

PUBLIC DISCLOSURE AUTHORIZED



Malawi Government  
National Statistical Office

## THIRD INTEGRATED HOUSEHOLD SURVEY, 2010/11

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

Questionnaire  
Number

#### MODULE A-1: HOUSEHOLD IDENTIFICATION

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

	CODE	NAME
A01. DISTRICT:	<input type="text"/> <input type="text"/> <input type="text"/>	.....
A02. TA, STA, or TOWN:	<input type="text"/> <input type="text"/>	.....
A03. ENUMERATION AREA:	<input type="text"/> <input type="text"/> <input type="text"/>	
A04. IS THIS A PANEL EA? YES..1; NO..2	<input type="text"/>	
A05. PLACE / VILLAGE NAME:		.....
A06. HOUSEHOLD ID (FROM LIST):	<input type="text"/> <input type="text"/> <input type="text"/>	
A07. NAME OF HOUSEHOLD HEAD:		.....
A08. DWELLING STRUCTURE NO. (FROM LIST):	CODE <input type="text"/> <input type="text"/> <input type="text"/>	

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

A09. DESCRIPTION OF LOCATION OF HOUSEHOLD - INCLUDE ANY IDENTIFYING CHARACTERISTICS OF DWELLING AND NAME OF NEIGHBOURING HOUSEHOLDS. (PROVIDE A SKETCH MAP OF DWELLING LOCATION ON PAGE 4)

A10. WHAT ARE THE GPS COORDINATES OF THE DWELLING?

LATITUDE (S)								
—	—	°	—	—	'	—	—	—

LONGITUDE (E)								
—	—	—	°	—	—	'	—	—

A11. DOES THIS HOUSEHOLD REPLACE ANOTHER SAMPLE HOUSEHOLD CHOSEN FOR THE SURVEY?

YES..1; NO..2 (»A14)

A12. WHICH HOUSEHOLD IN THIS EA DOES IT REPLACE?

HOUSEHOLD ID OF ORIGINALLY  
SELECTED HOUSEHOLD

—	—	—
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A13. WHY WAS ORIGINALLY SELECTED HOUSEHOLD REPLACED?

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

PHONE NUMBER FOR HOUSEHOLD HEAD:

A14.A NAME : \_\_\_\_\_ A14.B PHONE : \_\_\_\_\_

PHONE NUMBERS FOR OTHER HOUSEHOLD MEMBERS:

A15.A NAME : _____	A15.B PHONE : _____	A15.C HH ROSTER ID CODE: _____ [TO BE FILLED AFTER MODULE B]
A16.A NAME : _____	A16.B PHONE : _____	A16.C HH ROSTER ID CODE: _____ [TO BE FILLED AFTER MODULE B]
A17.A NAME : _____	A17.B PHONE : _____	A17.C HH ROSTER ID CODE: _____ [TO BE FILLED AFTER MODULE B]

CONTACT INFORMATION FOR **REFERENCE PERSON 1**

A18.A NAME : \_\_\_\_\_

A18.B RELATION TO HEAD : \_\_\_\_\_

A18.C PHONE : \_\_\_\_\_

A18.D DISTRICT : \_\_\_\_\_

A18.E TA, STA, or TOWN : \_\_\_\_\_

A18.F PLACE/VILLAGE : \_\_\_\_\_

CONTACT INFORMATION FOR **REFERENCE PERSON 2**

A19.A NAME : \_\_\_\_\_

A19.B RELATION TO HEAD : \_\_\_\_\_

A19.C PHONE : \_\_\_\_\_

A19.D DISTRICT : \_\_\_\_\_

A19.E TA, STA, or TOWN : \_\_\_\_\_

A19.F PLACE/VILLAGE : \_\_\_\_\_

CONTACT INFORMATION FOR **REFERENCE PERSON 3**

A20.A NAME : \_\_\_\_\_

A20.B RELATION TO HEAD : \_\_\_\_\_

A20.C PHONE : \_\_\_\_\_

A20.D DISTRICT : \_\_\_\_\_

A20.E TA, STA, or TOWN : \_\_\_\_\_

A20.F PLACE/VILLAGE : \_\_\_\_\_

## **MODULE A-2: SURVEY STAFF DETAILS**

A21. NAME OF ENUMERATOR:

.....

A22. ENUMERATOR CODE:

--	--	--

A23. DATE OF INTERVIEW:

/	/	
---	---	--

(ENUMERATOR  
»NEXT PAGE)

A24. NAME OF FIELD SUPERVISOR:

.....

A25. FIELD SUPERVISOR CODE:

--	--	--

A26. DATE OF  
QUESTIONNAIRE  
INSPECTION:

/	/	
---	---	--

A27. NAME OF ZONE SUPERVISOR:

.....

A28. ZONE SUPERVISOR CODE:

--	--	--

A29. DATE OF  
QUESTIONNAIRE  
INSPECTION:

/	/	
---	---	--

A30. NAME OF DATA ENTRY CLERK:

.....

A31. DATA ENTRY CLERK CODE:

--	--	--

A32. DATE OF DATA ENTRY:

/	/	
---	---	--

A33. NAME OF DATA VALIDATION CLERK:

.....

A34. DATA VALIDATION CLERK CODE:

--	--	--

A35. DATE OF DATA VALIDATION:

/	/	
---	---	--

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

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COPY A01-A08 FROM THE COVER PAGE.

A01. DISTRICT:

--	--	--

A02. TA, STA, or TOWN:

--	--	--

A03. ENUMERATION AREA:

--	--	--

A04. IS THIS A PANEL EA? YES..1; NO..2

--	--	--

A06. HOUSEHOLD ID (FROM LIST):

--	--	--

A08. DWELLING STRUCTURE NO. (FROM LIST):

--	--	--

SKETCH MAP OF DWELLING LOCATION

## **INTRODUCTION TO THE HOUSEHOLD TO BE INTERVIEWED**

### **CONVEY THE FOLLOWING INFORMATION TO THE RESPONDENT:**

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

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

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

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

## **TABLE OF CONTENTS**

### PAGE

6	MODULE B: HOUSEHOLD ROSTER
9	MODULE C: EDUCATION
12	MODULE D: HEALTH
17	MODULE E: TIME USE & LABOUR
25	MODULE F: HOUSING
28	MODULE G: FOOD CONSUMPTION OVER PAST ONE WEEK
34	MODULE H: FOOD SECURITY
35	MODULE I: NON-FOOD EXPENDITURES – OVER PAST ONE WEEK & ONE MONTH
36	MODULE J: NON-FOOD EXPENDITURES OVER PAST THREE MONTHS
37	MODULE K: NON-FOOD EXPENDITURES OVER PAST 12 MONTHS
38	MODULE L: DURABLE GOODS
40	MODULE M: FARM IMPLEMENTS, MACHINERY, AND STRUCTURES

### PAGE

42	MODULE N: HOUSEHOLD ENTERPRISES
50	MODULE O: CHILDREN LIVING ELSEWHERE
52	MODULE P: OTHER INCOME
54	MODULE Q: GIFTS GIVEN OUT
55	MODULE R: SOCIAL SAFETY NETS
57	MODULE S: CREDIT
59	MODULE T: SUBJECTIVE ASSESSMENT OF WELL-BEING
60	MODULE U: SHOCKS & COPING STRATEGIES
61	MODULE V: CHILD ANTHROPOMETRY
62	MODULE W: DEATHS IN HOUSEHOLD
63	MODULE X: FILTER QUESTIONS FOR AGRICULTURE & FISHERY QUESTIONNAIRES

## MODULE B: HOUSEHOLD ROSTER

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 12 INDIVIDUALS, USE  
SECOND QUESTIONNAIRE. MAKE SURE  
TO MARK BOX ON FIRST PAGE OF BOTH  
QUESTIONNAIRES.

I D C O D E	B01	B02	B03	B04	B05		B06		B07
		NAME  MAKE A COMPLETE LIST OF ALL INDIVIDUALS <u>WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD</u> , STARTING WITH THE HEAD OF HOUSEHOLD.  (CONFIRM THAT HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON COVER.)  FILL IN B02 TO B04 BEFORE COMPLETING QUESTIONS B05 AND FOLLOWING.	SEX	RELATIONSHIP TO HEAD:  HEAD. . . . . 1 WIFE/HUSBAND. . . . . 2 CHILD/ADOPTED CHILD . . 3 GRANDCHILD. . . . . 4 NIECE/NEPHEW. . . . . 5 FATHER/MOTHER . . . . . 6 SISTER/BROTHER. . . . . 7 SON/DAUGHTER-IN-LAW . . 8 BROTHER/SISTER-IN-LAW . 9 GRANDFATHER/MOTHER. . 10 FATHER/MOTHER-IN-LAW. 11 OTHER RELATIVE. . . . . 12 SERVANT OR SERVANT'S RELATIVE . . . . . 13 LODGER/LODGER'S RELATIVE . . . . . 14 OTHER NON-RELATIVE. . 15 OTHER (SPECIFY) . . . 16	How old is [NAME]?	When was [NAME] born?		For how many months during the past 12 months (since MONTH/YEAR) has [NAME] <u>been away</u> from this household?	
			MALE....1 FEMALE..2		YEARS	MONTHS	MONTH	YEAR (4-DIGIT)	CUMULATED MONTHS
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									



**MODULE B: HOUSEHOLD ROSTER (CONTINUED)**[illegible]



## MODULE C: EDUCATION

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

ID CODE	C02	C03	C04	C05	C06	C07	C08	C09	C10	C11
	PUT AN 'X' FOR ALL INDIVIDUALS WHO ARE AGED BELOW 5 YEARS.  <u>DO NOT ADMINISTER THIS MODULE TO THESE INDIVIDUALS.</u>	IS THE INFORMATION SELF-REPORTED OR IS IT BEING PROVIDED BY ANOTHER HOUSEHOLD MEMBER?  SELF-REPORTED..1>>>C05 ANOTHER HH MEMBER....2	WHO IS REPORTING THE INFORMATION FOR THE INDIVIDUAL?  LIST FROM HOUSEHOLD ROSTER	Are you able to read and write in the following languages?	Have you ever attended school?	What was the reason you <u>never attended school</u> ?  LIST UP TO 2 REASONS.  STILL TOO YOUNG TO ATTEND SCHOOL. . . . . 1 NO MONEY FOR FEES, UNIFORM .2 POOR QUALITY OF SCHOOLS. . . 3 ILLNESS OR DISABILITY. . . . 4 NOT INTERESTED, LAZY . . . . 5 PARENTS DID NOT LET ME . . . 6 HAD TO WORK OR HELP AT HOME.7 SCHOOL TOO FAR FROM HOME . . 8 SCHOOL CONFLICT WITH BELIEFS . . . . . 9 OTHER (SPECIFY). . . . . 10  (THEN »NEXT MODULE)	What class are you in or what was the highest class level you ever attended?  NURSERY/ PRE-SCHOOL-0 FORM 5 - 13 FORM 6 - 14  <u>PRIMARY</u> STND. 1 - 1 <u>UNIVERSITY</u> STND. 2 - 2 UNIV. 1 - 15 STND. 3 - 3 UNIV. 2 - 16 STND. 4 - 4 UNIV. 3 - 17 STND. 5 - 5 UNIV. 4 - 18 STND. 6 - 6 UNIV. 5 & STND. 7 - 7 ABOVE - 19 STND. 8 - 8  <u>SECONDARY</u> TC YR. 1 - 20 FORM 1 - 9 TC YR. 2 - 21 FORM 2 - 10 TC YR. 3 - 22 FORM 3 - 11 TC YR. 4 - 23 FORM 4 - 12  <u>TRAINING COLLEGE</u> TC YR. 1 - 20 TC YR. 2 - 21 TC YR. 3 - 22 TC YR. 4 - 23	What is the <u>highest educational qualification</u> you have acquired?  NONE. . . 1 PSLC. . . 2 JCE . . . 3 MSCE. . . 4 NON-UNIV. DIPLOMA. 5 UNIVER. DIPLOMA, DEGREE . 6 POST-GRAD. DEGREE . 7	How old were you when you started school?	Did you attend school in the last <u>completed academic year</u> ?  YES..1 NO...2>>>C13
	HH ROSTER ID CODE	Chichewa	English	1st reason	2nd reason	YEARS				
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

**MODULE C: EDUCATION (CONTINUED)**[illegible]



## MODULE D: HEALTH

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

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



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

E01	E02	E03	E04	E05	E06	E07	E08	E09	E10	E11	E12	E13			
			WHO IS RESPONDING ON BEHALF OF [NAME]?  LIST FROM HOUSEHOLD ROSTER	How many hours did you spend yesterday collecting water?	How many hours did you spend yesterday collecting firewood (or other fuel materials)?	How many hours in the last seven days did you spend on household agricultural activities (including livestock and fishing-related activities) whether for sale or for household food?	How many hours in the last seven days did you run or do any kind of non-agricultural or non-fishing household business, big or small, for yourself?	How many hours in the last seven days did you help in any of the household's non-agricultural or non-fishing household businesses, if any?	How many hours in the last seven days did you engage in casual, part-time or ganyu labour?	How many hours in the last seven days did you do any work for a wage, salary, commission, or any payment in kind, excluding ganyu?	How many hours in the last seven days did you engage in an unpaid apprenticeship?				
			YES.1>>E05 NO..2												
			HH ROSTER ID CODE	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS				
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															

YES.1>>E18  
NO..2

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

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

**MODULE E: TIME USE & LABOUR (CONTINUED)**

MODULE E: TIME USE & LABOUR (CONTINUED)				SECONDARY JOB OVER THE LAST 12 MONTHS			
E01	E29	E30	E31	E32	E33		E34
I D C O D E	Is this job considered an apprenticeship?	Have you made any payments to your employer for your apprenticeship?	How much in total have you paid over the last 12 months for your apprenticeship?	At any time over the last 12 months, were you <u>employed for a second job, including casual/part-time labour, for a wage, salary, commission or any payment in kind, excluding ganyu</u> , for anyone who is not a member of your household?	Describe your secondary job over the last 12 months.		Describe what kind of trade or business your secondary job over the last 12 months is connected with.
	YES.1 NO..2>>E32	YES.1 NO..2>>E32		YES.1 NO..2>>E46	WRITTEN DESCRIPTION	(Supervisor to put in occupation code <u>after</u> interview) OCCUP. CODE	(Supervisor to put in industry code <u>after</u> interview) IND. CODE
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

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









[illegible][illegible]

**MODULE F: HOUSING (CONTINUED)**

<b>F20</b> In the event of a black out, what source of energy do you use for ...?		<b>F21</b> Do you get your electricity via ESCOM?  YES...1 NO...2>> <b>F25</b>	<b>F22</b> 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.	<b>F23</b> Did you have to pay an unofficial fee to get a connection?  YES...1 NO...2	<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	<b>F25</b> How much did you last pay for electricity?  IF NEVER PAYS FOR ELECTRICITY, RECORD 9999 AND >> <b>F31</b>	<b>F26</b> To what length of time does this cost for electricity refer?  (THEN » <b>F31</b> )		<b>F27</b> Although you do not have electricity in your dwelling, does your village / neighborhood have access to electricity provided by ESCOM?  YES...1 NO...2>> <b>F31</b>	<b>F28</b> <b>ENUMERATOR: IS THE DWELLING OWNED BY THE HOUSEHOLD ACCORDING TO F01?</b>  YES...1 NO...2>> <b>F31</b>
<b>LIGHTING</b>  FIREWOOD....1 PARAFFIN....2 CANDLES.....3 OTHER (SPECIFY)...4	<b>COOKING</b>  CHARCOAL...1 FIREWOOD...2 GAS.....3 PARAFFIN...4 OTHER (SPECIFY)...5						TIME AMOUNT	TIME UNIT		

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

# MODULE F: HOUSING (CONTINUED)

<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.		<b>F39</b> Do you use the main water source...  ALL YEAR AROUND...1>> <b>F41</b> ONLY RAINY SEASON...2 ONLY DRY SEASON...3	<b>F40</b> What is your <u>main</u> source of <u>drinking water</u> in the <u>other season</u> ?  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	<b>F41</b> What kind of <u>toilet facility</u> does your household use?  FLUSH TOILET. . . 1 VIP LATRINE. . 2 TRADIT. LATRINE W/ROOF. . 3 TRADIT. LATRINE W/O ROOF. 4 NONE. . . . 5>> <b>F43</b> OTHER (SPECIFY) 6	<b>F42</b> Is this toilet facility for the use of: READ RESPONSES  Household members only. . . . 1 Other households also. . . . 2	<b>F43</b> What kind of <u>rubbish disposal</u> facilities does your household use?  COLLECTED FROM RUBBISH BIN. . . 1 RUBBISH PIT . . . 2 BURNING . . . . 3 PUBLIC RUBBISH HEAP . . . . . 4 OTHER (SPECIFY) . . . 5 NONE. . . . . 6	<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?  YES..1 NO...2>> <b>NEXT MODULE</b>	<b>F45</b> Has/have the bed net(s) ever been dipped in insecticide against mosqui-toes in the past six months?  YES. . . . . 1 NO . . . . . 2 ALL NETS TREATED & LESS THAN 6 MONTHS OLD. . . 3
TIME AMOUNT	MINUTE..1 HOUR....2  TIME UNIT							

<b>F46</b> <b>ENUMERATOR:</b> DOES THIS HOUSEHOLD HAVE ANY CHILDREN BELOW 5 YEARS OF AGE?  YES..1 NO...2>> <b>NEXT MODULE</b>	<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?  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

**MODULE G: FOOD CONSUMPTION OVER PAST ONE WEEK**

DATA ENTRY 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?	
				QUANTITY	UNIT	QUANTITY	UNIT	MK		QUANTITY	UNIT	QUANTITY	UNIT
1	<b>Cereals, Grains and Cereal Products</b>												
2	Maize <i>ufa mgaiwa</i> (normal flour)		101										
3	Maize <i>ufa</i> refined (fine flour)		102										
4	Maize <i>ufa madeya</i> (bran flour)		103										
5	Maize grain (not as <i>ufa</i> )		104										
6	Green maize		105										
7	Rice		106										
8	Finger millet ( <i>mawere</i> )		107										
9	Sorghum ( <i>mapira</i> )		108										
10	Pearl millet ( <i>mchewere</i> )		109										
11	Wheat flour		110										
12	Bread		111										
13	Buns, scones		112										
14	Biscuits		113										
15	Spaghetti, macaroni, pasta		114										
16	Breakfast cereal		115										
17	Infant feeding cereals		116										
18	Other (specify)		117										
19	<b>Roots, Tubers, and Plantains</b>												
20	Cassava tubers		201										
21	Cassava flour		202										
22	White sweet potato		203										
23	Orange sweet potato		204										
24	Irish potato		205										
25	Potato crisps		206										
26	Plantain, cooking banana		207										
27	Cocoyam ( <i>masimbi</i> )		208										
28	Other (specify)		209										

**CODES FOR UNIT:**

KILOGRAMME . . . . 1  
 50 KG. BAG . . . . 2  
 90 KG. BAG . . . . 3  
 PAIL (SMALL) . . . 4  
 PAIL (LARGE) . . . 5  
 No. 10 PLATE . . . 6  
 No. 12 PLATE . . . 7  
 BUNCH. . . . . 8  
 PIECE. . . . . 9  
 HEAP . . . . . 10  
 BALE . . . . . 11  
 BASKET (*DENGU*)  
 (SHELLED) . . . 12  
 BASKET (*DENGU*)  
 (UNSHELLED) . . . 13  
 OX-CART  
 (UNSHELLED) . . . 14  
 LITRE. . . . . 15  
 CUP. . . . . 16  
 TIN. . . . . 17  
 GRAM . . . . . 18  
 MILLILITRE . . . 19  
 TEASPOON. . . . 20  
 BASIN. . . . . 21  
 SATCHET/TUBE. . . 22  
 OTHER (SPECIFY) . 23

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

DATA ENTRY 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?	
				QUANTITY	UNIT	QUANTITY	UNIT	MK		QUANTITY	UNIT	QUANTITY	UNIT
29	<b>Nuts and Pulses</b>												
30	Bean, white		301										
31	Bean, brown		302										
32	Pigeonpea ( <i>nandolo</i> )		303										
33	Groundnut		304										
34	Groundnut flour		305										
35	Soyabean flour		306										
36	Ground bean ( <i>nzama</i> )		307										
37	Cowpea ( <i>khobwe</i> )		308										
38	Macademia nuts		309										
39	Other (specify)		310										
40	<b>Vegetables</b>												
41	Onion		401										
42	Cabbage		402										
43	<i>Tanaposi/Rape</i>		403										
44	<i>Nkhwani</i>		404										
45	Chinese cabbage		405										
46	Other cultivated green leafy vegetables		406										
47	Gathered wild green leaves		407										
48	Tomato		408										
49	Cucumber		409										
50	Pumpkin		410										
51	Okra / <i>Therere</i>		411										
52	Tinned vegetables (specify:		412										
53	Mushroom		413										
54	Other vegetables (specify:		414										

**CODES FOR UNIT:**  
 KILOGRAMME . . . .1  
 50 KG. BAG . . . .2  
 90 KG. BAG . . . .3  
 PAIL (SMALL) . . .4  
 PAIL (LARGE) . . .5  
 No. 10 PLATE . . .6  
 No. 12 PLATE . . .7  
 BUNCH. . . . .8  
 PIECE. . . . .9  
 HEAP . . . . .10  
 BALE . . . . .11  
 BASKET (DENGU)  
 (SHELLED). . . .12  
 BASKET (DENGU)  
 (UNSHELLED) . . .13  
 OX-CART  
 (UNSHELLED) . . .14  
 LITRE. . . . .15  
 CUP. . . . .16  
 TIN. . . . .17  
 GRAM . . . . .18  
 MILLILITRE . . .19  
 TEASPOON. . . .20  
 BASIN. . . . .21  
 SATCHET/TUBE. . .22  
 OTHER (SPECIFY). 23

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

DATA ENTRY 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?	
				QUANTITY	UNIT	QUANTITY	UNIT	MK		QUANTITY	UNIT	QUANTITY	UNIT
55	<b>Meat, Fish and Animal products</b>												
56	Eggs		501										
57	Dried fish		502										
58	Fresh fish		503										
59	Beef		504										
60	Goat		505										
61	Pork		506										
62	Mutton		507										
63	Chicken		508										
64	Other poultry - guinea fowl, doves, etc.		509										
65	Small animal – rabbit, mice, etc.		510										
66	Termites, other insects (eg Ngumbi, caterpillar)		511										
67	Tinned meat or fish		512										
68	Smoked fish		513										
69	Fish Soup/Sauce		514										
70	Other (specify)		515										
71	<b>Fruits</b>												
72	Mango		601										
73	Banana		602										
74	Citrus – naartje, orange, etc.		603										
75	Pineapple		604										
76	Papaya		605										
77	Guava		606										
78	Avocado		607										
79	Wild fruit ( <i>masau, malambe, etc.</i> )		608										
80	Apple		609										
81	Other fruits (specify)		610										

**CODES FOR UNIT:**

KILOGRAMME . . . .1  
 50 KG. BAG . . . .2  
 90 KG. BAG . . . .3  
 PAIL (SMALL) . . .4  
 PAIL (LARGE) . . .5  
 No. 10 PLATE . . .6  
 No. 12 PLATE . . .7  
 BUNCH. . . . .8  
 PIECE. . . . .9  
 HEAP . . . . .10  
 BALE . . . . .11  
 BASKET (DENGU)  
 (SHELLED) . . .12  
 BASKET (DENGU)  
 (UNSHELLED) . .13  
 OX-CART  
 (UNSHELLED) . .14  
 LITRE. . . . .15  
 CUP. . . . .16  
 TIN. . . . .17  
 GRAM . . . . .18  
 MILLILITRE . . .19  
 TEASPOON. . . .20  
 BASIN. . . . .21  
 SATCHET/TUBE. .22  
 OTHER (SPECIFY).23

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

DATA ENTRY 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?	
				QUANTITY	UNIT	QUANTITY	UNIT	MK		QUANTITY	UNIT	QUANTITY	UNIT
82	<b>Cooked Foods from Vendors</b>												
83	Maize - boiled or roasted (vendor)		820										
84	Chips (vendor)		821										
85	Cassava - boiled (vendor)		822										
86	Eggs - boiled (vendor)		823										
87	Chicken (vendor)		824										
88	Meat (vendor)		825										
89	Fish (vendor)		826										
90	Mandazi, doughnut (vendor)		827										
91	Samosa (vendor)		828										
92	Meal eaten at restaurant		829										
93	Other (specify)		830										
94	<b>Milk and Milk Products</b>												
95	Fresh milk		701										
96	Powdered milk		702										
97	Margarine - Blue band		703										
98	Butter		704										
99	Chambiko - soured milk		705										
100	Yoghurt		706										
101	Cheese		707										
102	Infant feeding formula (for bottle)		708										
103	Other (specify)		709										
104	<b>Sugar, Fats, and Oil</b>												
105	Sugar		801										
106	Sugar Cane		802										
107	Cooking oil		803										
108	Other (specify)		804										

**CODES FOR UNIT:**

KILOGRAMME . . . . 1  
 50 KG. BAG . . . . 2  
 90 KG. BAG . . . . 3  
 PAIL (SMALL) . . . . 4  
 PAIL (LARGE) . . . . 5  
 No. 10 PLATE . . . . 6  
 No. 12 PLATE . . . . 7  
 BUNCH. . . . . 8  
 PIECE. . . . . 9  
 HEAP . . . . . 10  
 BALE . . . . . 11  
 BASKET (DENGU)  
 (SHELLED) . . . . 12  
 BASKET (DENGU)  
 (UNSHELLED) . . . 13  
 OX-CART  
 (UNSHELLED) . . . 14  
 LITRE. . . . . 15  
 CUP. . . . . 16  
 TIN. . . . . 17  
 GRAM . . . . . 18  
 MILLILITRE . . . 19  
 TEASPOON. . . . 20  
 BASIN. . . . . 21  
 SATCHET/TUBE. . . 22  
 OTHER (SPECIFY). 23

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

DATA ENTRY 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?	
				QUANTITY	UNIT	QUANTITY	UNIT	MK		QUANTITY	UNIT	QUANTITY	UNIT
109	<b>Beverages</b>												
110	Tea		901										
111	Coffee		902										
112	Cocoa, millo		903										
113	Squash (Sobo drink concentrate)		904										
114	Fruit juice		905										
115	Freezes (flavoured ice)		906										
116	Soft drinks (Coca-cola, Fanta, Sprite, etc.)		907										
117	Chibuku(commercial traditional-style beer)		908										
118	Bottled water		909										
119	Maheu		910										
120	Bottled / canned beer (Carlsberg, etc.)		911										
121	Thobwa		912										
122	Traditional beer ( <i>masese</i> )		913										
123	Wine or commercial liquor		914										
124	Locally brewed liquor ( <i>kachasu</i> )		915										
125	Other (specify)		916										
126	<b>Spices &amp; Miscellaneous</b>												
127	Salt		810										
128	Spices		811										
129	Yeast, baking powder, bicarbonate of soda		812										
130	Tomato sauce (bottle)		813										
131	Hot sauce (Nali, etc.)		814										
132	Jam, jelly		815										
133	Sweets, candy, chocolates		816										
134	Honey		817										
135	Other (specify)		818										

**CODES FOR UNIT:**

KILOGRAMME . . . .1  
 50 KG. BAG . . . .2  
 90 KG. BAG . . . .3  
 PAIL (SMALL) . . .4  
 PAIL (LARGE) . . .5  
 No. 10 PLATE . . .6  
 No. 12 PLATE . . .7  
 BUNCH. . . . .8  
 PIECE. . . . .9  
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 BASKET (*DENGU*)  
 (SHELLED). . . 12  
 BASKET (*DENGU*)  
 (UNSHELLED) . . 13  
 OX-CART  
 (UNSHELLED) . . 14  
 LITRE. . . . .15  
 CUP. . . . .16  
 TIN. . . . .17  
 GRAM . . . . .18  
 MILLILITRE . . .19  
 TEASPOON. . . .20  
 BASIN. . . . .21  
 SATCHET/TUBE. .22  
 OTHER (SPECIFY). 23



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

		G08. Over the past one week (7 days), how many days did you or others in your household consume any [...]?
		IF NOT CONSUMED, RECORD ZERO.
		NUMBER OF DAYS
A	<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	<input type="text"/>
NO...2>> NEXT MODULE	

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

**MODULE H: FOOD SECURITY**

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

<b>H05</b> When did you experience this incident in the last 12 months?  MARK X IN EACH MONTH OF 2009 AND 2010 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.											<b>H06</b> What was the cause of this situation?  LIST UP TO 3 IN ORDER OF IMPORTANCE; USE CODES ON THE RIGHT.																														
2009 <table border="1"> <tr> <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> </tr> </table>										Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec											2010 <table border="1"> <tr> <td>Jan</td><td>Feb</td> </tr> <tr> <td></td><td></td> </tr> </table>		Jan	Feb								
Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec																																
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Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec																																
Jan	Feb	Mar																																							

**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

**MODULE I: NON-FOOD EXPENDITURES – OVER PAST ONE WEEK & ONE MONTH****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	I03
			ITEM CODE	How much did you pay in total?  MK
1	Charcoal		101	
2	Paraffin or kerosene		102	
3	Cigarettes or other tobacco		103	
4	Candles		104	
5	Matches		105	
6	Newspapers or magazines		106	
7	Public transport - Bicycle Taxi		107	
8	Public transport - Bus/Minibus		108	
9	Public transport - Other (Truck, Oxcart, Etc..)		109	

**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	I01	I02	I03
			ITEM CODE	How much did you pay in total?  MK
1	Milling fees, grain		201	
2	Bar soap (body soap or clothes soap)		202	
3	Clothes soap (powder, paste)		203	
4	Toothpaste, toothbrush		204	
5	Toilet paper		205	
6	Glycerine, Vaseline, skin creams		206	
7	Other personal products (shampoo, razor blades, cosmetics, hair products, etc.)		207	
8	Light bulbs		209	
9	Postage stamps or other postal fees		210	
10	Donation - to church, charity, beggar, etc.		211	
11	Petrol or diesel		212	
12	Motor vehicle service, repair, or parts		213	
13	Bicycle service, repair, or parts		214	
14	Wages paid to servants		215	
15	Mortgage - regular payment to purchase house		216	
16	Repairs & maintenance to dwelling		217	
17	Repairs to household and personal items (radios, watches, etc., excluding battery purchases)		218	
18	Expenditures on pets		219	
19	Batteries		220	
20	Recharging batteries, cell phones		221	

**MODULE J: NON-FOOD EXPENDITURES OVER PAST THREE MONTHS**

Over the past three months, did your household purchase or pay for any [...]?  YES . 1 NO . . 2 >> NEXT ITEM	J01	J02	J03
		ITEM CODE	How much did you pay in total?  MK
Infant clothing		301	
Baby nappies/diapers		302	
Boy's trousers		303	
Boy's shirts		304	
Boy's jackets		305	
Boy's undergarments		306	
Boy's other clothing		307	
Men's trousers		308	
Men's shirts		309	
Men's jackets		310	
Men's undergarments		311	
Men's other clothing		312	
Girl's blouse/shirt		313	
Girl's dress/skirt		314	
Girl's undergarments		315	
Girl's other clothing		316	
Lady's blouse/shirt		317	
Chitenje cloth		318	
Lady's dress/skirt		319	
Lady's undergarments		320	

Over the past three months, did your household purchase or pay for any [...]?  YES . 1 NO . . 2 >> NEXT ITEM	J01	J02	J03
		ITEM CODE	How much did you pay in total?  MK
Lady's other clothing		321	
Boy's shoes		322	
Men's shoes		323	
Girl's shoes		324	
Lady's shoes		325	
Cloth, thread, other sewing material		326	
Laundry, dry cleaning, tailoring fees		327	
Bowls, glassware, plates, silverware, etc.		328	
Cooking utensils (cookpots, stirring spoons and whisks, etc.)		329	
Cleaning utensils (brooms, brushes, etc.)		330	
Torch / flashlight		331	
Umbrella		332	
Paraffin lamp (hurricane or pressure)		333	
Stationery items (not for school)		334	
Books (not for school)		335	
Music or video cassette or CD/DVD		336	
Tickets for sports / entertainment events		337	
House decorations		338	
Night's lodging in rest house or hotel		339	

**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	
<i>Lobola</i> (bridewealth) costs		415	
Marriage ceremony costs		416	
Funeral costs, household members		417	
Funeral costs, nonhousehold members (relatives, neighbors/friends)		418	

**NON-FOOD ITEMS THAT MAY NOT HAVE BEEN PURCHASED**

Over the past one year (twelve months) did your household gather, purchase, or pay for any [...]?  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		

**MODULE L: DURABLE GOODS**

ITEM	L01 Does your household own a [ITEM]?  YES...1 NO...2 >> NEXT ITEM	L02 D G U O R O A D A 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					
Tape or CD/DVD player; HiFi		508					
Television		509					
VCR		510					
Sewing machine		511					
Kerosene/paraffin stove		512					
Electric or gas stove; hot plate		513					
Refrigerator		514					
Washing machine		515					
Bicycle		516					

**MODULE L: DURABLE GOODS (CONTINUED)**

ITEM	L01 Does your household own a [ITEM]?  YES...1 NO...2>> NEXT 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?  YES...1 NO...2 >> NEXT ITEM	L07 How much in total did you pay for [ITEM] in the last 12 months?
		ITEM CODE					
			NUMBER	YEARS	MK		MK
Motorcycle/scooter		517					
Car		518					
Mini-bus		519					
Lorry		520					
Beer-brewing drum		521					
Upholstered chair, sofa set		522					
Coffee table (for sitting room)		523					
Cupboard, drawers, bureau		524					
Lantern (paraffin)		525					
Desk		526					
Clock		527					
Iron (for pressing clothes)		528					
Computer equipment & accessories		529					
Sattelite dish		530					
Solar panel		531					
Generator		532					

## **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>> <b>NEXT MODULE</b>	
---------	-----------------------------	--

YES..1      NO....2>> NEXT MODULE

--	--

[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	<b>IMPLEMENTS</b>							
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	<b>MACHINERY</b>							
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	<b>STRUCTURES/BUILDINGS</b>							
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						

## MODULE N: HOUSEHOLD ENTERPRISES

### [ASK OF HOUSEHOLD HEAD]

A. Over the past 12 months, has anyone in your household operated any non-agricultural income-generating enterprise which produces goods or services or has anyone in your household owned a shop or operated a trading business?

YES. 1  
NO . 2

☐

**ENUMERATOR:** REFER TO THE ANSWER TO A. IF THE RESPONDENT STATED "**YES**," ASK THE FOLLOWING: TO UNDERSTAND THE TYPE OF NON-AGRICULTURAL INCOME GENERATING ENTERPRISES OPERATED BY YOUR HOUSEHOLD OVER THE PAST 12 MONTHS, COULD YOU PLEASE ANSWER THE FOLLOWING SET OF QUESTIONS.

**ENUMERATOR:** REFER TO THE ANSWER TO A. IF THE RESPONDENT STATED "**NO**," STATE THE FOLLOWING: EVEN THOUGH YOU STATED THAT NO ONE IN YOUR HOUSEHOLD OPERATED ANY NON-AGRICULTURAL INCOME-GENERATING ENTERPRISE OVER THE PAST 12 MONTHS, LET ME BE CLEAR ON WHAT I MEAN BY "NON-AGRICULTURAL INCOME-GENERATING ENTERPRISE."

Over the past 12 months has anyone in your household...

#### FOR QUESTIONS N01 THROUGH N08

YES...1

NO...2

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.?

☐

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

☐

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?

☐

N07 ... owned a bar or restaurant?

☐

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

☐

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

☐

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.?

☐

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

YES...1

NO...2>> **MODULE O**

☐

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

☐

**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	N33 ENUMERATOR: REFER TO QUESTION 25.  WAS THE LAST MONTH OF OPERATION A MONTH OF...	N34 During the <b>last month of average sales</b> , what was the value of <b>total sales (zogulitsa)</b> of products, goods or services of this [ENTERPRISE]?	N35 During the <b>last month of high sales</b> , what was the value of <b>total sales (zogulitsa)</b> of products, goods or services of this [ENTERPRISE]?	N36 During the <b>last month of low sales</b> , what was the value of <b>total sales (zogulitsa)</b> of products, goods or services of this [ENTERPRISE]?	N37 During the <b>last month of high sales</b> , what was the value of <b>total sales (zogulitsa)</b> of products, goods or services of this [ENTERPRISE]?	N38 During the <b>last month of low sales</b> , what was the value of <b>total sales (zogulitsa)</b> of products, goods or services of this [ENTERPRISE]?	N39 During the <b>last month of average sales</b> , what was the value of <b>total sales (zogulitsa)</b> of products, goods or services of this [ENTERPRISE]?	N40 During the last month of operation, what was the <b>profit (phindu)</b> 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	<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>							
	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								

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?

NO...2 >> NEXT MODULE

11

[illegible]



**MODULE P: OTHER INCOME**

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 [SOURCE] came from rural/urban/international locations?			P04 Who in your household kept/decided what to do with these earnings?  LIST UP TO 2 FROM HOUSEHOLD ROSTER.	
					FROM RURAL AREAS	FROM URBAN AREAS	FROM OTHER COUNTRIES	HH ROSTER ID CODE # 1	HH ROSTER ID CODE # 2
					MK	MK	MK	MK	
1		<b>Incoming Transfers/Gifts</b>							
2	101	Cash Transfers/Gifts from Individuals (Friends/Relatives) [DO NOT INCLUDE REMITTANCES FROM HH HEAD'S AND SPOUSE'S OWN CHILDREN. THESE ARE RECORDED IN THE PREVIOUS MODULE.]							
3	102	Food Transfers/Gifts from Individuals (Friends/Relatives) [DO NOT INCLUDE REMITTANCES FROM HH HEAD'S AND SPOUSE'S OWN CHILDREN. THESE ARE RECORDED IN THE PREVIOUS MODULE.]							
4	103	Non-Food In-Kind Transfers/Gifts from Individuals (Friends/Relatives) [DO NOT INCLUDE REMITTANCES FROM HH HEAD'S AND SPOUSE'S OWN CHILDREN. THESE ARE RECORDED IN THE PREVIOUS MODULE.]							
5		<b>Pension &amp; Investment Income</b>							
6	104	Savings, Interest or Other Investment Income							
7	105	Pension Income							
8		<b>Rental Income</b>							
9	106	Income from Non-Agricultural Land Rental							
10	107	Income from Apartment, House Rental							

**MODULE P: OTHER INCOME (CONTINUED)**

DATA ENTRY LINE NUMBER	CODE	SOURCE	P01 During the last 12 months, did you or any members of your household receive any [SOURCE]?  YES . 1 NO . . 2 >> NEXT SOURCE	P02 How much [SOURCE] did your household receive in total during the last 12 months?  ESTIMATE THE CASH VALUE OF IN-KIND TRANSFERS RECEIVED	P03 How much of the total [SOURCE] came from rural/urban/international locations?			P04 Who in your household kept/decided what to do with these earnings?  LIST UP TO 2 FROM HOUSEHOLD ROSTER.	
					FROM RURAL AREAS	FROM URBAN AREAS	FROM OTHER COUNTRIES	HH ROSTER ID CODE # 1	HH ROSTER ID CODE # 2
					MK	MK	MK	MK	
11		<b>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)							
14		<b>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							
18		<b>Other Income</b>							
19	113	Inheritance							
20	114	Lottery/Gambling Winnings							
21	115	Other Income (Specify) _____							

**MODULE Q: GIFTS GIVEN OUT**

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?	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.				
									YES . 1 NO . . 2 >> NEXT ITEM	TO RURAL AREAS	TO URBAN AREAS
			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.]									

**MODULE R: SOCIAL SAFETY NETS**

[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 PROGRAMME	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>> R5  Specific HH Members..2
			CASH MK	IN-KIND CASH VALUE - MK	MAIZE KG	
101	Free Maize					
102	Free Food (other than Maize)					
103	Food/Cash-for-Work Programme (e.g., 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)					
109	Scholarships for Tertiary Education (e.g. University Scholarship, Upgrading Teachers)					
110	Tertiary Loan Scheme (Government Loan for University and Other Tertiary Education)					
111	Direct Cash Transfers from Government					
112	Direct Cash Transfers from others (Development Partners, NGOs). SPECIFY _____					
113	Other, Specify: _____					

**MODULE R: SOCIAL SAFETY NETS (CONTINUED)**

[ASK OF HOUSEHOLD HEAD]

CODE	PROGRAM  <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 PROGRAMME)		
		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	MONTH	YEAR (4-DIGIT)
		101	Free Maize									
102	Free Food (other than Maize)											
103	Food/Cash-for-Work Programme (e.g., 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)											
109	Scholarships for Tertiary Education (e.g. University Scholarship, Upgrading Teachers)											
110	Tertiary Loan Scheme (Government Loan for University and Other Tertiary Education)											
111	Direct Cash Transfers from Government											
112	Direct Cash Transfers from others (Development Partners, NGOs). SPECIFY _____											
113	Other, Specify: _____											





**MODULE S: CREDIT (CONTINUED)**

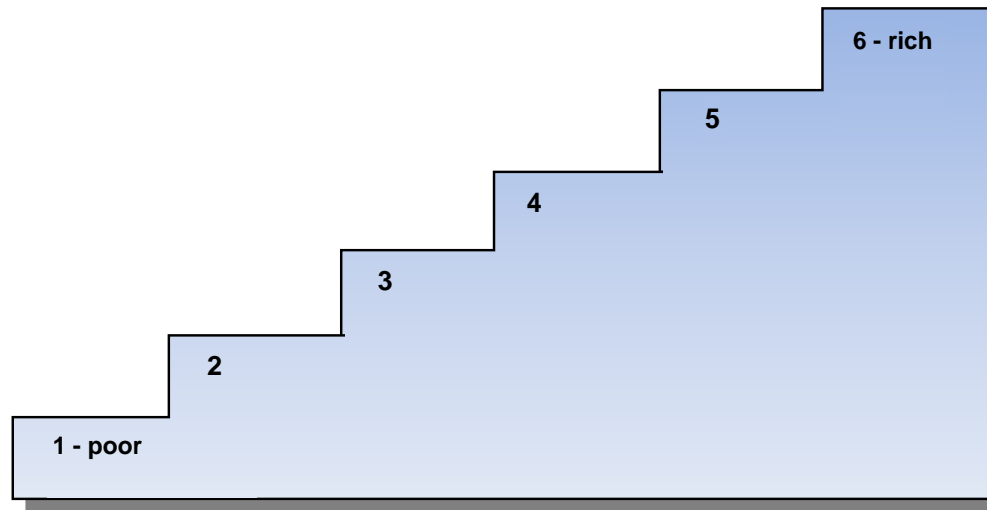
<p>S12 During the last 12 months, did you try to borrow from someone outside the household or from an institution and <u>were turned down</u>?</p> <p>YES...1 NO...2 &gt;&gt;S15</p>	<p>S13 Who turned you down? LIST UP TO 2.</p> <p>USE CODES BELOW.</p> <p>1ST      2ND</p>		<p>S14 What was main <u>reason</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;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>1ST      2ND</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 <b>ENUMERATOR: WAS THE ANSWER TO QUESTIONS S01, S12 AND S15 ALWAYS "NO"?</b></p> <p>ANSWER TO ALL THREE QUESTIONS WAS ALWAYS "NO"...1</p> <p>ANSWER TO ALL THREE QUESTIONS WAS NOT ALWAYS "NO"...2&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><b>(THEN &gt;&gt; NEXT MODULE)</b></p> <p>1ST      2ND</p>	

**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

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

<b>T01</b> Concerning your household's <u>food</u> consumption 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  <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>	<b>T02</b> Concerning your <u>housing</u> , which of the following is true?	<b>T03</b> Concerning your household's <u>clothing</u> , which of the following is true?	<b>T04</b> Concerning the standard of <u>health care</u> you receive for household members, which of the following is true?	<b>T05</b> 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.	<b>T06</b>  On which step are most of your neighbors today?	<b>T07</b>  On which step are most of your friends today?	<b>T08</b> Which of the following is true? Your current income . . . [READ]:  ALLOWS YOU TO BUILD YOUR SAVINGS. . . .1 ALLOWS YOU TO SAVE JUST A LITTLE . . .2 ONLY JUST MEETS YOUR EXPENSES . . .3 IS NOT SUFFICIENT, SO YOU NEED TO USE YOUR SAVINGS TO MEET EXPENSES . . .4 IS REALLY NOT SUFFICIENT, SO YOU NEED TO BORROW TO MEET EXPENSES . . .5	<b>T09</b> How many <u>changes of clothes</u> do you (HH HEAD) own?  (NUMBER OF TROUSERS FOR MEN; SKIRTS/ DRESSES FOR WOMEN)  NUMBER	<b>T10</b> What do you (HH HEAD) <u>sleep on</u> ?  BED & MATTRESS . . 1 BED & MAT (GRASS). 2 BED ALONE. . . . .3 MATTRESS ON FLOOR. 4 MAT (GRASS) ON FLOOR . . . . .5 CLOTH/SACK ON FLOOR . . . . .6 FLOOR (NOTHING ELSE) . . . . .7 OTHER (SPECIFY). . .8	<b>T11</b> 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 OTHER (SPECIFY) . . .8	<b>T12</b> What do you (HH HEAD) <u>sleep under in the hot season</u> (October)?



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]

## **MODULE V: CHILD ANTHROPOMETRY**

V01  I D  C O D E	V02	V03	V04		V05	V06	V07	V08	V09	V10	V11	V12	V13	V14
	PUT AN 'X' FOR ALL INDIVIDUALS WHO ARE AGED UNDER SIX MONTHS <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 HOUSE-HOLD	How old is [NAME]?  RECONFIRM EXACT AGE - MUST INCLUDE <u>BOTH</u> YEARS AND MONTHS.		WAS [NAME] MEAS-URED?	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 MEASURE-MENT OF THE CHILD DONE IN A NORMAL MANNER, OR WAS MEASURE-MENT DIFFICULT?	ASK OF MOTHER / GUARDI-AN: Does the child participate in a <u>nutrition prog-ramme</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)?
			HH ROSTER ID	YEARS	MONTHS	YES, MEASURED FULLY.....1>>V07 YES, MEASURED PARTIALLY.2 NO.....3	NOT AT HOME DURING SURVEY PERIOD. .1 TOO ILL. .2 UNWILLING.3 OTHER. . .4	YES..1>>V12 NO...2	IN KG TO ONE DECIMAL PLACE. (IF LESS THAN 10 KG, PUT ZERO IN FIRST BLANK.)	IN CM, TO ONE DECIMAL PLACE. (IF LESS THAN 100 CM, PUT ZERO IN FIRST BLANK.)	STANDING...1 LYING DOWN.2 NOT APPLICABLE.3	NORMAL....1 DIFFICULT.2	YES. .1 NO . .2	YES. .1 NO . .2
1								_____ . ____	_____ . ____					
2								_____ . ____	_____ . ____					
3								_____ . ____	_____ . ____					
4								_____ . ____	_____ . ____					
5								_____ . ____	_____ . ____					
6								_____ . ____	_____ . ____					
7								_____ . ____	_____ . ____					
8								_____ . ____	_____ . ____					
9								_____ . ____	_____ . ____					
10								_____ . ____	_____ . ____					
11								_____ . ____	_____ . ____					
12								_____ . ____	_____ . ____					

**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

☐

W02 S E R I A L  N O	W03 NAME OF DECEASED	W04 DECEASED'S RELATION- SHIP TO HEAD OF HOUSEHOLD	W05 SEX   MALE...1 FEMALE...2	W06 AGE AT DEATH  IF UNDER 5 YEARS, INCLUDE MONTHS		W07 ACCORDING TO W06, WAS THE DECEASED UNDER 12 YEARS OLD WHEN HE/ SHE DIED?  YES 1>>W09 NO...2	W08 What kind of <u>work</u> did [NAME] do for most of his/her life?  FARMING . . . . . 1 FISHING . . . . . 2 TRADER/MERCHANT . 3 TRANSPORT . . . . 4 TRADESMAN (MASON, CARPENTER, ETC). 5 CIVIL SERVANT . . 6 TEACHER . . . . . 7 DOCTOR/NURSE/ETC. 8 OTHER PROFESSION. 9 CLERK/SECRETARY .10 FACTORY WORKER. .11 RESTAURANT, BAR .12 GENERAL LABOURER.13 HOME WORKER . . .14 STUDENT . . . . .15 MILITARY. . . . .16 OTHER . . . . .17	W09 Did [NAME] die of old age, an illness, or of some other cause?  OLD AGE .1 (>>W14) ILLNESS .2 (>>W11) OTHER CAUSE. .3	W10 What was the [NON-ILLNESS] cause of [NAME]'s death?  TRAFFIC ACCIDENT . . . 1 OTHER ACCIDENT OR INJURY. . . 2 CHILDBIRTH OR COMPLICATIONS. 3 MURDER. . . . . 4 SUICIDE . . . . . 5 WITCHCRAFT/ SORCERY. . . . . 6 OTHER (SPEC.) . 7  (THEN >>W13)	W11 What was the illness that caused [NAME]'s death? CAN NOTE UP TO TWO.  CODES BELOW 1ST 2ND ILLNESS ILLNESS	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?  MEDICAL DIAGNOSIS 1  NON-MEDICAL DIAGNOSIS .2  OWN PERCEPTION 3	W14 After this person died, did you or members of your house- hold <u>lose any</u> <u>land or other</u> <u>assets</u> due to inheritance traditions?  YES...1 NO...2 (>>NEXT DECEASED)	W15 What was the value of the land or assets lost?  MK
				YEARS	MONTHS						TIME AMOUNT	DAY . 3 WEEK. 4 MONTH 5 YEAR. 6 UNIT			
31															
32															
33															
34															
35															
36															

**RELATIONSHIP CODES**

WIFE/HUSBAND. . . . . 2  
CHILD/ADOPTED CHILD . 3  
GRANDCHILD. . . . . 4  
NIECE/NEPHEW. . . . . 5  
FATHER/MOTHER . . . . . 6  
SISTER/BROTHER. . . . . 7  
SON/DAUGHTER-IN-LAW . 8  
BROTHER/SISTER-IN-LAW . 9

GRANDFATHER/MOTHER. . 10  
FATHER/MOTHER-IN-LAW. 11  
OTHER RELATIVE. . . . . 12  
SERVANT OR SERVANT'S  
RELATIVE . . . . . 13  
TENANT OR TENANT'S  
RELATIVE . . . . . 14

**ILLNESS CODES**

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

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

LIVER DISEASE.....14  
SEXUALLY TRANSMITTED  
DISEASE.....15  
DIABETES COMPLICATION...16  
  
DOES NOT KNOW .....17  
REFUSED TO ANSWER .....18  
OTHER (SPECIFY) .....19

**MODULE X: FILTER QUESTIONS FOR AGRICULTURE & FISHERY QUESTIONNAIRES**

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

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**CROSS-SECTIONAL HOUSEHOLDS**

X02. ENUMERATOR: WHAT WAS THE LAST COMPLETED RAINY SEASON? 2009/10 . . 1  
2008/09 . . 2

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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

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X04. ENUMERATOR: WHAT WAS THE LAST COMPLETED DRY (DIMBA) SEASON? 2009 . . 1  
2010 . . 2

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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

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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

☐

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  
MARK 'YES' IF RESPONDENT SAID 'YES' TO ONE OF X03, X05, X06, OR X07.

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

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**IF YES, FISHERY QUESTIONNAIRE HAS TO BE ADMINISTERED.**

END OF QUESTIONS

**PANEL HOUSEHOLDS**

X10. Did you or anyone in your household own or cultivate a plot during the 2009/2010 rainy season? YES . . 1  
NO . 2

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

☐

X12. **ENUMERATOR:** SHOULD THE AGRICULTURE VISIT 1 QUESTIONNAIRE BE ADMINISTERED? YES . . 1  
NO . 2  
MARK 'YES' IF RESPONDENT SAID 'YES' TO ONE OF X10 OR X11.

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X13. Did you or anyone in your household harvest any cassava, tea, coffee or other fruits in the last 6 months? YES . . 1  
NO . 2

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X14. Do you or anyone in your household plan to harvest any cassava, tea, coffee or other fruits in the next 6 months? YES . . 1  
NO . 2

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X15. **ENUMERATOR:** MARK 'YES' IF RESPONDENT SAID 'YES' TO ONE OF X13 OR X14. YES . . 1  
NO . 2

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

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**IF X16 IS "YES" AND HOUSEHOLD IS IN PANEL GROUP A, FISHERY QUESTIONNAIRE HAS TO BE ADMINISTERED DURING VISIT 1.  
IF X16 IS "YES" AND HOUSEHOLD IS IN PANEL GROUP B, FISHERY QUESTIONNAIRE HAS TO BE ADMINISTERED DURING VISIT 2.**

END OF QUESTIONS

**SURVEY HOUSEHOLD MEMBER LIST**

I D C O D E	B02	B03	B05	
	NAMES OF HOUSEHOLD MEMBERS  ONLY LIST HOUSEHOLD MEMBERS, NO OTHERS.	SEX  MALE...1 FEMALE..2	AGE  YEARS	MONTHS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				