

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.

A01. DISTRICT:

CODE

NAME

A02. TA, STA, or TOWN:

A03. ENUMERATION AREA:

A04. PLACE / VILLAGE NAME:

A05. PANEL OR CROSS-SECTIONAL:

CROSS-SECTION.....1
PANEL A2>>A09
PANEL B3>>A09

A06. HOUSEHOLD ID (FROM LIST):

A07. NAME OF HOUSEHOLD HEAD:

A08. DWELLING STRUCTURE NO. (FROM LIST):

CODE

(THEN>>A15)

A09: IHPS Y2-HHID FROM TRACKING FORM:

-

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

A12. IHPS ROSTER ID & NAME OF TRACKING TARGET:

A13. CURRENT NAME OF HOUSEHOLD HEAD:

A14. LOWEST IHPS ROSTER ID NUMBER FROM SECTION B, QUESTION 06_1:

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:

A23. ENUMERATOR NAME:

A24.

Attempt 1

DATE

START

END

MODULES

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:

A38.

Attempt 1

DATE

START

END

MODULES

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.

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.

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

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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44	MODULE M: FARM IMPLEMENTS, MACHINERY, AND STRUCTURES		FISHERY QUESTIONNAIRES

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

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

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

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

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

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

FILL IN B02 to B04.

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

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

[illegible]

MODULE B: HOUSEHOLD ROSTER (CONTINUED)[illegible]

MODULE B: HOUSEHOLD ROSTER (CONTINUED)

B01	B22	B22_4	B23	B24	B24_1	B24_2	B25	B26						B27	B28
C O D E	ASK OF ONLY HH HEAD: What is the main language you speak at home? CHEWA.....1 NYANJA.....2 YAO.....3 TUMBURA.....4 LOMWE.....5 NKHONDE.....6 NGONI.....7 SENA.....8 NYAKYUSA.....9 TONGA.....10 LAMBIA.....11 SENGA.....12 SUKWA.....13 ENGLISH.....14 OTHER (SPECIFY) ..15	ENUMERATOR: IS THIS PERSON [NAME] AGED 12 YEARS OR OLDER? YES..1 NO...2>>NEXT ROW	What religion, if any, does [NAME] practice? NONE.....1 TRADITIONAL...2 CHRISTIANITY...3 ISLAM.....4 OTHER RELIGION (SPECIFY).....5	What is [NAME]'s present marital status? MONOGAMOUS MARRIED OR NON-FORMAL UNION....1 POLYGAMOUS MARRIED OR NON-FORMAL UNION....2 SEPARATED..3>>NEXT ROW DIVORCED..4>>NEXT ROW WIDOW OR WIDOWER...5>>NEXT ROW NEVER MARRIED...6>>NEXT ROW	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	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	Does [NAME]'s spouse live in this household now? YES..1 NO...2>>B27	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.						Does [NAME] have a spouse living outside of this household now? YES..1 NO...2>>NEXT ROW	How many spouses does [NAME] have who are residing else-where? 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 C: EDUCATION

CROSS-SECTIONAL HOUSEHOLDS: ASK OF ALL PERSONS AGED 5 YEARS AND OLDER.

PANEL HOUSEHOLDS: ASK OF ALL PERSONS AGED 5 YEARS AND OLDER THAT ARE NOT AMONG THE SELECTED RESPONDENTS FOR THE INDIVIDUAL-LEVEL QUESTIONNAIRE

[illegible]

MODULE D: HEALTH

CROSS-SECTIONAL HOUSEHOLDS: ASK OF ALL PERSONS IN THE HOUSEHOLD. MOTHERS OR GUARDIANS TO ANSWER FOR CHILDREN UNDER 10 YEARS OF AGE.

PANEL HOUSEHOLDS: ASK OF ALL PERSONS IN THE HOUSEHOLD THAT ARE NOT AMONG THE SELECTED RESPONDENTS FOR THE INDIVIDUAL-LEVEL QUESTIONNAIRE. MOTHERS OR GUARDIANS TO ANSWER FOR CHILDREN UNDER 10 YEARS OF AGE.

[illegible]

MODULE D: HEALTH (CONTINUED)

[illegible]

MODULE D: HEALTH (CONTINUED)

[illegible]

MODULE D: HEALTH (CONTINUED)

I D C O D E	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 E: TIME USE & LABOUR

CROSS-SECTIONAL HOUSEHOLDS: ASK OF ALL PERSONS AGED 5 YEARS AND OLDER.

PANEL HOUSEHOLDS: ASK OF ALL PERSONS AGED 5 YEARS AND OLDER THAT ARE NOT AMONG THE SELECTED RESPONDENTS FOR THE INDIVIDUAL-LEVEL QUESTIONNAIRE

IF DID NOT DO TASK, WRITE ZERO; IF LESS THAN 1/2 HOUR, WRITE '0.5'; OTHERWISE, ROUND TO NEAREST HOUR.

[illegible]

MODULE E: TIME USE & LABOUR (CONTINUED)

[illegible]

MODULE E: TIME USE & LABOUR (CONTINUED)[illegible]

MODULE E: TIME USE & LABOUR (CONTINUED)[illegible]

MODULE E: TIME USE & LABOUR (CONTINUED)[illegible]

MODULE E: TIME USE & LABOUR (CONTINUED)[illegible]

MODULE E: TIME USE & LABOUR (CONTINUED)[illegible]

MODULE E: TIME USE & LABOUR (CONTINUED)

SECONDARY WAGE JOB OVER THE LAST 12 MONTHS							
E01	E32	E33		E34		E35	E35_1
C O D E I E D	At any time over the last 12 months, were you employed for a second wage job, including casual/part-time labour, for a wage, salary, commission or any payment in kind, excluding ganyu, for anyone who is not a member of your household?	Describe your secondary wage job over the last 12 months.		Describe what kind of trade or business your secondary wage job over the last 12 months is connected with.		Is your employer for your secondary wage job over the last 12 months...	What type of position is your secondary wage job?
	YES.1 NO..2>>E46	WRITTEN DESCRIPTION	(Supervisor to put in occupation code after interview) OCCUP. CODE	WRITTEN DESCRIPTION	(Supervisor to put in industry code after interview) IND. CODE	READ RESPONSES Private Company.....1 Private Individual.....2 Government.....3 State-Owned Enterprise (Parastatal).....4 MASAF/Public Works Program.....5 Church/Religious Organization.....6 Political Party.....7 Other (Specify).....8	READ RESPONSES Permanent.....1 Fixed-term with duration ≥12 Government.....3 Temporary/Seasonal/Freelance.....4
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

MODULE E: TIME USE & LABOUR (CONTINUED)[illegible]

MODULE E: TIME USE & LABOUR (CONTINUED)[illegible]

MODULE E: TIME USE & LABOUR (CONTINUED)[illegible]

MODULE E: TIME USE & LABOUR (CONTINUED)[illegible]

DAYS	MONTHS	HOURS	MINUTES

[illegible][illegible][illegible]

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?
<div>LIGHTING</div> <div>FIREWOOD...1 PARAFFIN...2 CANDLES...3 OTHER (SPECIFY)...4</div>		<div>COOKING</div> <div>CHARCOAL...1 FIREWOOD...2 GAS...3 PARAFFIN...4 OTHER (SPECIFY)...5</div>	<div>YES...1 NO...2>>F27</div>	<div>YES...1 NO...2</div>	<div>Never...1 Every day...2 Several times a week...3 Several times a month...4</div>	<div>DAY...3 WEEK...4 MONTH...5 YEAR...6</div>	<div>TIME AMOUNT</div>	<div>TIME UNIT</div>	<div>STRONGLY AGREE...1 AGREE...2 DISAGREE...3 STRONGLY DISAGREE...4</div>	<div>VERY SATISFIED...1 SATISFIED...2 NEITHER SATISFIED NOR DISSATISFIED...3 DISSATISFIED...4 VERY DISSATISFIED...5</div>	<div>YES...1 NO...2>>F31</div>	<div>YES...1 NO...2>>F31</div>
			<div>WEEKS</div>			<div>NR</div>						

[illegible]

F38	F39	F40	F41	F42	F43	F44	F45	F46	F47
How long does it take you to walk (ONE WAY) to the main water source from your dwelling?	Do you use the main water source...	What are the <u>main</u> source of <u>drinking</u> water in your other season?	What kind of <u>toilet facility</u> does your household use?	Is this toilet facility for the use of: READ RESPONSES	What kind of rubbish disposal facilities does your household use?	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>>#48	Has/have the bed net(s) ever been dipped in insecticide against mosquito-toes in the past six months?	ENUMERATOR: DOES THIS HOUSEHOLD HAVE ANY CHILDREN BELOW 5 YEARS OF AGE?	Do the children under 5 in the household sleep under a bed net at those times of the year when there are mosquitoes present?
IF THE WATER SOURCE IS ON PREMISES, RECORD 99 FOR TIME AMOUNT AND CONTINUE TO F39.	ALL YEAR AROUND..1>>#41 ONLY RAINY SEASON...2 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 LATRINE. 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 VIP LATRINE. . 2 TRADIT. LATRINE W/ROOF. . 3 TRADIT. LATRINE W/O ROOF. 4 NONE. . . . >#43 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>>#48	YES.....1 NO.....2 ALL NETS TREATED & LESS THAN 6 MONTHS OLD..3	YES..1 NO...2>>#48	YES, FOR ALL CHILDREN UNDER FIVE YES, FOR SOME CHILDREN UNDER FIVE NO, NONE OF THE CHILDREN UNDER FIVE
TIME AMOUNT	MINUTE..1 HOUR....2 TIME UNIT		(SPECIFY) 6						

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. <div>HH ROSTER ID CODE</div>	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. <div>HH ROSTER ID CODE #1</div> <div>HH ROSTER ID CODE #2</div> <div>HH ROSTER ID CODE #3</div>	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. <div>HH ROSTER ID CODE</div>	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. <div>HH ROSTER ID CODE #1</div> <div>HH ROSTER ID CODE #2</div> <div>HH ROSTER ID CODE #3</div>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

ENUMERATOR: RECORD
 PRIMARY RESPONDENT
 ID FOR MODULE F:

ID

ENUMERATOR:
 RECORD
 END TIME
 FOR MODULE F:

HOURS

MINUTES

MODULE G: FOOD CONSUMPTION OVER PAST ONE WEEK

ENUMERATOR: RECORD START DATE & TIME FOR MODULE G:

DAYS	MONTHS	HOURS	MINUTES

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

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

DE LINE NUMBER	Over the past one week (7 days), did you or others in your household consume any [. .]? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS.	G01 YES...1 NO...2>> NEXT ITEM	G02 ITEM CODE	G03 How much in total did your household consume in the past week?	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	
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	
19	Roots, Tubers, and Plantains												19
20	Cassava tubers *		201										20
21	Cassava flour		202										21
22	White sweet potato *		203										22
23	Orange sweet potato *		204										23
24	Irish potato		205										24
25	Potato crisps		206										25
26	Plantain, cooking banana		207										26
27	Cocoyam (<i>masimbi</i>)		208										27
28	Other (specify)		209										28
29	Nuts and Pulses												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:

20 KILOGRAMME 1

20 50 KG. BAG 2

21 PAIL (SMALL) 4

22 PAIL (LARGE) 5

23 NO. 10 PLATE 6

24 NO. 12 PLATE 7

24 BUNCH. 8

25 PIECE. 9

26 HEAP 10

27 BALE 11

28 OX-CART (UNSHELLED) . . 14

29 LITRE. 15

30 GRAM 18

31 MILLILITRE 19

32 TEASPOON. 20

33 SATCHET/TUBE. . . . 22

33 OTHER (SPECIFY). 23

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

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

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

CODES FOR UNIT:

KILOGRAMME 1

50 KG. BAG 2

PAIL (SMALL) . . . 4

PAIL (LARGE) . . . 5

No. 10 PLATE . . . 6

No. 12 PLATE . . . 7

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	Meat, Fish and Animal products (Continued)												61
62	Pork		506										62
63	Mutton		507										63
64	Chicken		508										64
65	Other poultry - guinea fowl, doves, etc.		509										65
66	Small animal – rabbit, mice, etc.		510										66
67	Termites, other insects (eg Ngumbi, caterpillar)		511										67
68	Tinned meat or fish		512										68
69	Smoked fish		513										69
70	Fish Soup/Sauce		514										70
71	Other (specify)		515										71
72	Fruits												72
73	Mango *		601										73
74	Banana *		602										74
75	Citrus – naartje, orange, etc.		603										75
76	Pineapple		604										76
77	Papaya		605										77
78	Guava *		606										78
79	Avocado		607										79
80	Wild fruit (<i>masau, malambe, etc.</i>)		608										80
81	Apple		609										81
82	Other fruits (specify)		610										82

CODES FOR UNIT:

KILOGRAMME1
 50 KG. BAG2
 PAIL (SMALL) . . .4
 PAIL (LARGE) . . .5
 No. 10 PLATE . . .6
 No. 12 PLATE . . .7
 BUNCH.8
 PIECE.9
 HEAP10
 BALE11
 OX-CART
 (UNSHELLED) . . 14
 LITRE.15
 GRAM18
 MILLILITRE . . . 19
 TEASPOON. . . .20
 SATCHET/TUBE. . .22
 OTHER (SPECIFY). 23

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

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

CODES FOR UNIT:

KILOGRAMME 1
 50 KG. BAG 2
 PAIL (SMALL) . . . 4
 PAIL (LARGE) . . . 5
 No. 10 PLATE . . . 6
 No. 12 PLATE . . . 7
 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	G04	G05	G06	G07	DE LINE NUMBER
				How much in total did your household consume in the past week?	How much came from purchases?	How much did you spend?	How much came from own-production?	How much came from gifts and other sources?	
				QUANTITY	UNIT	QUANTITY	UNIT	MK	
105	Sugar, Fats, and Oil								105
106	Sugar		801						106
107	Sugar Cane		802						107
108	Cooking oil *		803						108
109	Other (specify)		804						109
110	Beverages								110
111	Tea		901						111
112	Coffee		902						112
113	Cocoa, millo		903						113
114	Squash (Sobo drink concentrate)		904						114
115	Fruit juice		905						115
116	Freezes (flavoured ice)		906						116
117	Soft drinks (Coca-cola, Fanta, Sprite, etc.)		907						117
118	Chibuku(commercial traditional-style beer)		908						118
119	Bottled water		909						119
120	Maheu		910						120
121	Bottled / canned beer (Carlsberg, etc.)		911						121
122	Thobwa		912						122
123	Traditional beer (masese)		913						123
124	Wine or commercial liquor		914						124
125	Locally brewed liquor (kachasu)		915						125
126	Other (specify)		916						126

CODES FOR UNIT:

KILOGRAMME 1

50 KG. BAG 2

PAIL (SMALL) . . . 4

PAIL (LARGE) . . . 5

NO. 10 PLATE . . . 6

NO. 12 PLATE . . . 7

BUNCH. 8

PIECE. 9

HEAP 10

BALE 11

OX-CART (UNSHELLED) . . 14

LITRE. 15

GRAM 18

MILLILITRE 19

TEASPOON. 20

SATCHET/TUBE. . . 22

OTHER (SPECIFY). 23

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

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

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

		<p>G08. Over the past one week (7 days), how many days did you or others in your household consume any [...]?</p> <p>IF NOT CONSUMED, RECORD ZERO.</p>
		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)	

<p>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?</p> <p>YES...1 <input type="checkbox"/></p> <p>NO...2>> NEXT MODULE</p>	
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

		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 SECURITYENUMERATOR: RECORD START DATE & TIME FOR MODULE H:

DAY	MONTH

HOURS	MINUTES

H01 In the past 7 days, did you worry that your household would not have enough food? YES...1 NO...2	H02 In the past 7 days, how many days have you or someone in your household had to: IF NO DAYS, RECORD ZERO.					H03 How many meals, including breakfast are taken per day in your household?			H04 In the last 12 months, have you been faced with a situation when you did not have enough food to feed the household?
	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?	a. Adults	b. Children (5-17 Yrs of Age)	c. Children (6-59 months) LEAVE BLANK IF NO CHILDREN	YES..1 NO...2 >>NEXT MODULE
	DAYS	DAYS	DAYS	DAYS	DAYS	NUMBER	NUMBER	NUMBER	

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

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

 ENUMERATOR: RECORD
 PRIMARY RESPONDENT
 ID FOR MODULE H:

ID

 ENUMERATOR:
 RECORD
 END TIME
 FOR MODULE H:

HOURS	MINUTES

MODULE I: NON-FOOD EXPENDITURES – OVER PAST ONE WEEK & ONE MONTHENUMERATOR: 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 [...]? YES . 1 NO . . 2 >> NEXT ITEM	I01	I02 ITEM CODE	I03 How much did you pay in total? MK	DATA ENTRY LINE NUMBER
1	Charcoal		101		1
2	Paraffin or kerosene		102		2
3	Cigarettes or other tobacco		103		3
4	Candles		104		4
5	Matches		105		5
6	Newspapers or magazines		106		6
7	Public transport - Bicycle Taxi		107		7
8	Public transport - Bus/Minibus		108		8
9	Public transport - Other (Truck, Oxcart, Etc..)		109		9

ONE MONTH RECALL

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

ENUMERATOR: RECORD
PRIMARY RESPONDENT
ID FOR MODULE I:

ID

ENUMERATOR: RECORD
END TIME
FOR MODULE I:

HOURS	MINUTES

**MODULE J: NON-FOOD EXPENDITURES
OVER PAST THREE MONTHS**
ENUMERATOR: RECORD START DATE & TIME FOR MODULE J:

DAY	MONTH	HOURS	MINUTES

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

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

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 What was the estimated total value of [...] consumed? MK	K04 What was the cost of that which you purchased? MK
		ITEM CODE		
Woodpoles, bamboo		419		
Grass for thatching roof or other use		420		

ENUMERATOR: RECORD
PRIMARY RESPONDENT
ID FOR MODULE K:

ID

ENUMERATOR:
RECORD
END TIME
FOR MODULE K:

HOURS	MINUTES

MODULE L: DURABLE GOODS

ENUMERATOR: RECORD START DATE & TIME
FOR MODULE L:

DAY	MONTH	HOURS	MINUTES

ITEM	L01 Does your household own a [ITEM]? YES...1 NO...2 >> NEXT ITEM	L02 D G U O R O A D B L E ITEM CODE	L03 How many [ITEM]s do you own? NUMBER	L04 What is the age of this [ITEM]? IF MORE THAN ONE ITEM, AVERAGE AGE. YEARS	L05 If you wanted to sell one of this [ITEM] today, how much would you receive? IF MORE THAN ONE, AVERAGE VALUE. MK	L06 Did you purchase or pay for any [ITEM] in the last 12 months? YES...1 NO...2 >> NEXT ITEM	L07 How much in total did pay for [ITEM] in the last 12 months? 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)

	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]? IF MORE THAN ONE ITEM, AVERAGE AGE.	L05 If you wanted to sell one of this [ITEM] today, how much would you receive? IF MORE THAN ONE, AVERAGE VALUE.	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?
ITEM	YES...1 NO...2>> NEXT ITEM	ITEM CODE	NUMBER	YEARS	MK	NEXT ITEM	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:

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

11

--	--

DAY	MONTH
-----	-------

--	--

HOURS	MINUTES
1	15
2	30
3	45
4	00
5	15
6	30
7	45
8	00
9	15
10	30
11	45
12	00
13	15
14	30
15	45
16	00
17	15
18	30
19	45
20	00
21	15
22	30
23	45
24	00

ENUMERATOR: RECORD START DATE & TIME FOR MODULE M:

[illegible]

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

DATA ENTRY LINE NUMBER	ITEM		M09 How much did it cost to build [ITEM]?	M10 Did your household use the [ITEM] during the last 12 months?	M11 What was the main reason for not using the [ITEM]?	M12 Did your household rent or borrow any [ITEM] during the last 12 months?	M13 How many [ITEM] did your household rent or borrow during the last 12 months?	M14 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:

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)[illegible]

MODULE N: HOUSEHOLD ENTERPRISES (CONTINUED)[illegible]

MODULE N: HOUSEHOLD ENTERPRISES (CONTINUED)[illegible]

MODULE N: HOUSEHOLD ENTERPRISES (CONTINUED)[illegible]

MODULE N: HOUSEHOLD ENTERPRISES (CONTINUED)

E N T E R P R I S E I D	<p>N31</p> <p>A. During the last month of operation, how many non-household member men/women/children (under-18) worked for this [ENTERPRISE] ?</p> <p>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.</p> <p>B. During the last month of operation in the past 12 months, how many days did a typical man/woman/child employee work?</p> <p>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?</p> <p>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?</p> <p>INCLUDE: ESTIMATED VALUE OF IN-KIND PAYMENTS. IF THERE WERE NO WAGE/SALARY (CASH OR IN-KIND) PAYMENTS, RECORD ZERO.</p>	<p>N32</p> <p>During the last month of operation, what was the value of total sales (zogulitsa) of products, goods or services of this [ENTERPRISE]?</p> <p>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>																																			
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th colspan="4">MEN</th> <th colspan="4">WOMEN</th> <th colspan="4">CHILDREN (U-15)</th> <th rowspan="2">SALES (MK) LAST MONTH OF OPERATION</th> </tr> <tr> <th>NUMBER</th> <th>DAYS PER MONTH</th> <th>HOURS PER DAY</th> <th>TOTAL WAGES / SALARIES LAST MONTH</th> <th>NUMBER</th> <th>DAYS PER MONTH</th> <th>HOURS PER DAY</th> <th>TOTAL WAGES / SALARIES LAST MONTH</th> <th>NUMBER</th> <th>DAYS PER MONTH</th> <th>HOURS PER DAY</th> <th>TOTAL WAGES / SALARIES LAST MONTH</th> </tr> </table>													MEN				WOMEN				CHILDREN (U-15)				SALES (MK) LAST MONTH OF OPERATION	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
MEN				WOMEN				CHILDREN (U-15)				SALES (MK) LAST MONTH OF OPERATION																									
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																										
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
 PRIM ARY
 RESPONDENT
 ID FOR MODULE N:

ID

ENUMERATOR:
 RECORD
 END TIME
 FOR MODULE N:

HOURS	MINUTES

MODULE O: CHILDREN LIVING ELSEWHERE

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

YES..1

NO...2 >> NEXT MODULE

ENUMERATOR: RECORD START DATE & TIME FOR MODULE O:

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10. 00.000.00.0000.000	10. 00.000.00.0000.000

[illegible]

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

ENUMERATOR: RECORD
PRIMARY RESPONDENT
ID FOR MODULE O:

ID

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	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 <u>MODULE P</u> :					<input type="text"/> ID	ENUMERATOR: RECORD END TIME FOR <u>MODULE P</u> :		<input type="text"/> HOURS	<input type="text"/> MINUTES

MODULE Q: GIFTS GIVEN OUTENUMERATOR: 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, SPECIFY...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	TO URBAN AREAS	TO OTHER COUNTRIES					
				MK	MK	MK					
1		Outgoing Transfers/Gifts									
2	201	Cash Transfers/Gifts [DO NOT INCLUDE GIFTS GIVEN FOR WEDDINGS, CEREMONIES OR FUNERALS. THESE EXPENDITURES ARE RECORDED IN MODULE K.]									
3	202	Food Transfers/Gifts [DO NOT INCLUDE GIFTS GIVEN FOR WEDDINGS, CEREMONIES OR FUNERALS. THESE EXPENDITURES ARE RECORDED IN MODULE K.]									
4	203	Non-Food In-Kind Transfers/Gifts [DO NOT INCLUDE GIFTS GIVEN FOR WEDDINGS, CEREMONIES OR FUNERALS. THESE EXPENDITURES ARE RECORDED IN MODULE K.]									

ENUMERATOR: RECORD
PRIMARY RESPONDENT
ID FOR MODULE Q:

ID

ENUMERATOR:
RECORD
END TIME
FOR MODULE Q:

HOURS	MINUTES

MODULE R: SOCIAL SAFETY NETSENUMERATOR: RECORD START DATE & TIME FOR MODULE R:

[ASK OF HOUSEHOLD HEAD]

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]? <table border="1"> <tr> <th>CASH</th><th>IN-KIND</th><th>MAIZE</th></tr> <tr> <th>MK</th><th>CASH VALUE - MK</th><th>KG</th></tr> </table>			CASH	IN-KIND	MAIZE	MK	CASH VALUE - MK	KG	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)											
102	Free Food (other than Maize) (Specify)											
1031	MASAF - Public Works Programme											
1032	Food/Cash-for-Work Programme (NON-MASAF - Public Works Programme [PWP])											
104	Inputs-For-Work Programme											
105	School Feeding Programme											
106	Free Distribution of Likuni Phala to Children and Mothers (Targeted Nutrition Programme [TNP])											
107	Supplementary Feeding for Malnourished Children at a Nutritional Rehabilitation Unit											
108	Scholarships/Bursaries for Secondary Education. (e.g., CRECCOM)											
1091	Scholarships for Tertiary Education (e.g. University Scholarship, Upgrading Teachers) Tertiary Loan Scheme (Government Loan for University and Other Tertiary Education)											
111	Direct Cash Transfers from Government (Mtukula Pakhoma)											
112	Direct Cash Transfers from others (Development Partners, NGOs). SPECIFY											
113	Other, Specify:											

MODULE R: SOCIAL SAFETY NETS (CONTINUED)

[ASK OF HOUSEHOLD HEAD]

CODE	PROGRAM <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:

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

MODULE S: CREDIT (CONTINUED)

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

HOURS

MINUTES

[ASK OF HOUSEHOLD HEAD]

DAY MONTH HOURS MINUTE

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

THE QUESTIONS TO THE RIGHT SHOULD ONLY BE ASKED CONCERNING THE THREE MOST SEVERE SHOCKS, AS NOTED IN U02.

LEAVE ALL OTHER ROWS BLANK.

[illegible]

RELIED ON OWN-SAVINGS....	1
RECEIVED UNCONDITIONAL HELP FROM RELATIVES/FRIENDS....	2
RECEIVED UNCONDITIONAL HELP FROM GOVERNMENT.....	3
RECEIVED UNCONDITIONAL HELP FROM NGO/RELIGIOUS INSTITUTION.....	4
CHANGED EATING PATTERNS (RELIED ON LESS PREFERRED FOOD OPTIONS, REDUCED THE PROPORTION OR NUMBER OF MEALS PER DAY, OR HOUSEHOLD MEMBERS SKIPPED DAYS OF EATING, ETC.).....	5
EMPLOYED HOUSEHOLD MEMBERS TOOK ON MORE EMPLOYMENT....	6
ADULT HOUSEHOLD MEMBERS WHO WERE PREVIOUSLY NOT WORKING HAD TO FIND WORK.....	7
HOUSEHOLD MEMBERS MIGRATED.....	8
REDUCED EXPENDITURES ON HEALTH AND/OR EDUCATION...	9
OBTAINED CREDIT.....	10
SOLD AGRICULTURAL ASSETS.	11
SOLD DURABLE ASSETS.....	12
SOLD LAND/BUILDING.....	13
SOLD CROP STOCK.....	14
SOLD LIVESTOCK.....	15
INTENSIFY FISHING.....	16
SENT CHILDREN TO LIVE ELSEWHERE.....	17
ENGAGED IN SPIRITUAL EFFORTS - PRAYER, SACRIFICES, DIVINER CONSULTATIONS.....	18
DID NOT DO ANYTHING.....	19
OTHER (SPECIFY).....	20

ENUMERATOR:
RECORD PRIMARY
RESPONDENT
ID FOR MODULE U:

10

ENUMERATOR:
RECORD
END TIME
FOR MODULE U:

HOURS	MINUTE

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	V15	V16	
I D C O D E	CROSS-SECTIONAL: PUT AN 'X' FOR ALL INDIVIDUALS WHO ARE OLDER THAN EXACTLY FIVE YEARS OLD (60 MONTHS). 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. DO NOT ADMINISTER THIS MODULE TO THESE INDIVIDUALS OUTSIDE OF THE SPECIFIED AGE RANGES. IF NONE WITHIN THE SPECIFIED AGE RANGES FOR EACH HOUSEHOLD AND INDIVIDUAL TYPE, >>NEXT MODULE.	RECORD THE ID OF THE MOTHER / GUARDIAN OF THE CHILD IN THE HOUSEHOLD HH ROSTER ID	How old is [NAME]?	WAS [NAME] MEASURED?	WHY NOT?	IS THE ANSWER TO V05 "NO"?	WEIGHT OF CHILD	HEIGHT / LENGTH OF CHILD	HEIGHT / LENGTH MEASURED WITH CHILD STANDING OR LYING DOWN?	WAS THE MEASUREMENT OF THE CHILD DONE IN A NORMAL MANNER, OR WAS MEASUREMENT DIFFICULT?	ASK OF MOTHER / GUARDIAN: Does the child participate in a <u>nutrition programme</u> ?	ASK OF MOTHER / GUARDIAN: Does the child participate in an <u>under-five clinic</u> ?	DID CHILD APPEAR TO HAVE OEDEMA (SWELLING THAT IS NOT NORMAL)?	IS THIS CHILD 9 MONTHS OR OLDER?	ASK OF MOTHER / GUARDIAN: Was the child given measles vaccination injections or MMR, a shot in the arm at the age of 9 months or older?	
			RECONFIRM EXACT AGE - MUST INCLUDE BOTH YEARS AND MONTHS.	YES, MEASURED FULLY.....1>>V07 YES, MEASURED PARTIALLY..2 NO.....3	NOT AT HOME DURING SURVEY PERIOD..1 TOO ILL..2 UNWILLING..3 OTHER..4	YES..1 >>V12 NO...2	IN KG TO ONE DECIMAL PLACE. (IF LESS THAN 10 KG, PUT ZERO IN FIRST BLANK.)	IN CM, TO ONE DECIMAL PLACE. (IF LESS THAN 100 CM, PUT ZERO IN FIRST BLANK.)	STANDING...1 LYING DOWN..2 NOT APPLICABLE..3	NORMAL...1 DIFFICULT..2	YES..1 NO..2	YES..1 NO..2	YES..1 NO..2	YES..1 NO..2	YES..1 NO..2	YES..1 NO..2
			YEARS MONTHS													
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 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:

DAYSMONTHS

HOURSMINUTES

W02 S E R I A L N O	W03 NAME OF DECEASED	W04 DECEASED'S RELATION- SHIP TO HEAD OF HOUSEHOLD	W05 SEX	W06 AGE AT DEATH	W07 ACCORDING TO W06, WAS THE DECEASED UNDER 12 YEARS OLD WHEN HE/ SHE DIED?	W08 What kind of <u>work</u> did [NAME] do for most of his/her life?	W09 Did [NAME] die of old age, an illness, or of some other cause?	W10 What was the [NON-ILLNESS] <u>cause</u> of [NAME]'s death?	W11 What was the illness that caused [NAME]'s death? CAN NOTE UP TO TWO.	W12 For how long was [NAME] suffering from this illness before he/she died?	W13 Was this cause of death diagnosed, or is this only your own percep- tion?	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?	W15 What was the value of the land or assets lost?
			MALE..1 FEMALE.2	IF UNDER 5 YEARS, INCLUDE MONTHS	YES 1>>W09 NO...2	FARMING1 FISHING2 TRADER/MERCHANT .3 TRANSPORT4 TRADESMAN (MASON, CARPENTER, ETC).5 CIVIL SERVANT . .6 TEACHER7 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	OLD AGE .1 (>>W14) ILLNESS .2 (>>W11) OTHER CAUSE. .3	TRAFFIC ACCIDENT1 OTHER ACCIDENT OR INJURY. . . .2 CHILDBIRTH OR COMPLICATIONS.3 MURDER.5 SUICIDE5 WITCHCRAFT/ SORCERY.6 OTHER (SPEC.) .7			MEDICAL DIAGNOSIS 1 NON-MEDICAL DIAGNOSIS .2 OWN PERCEPTION 3	YES..1 NO...2 (>NEXT DECEASED)	MK
		CODES BELOW		YEARS MONTHS					CODES BELOW 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/MOTHER6
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
RELATIVE13
TENANT OR TENANT'S
RELATIVE14

ILLNESS CODES

- MALARIA1
MEASLES2
DIARRHEA.3
PNEUMONIA4
MENINGITIS.5
MALNUTRITION. .6
TUBERCULOSIS. .7
- HIV/AIDS.....8
HEART DISEASE9
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:

HOURSMINUTES

MODULE X: FILTER QUESTIONS FOR AGRICULTURE & FISHERY QUESTIONNAIRESENUMERATOR: 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>>

☐

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:

ID

ENUMERATOR:
RECORD
END TIME
FOR MODULE X:

HOURS	MINUTES

HOURS MINUTES

END OF QUESTIONS

SURVEY HOUSEHOLD MEMBER LIST

B01 C D I E D	B02 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				