
  - 89 PIECE. . . . .9
  - 90 HEAP . . . . .10
  - 91 BALE . . . . .11
  - 92 OX-CART (UNSHELLED) . . 14
  - 93 LITRE. . . . .15
  - 94 GRAM . . . . .18
  - 95 MILLILITRE . . . 19
  - 96 TEASPOON. . . .20
  - 97 SATCHET/TUBE. . .22
  - 98 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	<b>Sugar, Fats, and Oil</b>													105
106	Sugar		801											106
107	Sugar Cane		802											107
108	Cooking oil *		803											108
109	Other (specify)		804											109
110	<b>Beverages</b>													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 ( <i>masese</i> )		913											123
124	Wine or commercial liquor		914											124
125	Locally brewed liquor ( <i>kachasu</i> )		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	<b>Spices &amp; Miscellaneous</b>												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

**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**

**(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.
		<b>NUMBER OF DAYS</b>
A	<b>Cereals, Grains and Cereal Products</b> (Previous Page: 100s) (Maize Grain/Flour; Green Maize; Rice; Finger Millet ; Pearl Millet; Sorghum; Wheat Flour; Bread; Pasta; Other Cereal)	
B	<b>Roots, Tubers, and Plantains</b> [Previous Page: 200] (Cassava Tuber/Flour; Sweet Potato; Irish Potato; Other Tuber/Plantain)	
C	<b>Nuts and Pulses</b> [Previous Page: 300s] (Bean; Pigeon Pea; Macademia Nut; Groundnut; Ground Bean; Cow Pea; Other Nut/Pulse)	
D	<b>Vegetables</b> [Previous Page: 400s] (Onion; Cabbage; Tanaposi; Nkhwani; Wild Green Leaves; Tomato; Cucumber; Other Vegetables/Leaves)	
E	<b>Meat, Fish and Animal Products</b> [Previous Page: 500s] Egg;Dried/Fresh/Smoked Fish (Excluding Fish Sauce/Powder); Beef; Goat Meat; Pork; Poultry; Other Meat)	
F	<b>Fruits</b> [Previous Page: 600s] (Mango; Banana; Citrus; Pineapple; Papaya; Guava; Avocado; Apple; Other Fruit)	
G	<b>Milk/Milk Products</b> [Previous Page: 700s] (Fresh/Powdered/Soured Milk; Yogurt; Cheese; Other Milk Product - Excluding Margarine/Butter or Small Amounts of Milk for Tea/Coffee)	
H	<b>Fats/Oil</b> [Previous Page: 703, 704, 803, 804 (if app.)] (Cooking Oil; Butter; Margarine; Other Fat/Oil)	
I	<b>Sugar/Sugar Products/Honey</b> [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	<b>Spices/Condiments</b> [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		

For G10-G11:  
IF NOT SHARED, RECORD ZERO.

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE G:

  
ID

ENUMERATOR: RECORD END TIME FOR MODULE G:

<input type="text"/>	<input type="text"/>
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: 15%; text-align: center;">a. Rely on less preferred and/or less expensive foods?</td> <td style="width: 15%; text-align: center;">b. Limit portion size at meal-times?</td> <td style="width: 15%; text-align: center;">c. Reduce number of meals eaten in a day?</td> <td style="width: 15%; text-align: center;">d. Restrict consumption by adults in order for small children to eat?</td> <td style="width: 15%; 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> </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: 50%; text-align: center;">a. Adults</td> <td style="width: 50%; text-align: center;">b. 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> </tr> </table>	a. Adults	b. Children (6-59 months) LEAVE BLANK IF NO CHILDREN	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 &gt;&gt;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 (6-59 months) LEAVE BLANK IF NO CHILDREN																
NUMBER	NUMBER																

**CODES FOR H06:**

Inadequate household food 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 2012 AND 2013 THAT THE HOUSEHOLD DID NOT HAVE ENOUGH FOOD</p> <p>LEAVE CELL BLANK FOR FUTURE MONTHS FROM INTERVIEW DATE OR MOTNHS 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>													
2012														
Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec			
<del>X</del>	<del>X</del>	<del>X</del>												
2013												a.	b.	c.
Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	1ST	2ND	3RD
										<del>X</del>	<del>X</del>			

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 How much did you pay in total?	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 How much did you pay in total?	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

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

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

D G U O R O A D B L E	ITEM	L01	L03	L04	L05	D G U O R O A D B L E	ITEM	L01	L03	L04	L05
		Does your household own a [ITEM]?	How many [ITEM]s do you own?	What is the age of this [ITEM]?	If you wanted to sell one of this [ITEM] today, how much would you receive?			Does your household own a [ITEM]?	How many [ITEM]s do you own?	What is the age of this [ITEM]?	If you wanted to sell one of this [ITEM] today, how much would you receive?
ITEM CODE	ITEM	YES...1 NO...2 >> NEXT ITEM	NUMBER	YEARS	MK	ITEM CODE	ITEM	YES...1 NO...2 >> NEXT ITEM	NUMBER	YEARS	MK
501	Mortar/pestle ( <i>mtondo</i> )					517	Motorcycle/scooter				
502	Bed					518	Car				
503	Table					519	Mini-bus				
504	Chair					520	Lorry				
505	Fan					521	Beer-brewing drum				
506	Air conditioner					522	Upholstered chair, sofa set				
507	Radio ('wireless')					523	Coffee table (for sitting room)				
508	Tape or CD/DVD player; HiFi					524	Cupboard, drawers, bureau				
509	Television					525	Lantern (paraffin)				
510	VCR					526	Desk				
511	Sewing machine					527	Clock				
512	Kerosene/paraffin stove					528	Iron (for pressing clothes)				
513	Electric or gas stove; hot plate					529	Computer equipment & accessories				
514	Refrigerator					530	Sattelite dish				
515	Washing machine					531	Solar panel				
516	Bicycle					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	M01	M06	M10	M12	M14	DATA ENTRY LINE NUMBER
			Does your household currently own [ITEM] ?  YES...1 NO...2>> M12	How many [ITEM] does your household currently own?	How much did your household spend on [ITEM] during the last 12 months? (excluding rent)	Did your household use the [ITEM] during the last 12 months?	Did your household rent or borrow any [ITEM] during the last 12 months?	How much did your household pay to rent or borrow [ITEM] during the last 12 months?  ESTIMATE THE VALUE OF IN-KIND PAYMENTS	
				NUMBER	MK	YES...1 NO...2	YES...1 NO...2>>NEXT ROW		
1	<b>IMPLEMENTS</b>								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	<b>MACHINERY</b>								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	<b>STRUCTURES/BUILDINGS</b>								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)**

E N T E R P R I S E  I D	N27 <b>ENUMERATOR:</b> REFER TO N25. WAS THIS [ENTERPRISE] IN OPERATON IN THE LAST MONTH?	N28 Are you planning to resume the operations of this [ENTERPRISE] within the next 12 months?	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]?															
	YES..1 >> N30 NO...2	YES..1 >> N30 NO...2	1ST      2ND	OWNER # 1				OWNER # 2				HH MEMBER # 3				HH MEMBER # 4			
				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)**

E N T E R P R I S E  I D	<p><b>N41</b>                  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.  <b>IF NOTHING WAS SPENT, RECORD ZERO.</b></p>								
		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 What is the current main occupation of [NAME]?		O11 Did [NAME] send any cash to this household at any point during the last 12 months?	O12 At what frequency did [NAME] send cash to this household during the last 12 months?	O13 How much cash did [NAME] send to this household each month during the last 12 months?	O13_1 Who in the household kept/decided on the use of this income?	O14 How much cash did [NAME] send to this household in total during the last 12 months?	O14_1 Who in the household kept/decided on the use of this income?	O15 Did [NAME] send any in-kind assistance to this household at any point during the last 12 months?	O16 At what frequency did [NAME] send in-kind assistance to this household during the last 12 months?	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?	O18 Who in the household kept/decided on the use of this in-kind assistance?	
	DESCRIPTION	OCCUP. CODE <small>(Supervisor to put in occupation code after interview)</small>	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.	LIST UP TO 2 MEMBERS FROM HOUSEHOLD ROSTER	INCLUDE ONLY FOOD AND NON-FOOD IN-KIND ASSISTANCE.	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)	
				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	YES..1 NO...2>>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  MK	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		
<b>1 INCOMING TRANSFERS / GIFTS:</b>									
2	101	Cash Transfers/Gifts from Individuals (Friends/Relatives) [DO NOT INCLUDE REMITTANCES FROM ANYONE LISTED IN MODULE O.]		X					
3	102	Food Transfers/Gifts from Individuals (Friends/Relatives) [DO NOT INCLUDE REMITTANCES FROM ANYONE LISTED IN MODULE O.]		X					
4	103	Non-Food In-Kind Transfers/Gifts from Individuals (Friends/Relatives) [DO NOT INCLUDE REMITTANCES FROM ANYONE LISTED IN MODULE O.]		X					
<b>5 PENSION &amp; INVESTMENT INCOME:</b>									
6	104	Savings, Interest or Other Investment Income			X	X	X		
7	105	Pension Income			X	X	X		
<b>8 RENTAL INCOME:</b>									
9	106	Income from Non-Agricultural Land Rental			X	X	X		
10	107	Income from Apartment, House Rental			X	X	X		

**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	
<b>11 RENTAL INCOME (CONTINUED):</b>									
12	108	Income from Shop, Store Rental							
13	109	Income from Car, Truck, Other Vehicle Rental (DO NOT INCLUDE ANY NON-FARM ENTERPRISE INCOME)							
<b>14 REVENUE FROM SALES OF ASSETS:</b>									
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							
<b>18 OTHER INCOME:</b>									
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			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?			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		<b>Outgoing Transfers/Gifts</b>						
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**

ENUMERATOR: RECORD START DATE & TIME FOR MODULE R:

DAY	MONTH

HOURS	MINUTES

[ASK OF HOUSEHOLD HEAD]

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	IN-KIND	MAIZE	
			MK	CASH VALUE - MK	KG	
101	Free Maize (Specify)		<del>X</del>	<del>X</del>		
102	Free Food (other than Maize) (Specify)		<del>X</del>	<del>X</del>		
1031	MASAF - Public Works Programme		<del>X</del>	<del>X</del>		
1032	Food/Cash-for-Work Programme (NON-MASAF - Public Works Programme [PWP])		<del>X</del>	<del>X</del>		
104	Inputs-For-Work Programme		<del>X</del>	<del>X</del>		
105	School Feeding Programme		<del>X</del>	<del>X</del>		
106	Free Distribution of Likuni Phala to Children and Mothers (Targeted Nutrition Programme [TNP])		<del>X</del>	<del>X</del>		
107	Supplementary Feeding for Malnourished Children at a Nutritional Rehabilitation Unit		<del>X</del>	<del>X</del>		
108	Scholarships/Bursaries for Secondary Education. (e.g., CRECCOM)		<del>X</del>	<del>X</del>		
1091	Scholarships for Tertiary Education (e.g. University Scholarship, Upgrading Teachers) Tertiary Loan Scheme (Government Loan for University and Other Tertiary Education)		<del>X</del>	<del>X</del>		
111	Direct Cash Transfers from Government		<del>X</del>	<del>X</del>		
112	Direct Cash Transfers from others (Development Partners, NGOs). SPECIFY.		<del>X</del>	<del>X</del>		
113	Other, Specify:		<del>X</del>	<del>X</del>		

**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 (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 &gt;&gt;&gt;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 CROPS . . . .4 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&gt;&gt;&gt;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 CROPS . . . .4 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 ANSWER TO ALL THREE QUESTIONS WAS NOT ALWAYS "NO"..2&gt;&gt;&gt;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 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</p> <p>(THEN &gt;&gt; NEXT MODULE)</p>	
	1ST	2ND			1ST	2ND			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:

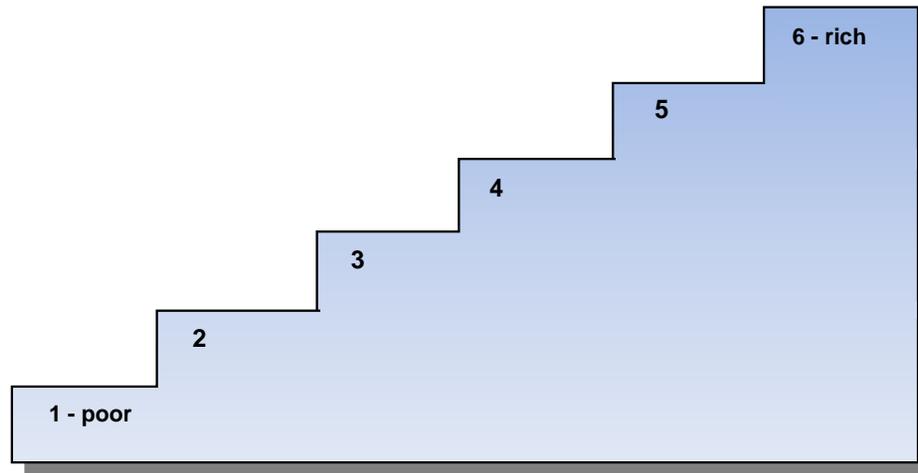
HOURS	MINUTES

**MODULE T: SUBJECTIVE ASSESSMENT OF WELL-BEING**

ENUMERATOR: RECORD START DATE & TIME FOR MODULE T:

DAY	MONTH	HOURS	MINUTES

<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 &amp; MATTRESS . . . 1 BED &amp; 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 &amp; 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)**

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

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

V01	V02	V03	V04		V05	V06	V07	V08	V09	V10	V11	V12	V13	V14
			YEARS	MONTHS										
C O D E	PUT AN 'X' FOR ALL INDIVIDUALS WHO ARE AGED UNDER SIX MONTHS <u>OR</u> OLDER THAN EXACTLY FIVE YEARS OLD (60 MONTHS). <u>DO NOT</u> ADMINISTER THIS MODULE TO THESE INDIVIDUALS.  IF NONE AGED SIX TO 59 MONTHS, >>NEXT MODULE.	RECORD THE ID OF THE MOTHER / GUARDIAN OF THE CHILD IN THE HOUSEHOLD  HH ROSTER ID	How old is [NAME]?  RECONFIRM EXACT AGE - MUST INCLUDE BOTH YEARS AND MONTHS.		WAS [NAME] MEASURED?  YES, MEASURED FULLY.....1>>V07 YES, MEASURED PARTIALLY.2 NO.....3	WHY NOT?  NOT AT HOME DURING SURVEY PERIOD. .1 TOO ILL. .2 UNWILLING.3 OTHER. . .4	IS THE ANSWER TO V05 "NO"?  YES..1>>V12 NO...2	WEIGHT OF CHILD  IN KG TO ONE DECIMAL PLACE. (IF LESS THAN 10 KG, PUT ZERO IN FIRST BLANK.)	HEIGHT / LENGTH OF CHILD  CHILDREN AGED UNDER 24 MONTHS SHOULD BE MEASURED LYING DOWN. ALL OTHERS, STANDING.  IN CM, TO ONE DECIMAL PLACE. (IF LESS THAN 100 CM, PUT ZERO IN FIRST BLANK.)	HEIGHT / LENGTH MEASURED WITH CHILD STANDING OR LYING DOWN?  STANDING...1 LYING DOWN.2 NOT APPLICABLE.3	WAS THE MEASUREMENT OF THE CHILD DONE IN A NORMAL MANNER, OR WAS MEASUREMENT DIFFICULT?  NORMAL....1 DIFFICULT.2	ASK OF MOTHER / GUARDIAN: Does the child partici-pate in a <u>nutrition programme</u> ?  YES. .1 NO . .2	ASK OF MOTHER/ GUARDIAN: Does the child participate in an <u>under-five clinic</u> ?  YES. .1 NO . .2	DID CHILD APPEAR TO HAVE OEDEMA (SWELLING THAT IS NOT NORMAL)?  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**

<p>X10. Did you or anyone in your household own or cultivate a plot during the 2012/2013 rainy season?</p> <p>YES . . 1</p> <p>NO . . . 2</p>	<p><input style="width: 50px; height: 40px;" type="text"/></p>
<p>X11. Did you or anyone in your household own any livestock in the last 12 months?</p> <p>YES . . 1</p> <p>NO . . . 2</p>	<p><input style="width: 50px; height: 40px;" type="text"/></p>
<p>X11_1. <b>ENUMERATOR:</b> SHOULD THE AGRICULTURE QUESTIONNAIRE BE ADMINISTERED? MARK 'YES' IF RESPONDENT SAID 'YES' TO X10 <u>OR</u> X11.</p> <p>YES . . 1</p> <p>NO . . . 2</p>	<p><input style="width: 50px; height: 40px;" type="text"/></p>
<p>X12_1. <b>ENUMERATOR:</b> IS THIS A PANEL A HOUSEHOLD?</p> <p>YES . . 1</p> <p>NO . . . 2&gt;&gt;&gt;</p> <p>END OF HOUSEHOLD QUESTIONNAIRE</p>	<p><input style="width: 50px; height: 40px;" type="text"/></p>
<p>X16. Did you or anyone in this household do any fishing or fish trading in the last 12 months?</p> <p>YES . . 1</p> <p>NO . . . 2</p>	<p><input style="width: 50px; height: 40px;" type="text"/></p>
<p>X16_1. <b>ENUMERATOR:</b> SHOULD THE FISHERY QUESTIONNAIRE BE ADMINISTERED? MARK 'YES' IF RESPONDENT SAID 'YES' TO X16.</p> <p>YES . . 1</p> <p>NO . . . 2</p>	<p><input style="width: 50px; height: 40px;" type="text"/></p>

**VISIT 2**

<p>X17. <b>ENUMERATOR:</b> DID HOUSEHOLD SAY 'YES' TO X10?</p> <p>YES . . 1</p> <p>NO . . . 2</p>	<p><input style="width: 50px; height: 40px;" type="text"/></p>
<p>X18. Did you or anyone in your household cultivate a plot during the 2013 dry (dimba) season?</p> <p>YES . . 1</p> <p>NO . . . 2</p>	<p><input style="width: 50px; height: 40px;" type="text"/></p>
<p>X19. Did you or anyone in your household harvest any cassava, tea, coffee or any other fruits in the last 12 months?</p> <p>YES . . 1</p> <p>NO . . . 2</p>	<p><input style="width: 50px; height: 40px;" type="text"/></p>
<p>X20. <b>ENUMERATOR:</b> SHOULD THE VISIT 2 AGRICULTURE QUESTIONNAIRE BE ADMINISTERED? MARK 'YES' IF RESPONDENT SAID 'YES' TO ONE OF X17, X18 or X19.</p> <p>YES . . 1</p> <p>NO . . . 2</p>	<p><input style="width: 50px; height: 40px;" type="text"/></p>
<p>X21. <b>ENUMERATOR:</b> IS THIS A PANEL B HOUSEHOLD?</p> <p>YES . . 1</p> <p>NO . . . 2</p>	<p><input style="width: 50px; height: 40px;" type="text"/></p>
<p>X22. Did you or anyone in this household do any fishing or fish trading in the last 12 months?</p> <p>YES . . 1</p> <p>NO . . . 2</p>	<p><input style="width: 50px; height: 40px;" type="text"/></p>
<p>X23. <b>ENUMERATOR:</b> SHOULD THE FISHERY QUESTIONNAIRE BE ADMINISTERED? MARK 'YES' IF RESPONDENT SAID 'YES' TO X22.</p> <p>YES . . 1</p> <p>NO . . . 2</p>	<p><input style="width: 50px; height: 40px;" type="text"/></p>

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE X:

ID

ENUMERATOR: RECORD END TIME FOR MODULE X:

HOURS	MINUTES

**SURVEY HOUSEHOLD MEMBER LIST**

I D C O D E	B01	B02	B03	B05	B06_2	B06_3
		NAMES OF HOUSEHOLD MEMBERS ONLY LIST HOUSEHOLD MEMBERS, NO OTHERS.	SEX	(VISIT 1 ONLY) How old is [NAME]?  IF 6 YEARS AND OVER, GIVE YEARS ONLY. IF LESS THAN 6 YEARS IN AGE, GIVE <u>YEARS</u> AND <u>MONTHS</u> .	(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 <u>YEARS</u> AND <u>MONTHS</u> .
			MALE...1 FEMALE..2	YEARS MONTHS		YEARS MONTHS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						