



Malawi Government  
National Statistical Office

**AUTHORIZED FOR PUBLIC DISCLOSURE**

Questionnaire  
Number

**FIFTH INTEGRATED HOUSEHOLD SURVEY 2019/2020 AND THE INTEGRATED HOUSEHOLD PANEL SURVEY 2019**

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

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

**HOUSEHOLD QUESTIONNAIRE**

**MODULE A-1: HOUSEHOLD IDENTIFICATION**

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

	CODE	NAME
A01. DISTRICT:	<input 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. PLACE / VILLAGE NAME:		.....
A05. PANEL OR CROSS-SECTIONAL:	CROSS-SECTION.....1 PANEL A .....2>>A09 PANEL B .....3>>A09	<input type="text"/>
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"/> (THEN>>A15)	
A09. IHPS Y3-HHID FROM TRACKING FORM:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	
A10. NAME OF HOUSEHOLD HEAD FROM IHPS:		.....
A11. LOCATION OF HOUSEHOLD:	SAME DWELLING UNIT.....1 ► A13 DIFFERENT DWELLING UNIT WITHIN SAME VILLAGE/URBAN LOCATION.....2 DIFFERENT VILLAGE/URBAN LOCATION, WITHIN SAME DISTRICT.....3	<input type="text"/>
A12. IHPS 2016 ROSTER ID & NAME OF TRACKING TARGET:	<input type="text"/> <input type="text"/> <input type="text"/>	.....
A13. CURRENT NAME OF HOUSEHOLD HEAD:		.....
A14. LOWEST IHPS 2016 ROSTER ID NUMBER FROM SECTION B, QUESTION 06_1:	<input type="text"/> <input type="text"/> <input type="text"/>	REFER TO COMPLETED T0 AND CONFIRM IN MODULE B HOUSEHOLD ROSTER

**VISIT 1**

A15. DESCRIPTION OF LOCATION OF HOUSEHOLD:

.....

.....

.....

.....

.....

A16. WHAT ARE THE GPS COORDINATES OF THE DWELLING?

LATITUDE (S)									
LONGITUDE (E)									

A17. WEATHER CONDITION AT MEASUREMENT:

Clear/ Sunny.....1      Mostly Cloudy / Considerable Cloudiness..4  
 Mostly Clear / Mostly Sunny.....2      Completely Cloudy .....5  
 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  
 NO ....2

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 Cloudy .....5  
 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

HH

MM

HH

MM

Attempt 2

Attempt 3

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

HH

MM

HH

MM

Attempt 2

Attempt 3

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.

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

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.

**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 and again in 2016 as part of the Integrated Household Panel Survey (IHPS). The three 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 2019, we are returning to see how things are progressing in terms of living standards.

**SPLIT-OFF HOUSEHOLDS:**

At the time of IHPS 2016, 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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[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 TUMBUKA.. 4 LOMWE.. 5 NKHONDE.. 6 NGONI.. 7 SENA.. 8 NYAKYUSA.. 9 TONGA.. 10 LAMBAYA.. 11 SENGA.. 12 SUKWA/NDALI.. 13 ENGLISH.. 14 OTHER.. 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 elsewhere?  NUMBER
								SPOUSE #1		SPOUSE #2		SPOUSE #3			
								ID	YEAR	ID	YEAR	ID	YEAR		
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															

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

ENUMERATOR:  
RECORD VISIT 1  
END TIME  
FOR MODULE B:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

HOURS MINUTES

## MODULE C: EDUCATION

**RESPONDENT: ASK OF ALL PERSONS AGED 5 YEARS AND OLDER.**

[illegible]



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

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

**MODULE D: HEALTH (CONTINUED)**

D01  I D C O D E	D44  IS THIS PERSON, [NAME], A CHILD LESS THAN 5 YEARS OF AGE?        YES...1 NO...2>>>D47	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 ATTENDANT . . . .4 RELATIVE/FRIEND . .5 NO ONE . . . . .6 OTHER (SPECIFY) . . 7	D47  During the past 12 months did you or any other person in the family above 6 years receive any vaccinations to prevent any diseases such as cancer, hepatitis etc?        YES...1 NO...2>>>NEXT ROW	D48  How much did you pay for this vaccination?        THEN>> NEXT MODULE        MK
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

## MODULE E: TIME USE & LABOUR

**RESPONDENT:** ASK OF ALL PERSONS 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.

[illegible]



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

E01	E17_3	E17_4	E17_5	E17_6	E17_7
C O D E	What did you mainly do in the last four weeks to find a paid job or start a business?	For how long has you been without work and trying to find a job or start a business?	At present does you want to work?	What is the main reason you did not try to find a paid job or start a business in the last 4 weeks?	If a job or business opportunity had been available, could you have started working last week?
	APPLY TO PROSPECTIVE EMPLOYERS FOR A PAID JOB OR INTERNSHIP.....1 PLACE OR ANSWER JOB ADVERTISEMENTS .....2 POST/UPDATE RESUME ON PROFESSIONAL /SOCIAL NETWORKING SITES .....3 REGISTER WITH PUBLIC EMPLOYMENT SERVICE.....4 REGISTER WITH A PRIVATE EMPLOYMENT CENTRE/AGENCY .....5 TAKE PUBLIC SERVICE EXAM OR INTERVIEW.....6 TAKE PRIVATE COMPANY'S EXAM OR INTERVIEW .....7 SEEK HELP FROM RELATIVES, FRIENDS, OTHERS .....8 CHECK AT FACTORIES, WORK SITES .....9 WAIT ON THE STREET TO BE RECRUITED .....10 SEEK FINANCIAL HELP TO START A BUSINESS .....11 LOOK FOR LAND, BUILDING, EQUIPMENT, MATERIALS TO START A BUSINESS .....12 DEVELOPED A BUSINESS PLAN .....13 APPLY FOR A PERMIT OR LICENSE TO START A BUSINESS .....14 OTHER (SPECIFY) .....15	>> E17_7  LESS THAN 1 MONTH .....1 ONE MONTH TO < 3 MONTHS .....2 THREE MONTHS TO < 6 MONTHS ...3 SIX MONTHS TO < 12 MONTHS ...4 ONE YEAR TO < 2 YEARS .....5 TWO YEARS OR MORE .....6	YES.1 NO..2 >>E17_10	WAITING FOR RESULTS OF A PREVIOUS SEARCH .....1 AWAITING RECALL FROM A PREVIOUS JOB .....2 WAITING FOR THE SEASON TO START .....3 WAITING TO START NEW JOB OR BUSINESS .....4 TIRED OF LOOKING FOR JOBS, NO JOBS IN AREA ...5 NO JOBS MATCHING SKILLS, LACKS EXPERIENCE ....6 CONSIDERED TOO YOUNG/OLD BY EMPLOYERS .....7 IN STUDIES, TRAINING .....8 FAMILY / HOUSEHOLD RESPONSIBILITIES .....9 IN AGRICULTURE / FISHING FOR FAMILY USE .....10 OWN DISABILITY, INJURY, ILLNESS .....11 RETIRED, PENSIONER, OTHER SOURCES OF INCOME .12 OTHER (SPECIFY) .....13	YES.1 >>NEXT ROW NO..2
	Activity 1	Activity 2			
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

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

E01 C O D E I E D	E17_8 Or could you start working within the next 2 weeks?	E17_9 Why are you not available to start working?  AWAITING RECALL FROM A PREVIOUS JOB .1 WAITING FOR THE SEASON TO START.....2 IN STUDIES, TRAINING.....3 FAMILY / HOUSEHOLD RESPONSIBILITIES .4 IN FAMILY FARMING/LIVESTOCK FISHING FOR FAMILY USE .....5 RETIRED, PENSIONER .....6 OWN DISABILITY, INJURY, ILLNESS ....7  >>NEXT ROW	E17_10 Which of the following best describes what you are mainly doing at present?  PLEASE READ ALL OPTIONS  Studying or training .....1 Engaged in household or family responsibilities .....2 Family farming, livestock or fishing for family use.....3 Retired or pensioner .....4 With a long term illness, injury or disability .....5 Doing volunteering, community or charity work .....6 Engaged in cultural or leisure activities .....7  >>NEXT ROW
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

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

MAIN WAGE JOB OVER THE LAST 12 MONTHS							
E01	E18	E19		E20		E21	E21_1
C O D E I D	<b>ENUMERATOR:</b> CHECK QUESTION E06_4. DID THE RESPONDENT REPORT YES TO THIS QUESTION?	Describe your main wage job over the last 12 months.  THE MAIN WAGE JOB IS THE ONE WHERE YOU USUALLY WORK THE HIGHEST NUMBER OF HOURS EVEN IF YOU WERE TEMPORARILY ABSENT LAST WEEK.		Describe what kind of trade or business your main wage job over the last 12 months is connected with.		Is your employer for your main wage job over the last 12 months...  READ RESPONSES  Private Company.....1 Private Individual.....2 Federal Government....3 Provincial Government..3 Local Government.....3 State-Owned Enterprise (Parastatal).....4 MASAF/Public Works Program.....5 Church/Religious Organization.....6 Political Party.....7 Other (Specify).....8	Including you, how many persons work at your place of work?
	YES..1 NO..2>>>E46	(Supervisor to put in occupation code after interview)		(Supervisor to put in industry code after interview)		1.....1 2-4 ...2 5-9....3 10-19..4 20-49..5 50+....6	
		WRITTEN DESCRIPTION	OCCUP. CODE	WRITTEN DESCRIPTION	IND. CODE		
1							
2							
3							
4							
5							
6							
7							
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15							

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

E01	E21_2 C O D E D  What is the status of your contract/ agreement in your main wage job?      PERMANENT/ PENSIONABLE JOB ....1 CONTRACT OF LESS THAN 1 YEAR ..2 CONTRACT OF 1-5 YEARS .....3 CONTRACT OF MORE THAN 5 YEARS..4 WITHOUT ANY CONTRACT .....5 OTHER (SPECIFY) .....6	E21_3  Does your main wage job offer the following benefits?  READ ALL THE OPTIONS TO THE RESPONDENT, AND MARK ALL THAT APPLY WITH "X"          Paid annual leave Paid maternity of parental leave Paid medical/sick leave Health insurance benefits Old-age pension Disability pension Paid/subsidized meals at work Transport subsidy Other benefits	E21_4  Have you experienced any of the following difficulties in [NAME]'s main job?  READ ALL THE OPTIONS TO THE RESPONDENT, AND MARK ALL THAT APPLY WITH "X"          Difficulty getting a promotion Difficulty getting a raise in salary Being harassed at work Difficulty traveling to/from work Being assigned tasks below level of education	E22  In how many months over the last 12 months, did you work at this wage job?	E23  During these months, approximately how many weeks per month did you work at this wage job?	E24  During these weeks, approximately how many hours per week did you work at this wage job?	E24_1  During the last 7 days, approximately how many hours did you work at this wage job?
				NUMBER OF MONTHS	NUMBER OF WEEKS / MONTH	NUMBER OF HOURS / WEEK	NUMBER OF HOURS
1							
2							
3							
4							
5							
6							
7							
8							
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10							
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13							
14							
15							



**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	(Supervisor to put in occupation code after interview)		(Supervisor to put in industry code after interview)	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 ≥1 .....2 Government.....3 Temporary/Seasonal/Freelance.....4	
		WRITTEN DESCRIPTION	OCCUP. CODE	WRITTEN DESCRIPTION	IND. CODE		
1							
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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)****LOOKING FOR MORE/DIFFERENT WORK**

E01 C O N D I T I O N S	E66 During the last four weeks, did you look for additional paid work?	E67 Would you want to work more hours per week than usually worked, provided the extra hours are paid?	E68 Could you start working more hours within the next two weeks?	E69 How many additional hours per week could you work?	E70 Do you want to change his/her current employment situation?	E71 What is the main reason why you want to change his/her employment situation?
	YES..1 NO..2	YES..1 NO..2 >>E70	YES..1 NO..2>>E70	NUMBER	YES..1 NO..2 >>NEXT ROW	PRESENT JOB IS TEMPORARY .....1 TO HAVE A BETTER PAID JOB .....2 TO HAVE MORE CLIENTS/BUSINESS ..3 TO WORK MORE HOURS .....4 TO WORK FEWER HOURS .....5 TO BETTER MATCH SKILLS .....6 TO WORK CLOSER TO HOME .....7 TO IMPROVE OTHER WORKING CONDITIONS .....8 OTHER (SPECIFY) .....9
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

DAYS	MONTHS	HOURS	MINUTES

F01	F01_1	F01_2	F01_3	F01_4	F01_5	F01_6
Do you own or are purchasing this property, is it provided to you by an employer, do you use it for free, or do you rent this property?	Who in this household owns this property?  LIST UP TO 4 HOUSEHOLD MEMBERS FROM THE HOUSEHOLD ROSTER. LIST UP TO 2 NETWORK ROSTER MEMBERS.	Do you have an ownership document for this property?  YES, OFFER OF LEASE..... YES, A TITLE DEED..... YES, CERTIFICATE OF LEASE..... YES, LETTER FROM CHIEF..... NO.....5 >>F01_5 IDS CODES (SPECIFY).....6	ENUMERATOR: WAS RESPONDENT ABLE TO PROVIDE DOCUMENTATION?  YES...1 NO....2	Whose names are listed as owners on the ownership document for this property?  LIST UP TO 4 HOUSEHOLD MEMBERS FROM THE HOUSEHOLD ROSTER. LIST UP TO 2 NETWORK ROSTER MEMBERS.	With regards to this property, who within this household has the right to sell it?  LIST UP TO 4 HOUSEHOLD MEMBERS FROM THE HOUSEHOLD ROSTER. LIST UP TO 2 NETWORK ROSTER MEMBERS.	With regards to this property, who within this household has the right to bequeath it?  LIST UP TO 4 HOUSEHOLD MEMBERS FROM THE HOUSEHOLD ROSTER. LIST UP TO 2 NETWORK ROSTER MEMBERS.
OWNED . . . . 1 BEING PURCHASED . 2 EMPLOYER PROVIDES . . .>>F03 FREE, NOT AUTHORIZED . .>>F03 RENTED . . . .5>>F04	HH ROSTER ID CODE #1 HH ROSTER ID CODE #2 HH ROSTER ID CODE #3 HH ROSTER ID CODE #4 NETWORK ROSTER ID CODE #1 NETWORK ROSTER ID CODE #2			HHID CODE #1 HHID CODE #2 HHID CODE #3 HHID CODE #4 NWID CODE #1 NWID CODE #2	HHID CODE #1 HHID CODE #2 HHID CODE #3 HHID CODE #4 NWID CODE #1 NWID CODE #2	HH ROSTER ID CODE #1 HH ROSTER ID CODE #2 HH ROSTER ID CODE #3 HH ROSTER ID CODE #4 NETWORK ROSTER ID CODE #1 NETWORK ROSTER ID CODE #2

[illegible]

F06	F07	F08	F09	F10	F11	F12	F13	F14	F15	F16	F17	F18	F19
WHAT GENERAL TYPE OF CONSTRUCTION MATERIALS ARE USED FOR THE DWELLING?	THE OUTER WALLS OF THE MAIN DWELLING OF THE HOUSEHOLD ARE PREDOMINANTLY MADE OF WHAT MATERIAL?	THE ROOF OF THE MAIN DWELLING IS PREDOMINANTLY MADE OF WHAT MATERIAL?	THE FLOOR OF THE MAIN DWELLING IS PREDOMINANTLY MADE OF WHAT MATERIAL?	How many separate rooms do the members of your household occupy?  (DO NOT COUNT BATHROOMS, TOILETS, STOREROOMS, OR GARAGE)	What is your main source of energy used for lighting?	What is your main source of energy used for cooking?	Do you ever use firewood for energy?	Do you ever collect firewood?	Where do you go to collect firewood?	How long does it take you to walk from your dwelling to where you usually go to collect firewood?	Of the firewood you used in the past week, how much of it did you purchase?	What is the total value of the firewood you used in the past week, whether gathered or purchased?	Do you have electricity working in your dwelling?
PERMANENT . . . 1 SEMI-PERMANENT 2 TRADITIONAL . . 3  (SEMI- PERMANENT IS MIX OF TRADITIONAL (GRASS, MUD) & MODERN MATERIALS (IRON SHEET, CEMENT))	GRASS . . . . . 1 MUD (YOMAT) . . 2 COMPACTED EARTH (YAMINDOO) . . 3 MUD BRICK . . . 4 (UNFIRED) . . . 5 BURNT BRICKS . . 6 CONCRETE . . . . 7 WOOD . . . . . 8 OTHER (SPECIFY) 9	GRASS . . . . . 1 IRON . . . . . 2 SHAKES/STRAW . 3 CLAY . . . . . 4 TILES . . . . . 5 CONCRETE . . . . 6 PLASTIC . . . . . 7 MUD BRICK . . . . 8 OTHER (SPECIFY) . 9	SAND . . . . . 1 SMOOTHED MUD . 2 SMOOTH CEMENT . 3 WOOD . . . . . 4 TILE . . . . . 5 OTHER (SPECIFY) . 6	NUMBER OF ROOMS	COLLECTED FIREWOOD . . . 1 PURCHASED FIREWOOD . . 2 GRASS/STRAW . . 3 PARAFFIN . . . 4 ELECTRICITY . . . 5 GAS . . . . . 6 BATTERY/DRY CELL . . . . . 7 (CANDLE) . . . . 8 WOLAN . . . . . 9 OTHER (SPECIFY) . 10	COLLECTED FIREWOOD . . . 1 PURCHASED FIREWOOD . . 2 GRASS/STRAW . . 3 PARAFFIN . . . 4 ELECTRICITY . . . 5 GAS . . . . . 6 CHARCOAL . . . 7 KIST RESIDUE . 8 SAW DUST . . . 9 ANIMAL WASTE 10 WOLAN . . . . . 9 OTHER (SPECIFY) . 12	YES . . . . . 1 NO . . . . . 2 >>F19	YES . . . . . 1 NO . . . . . 2 >>>F19	OWN WOODLOT . 1 COMMUNITY WOODLOT . 2 FOREST . . . . 3 RESERVE . 4 UNPAVED AREAS OF RURAL RESIDUE . 5 TIME AMOUNT UNIT	ALL . . . . . 1 ALMOST ALL . . . 2 MORE THAN HALF . 3 HALF . . . . . 4 LESS THAN HALF . 5 A LITTLE . . . 6 NONE . . . . . 7	(Estimate purchase cost of MK	YES . 1 NO . . . . . 2>>F27	



F38_1	F39	F40	F41	F41_1	F41_2	F41_3	F41_4	F41_5	F41_6	F42_1	F43	F44	F45	F46	F47
How long does it take to draw water from the source?	Do you use the main water source...  READ OUT RESPONSES	What is your <u>main</u> source of <u>drinking water</u> in the <u>other season</u> ?	What kind of toilet facility do members of your household usually use?	Has your [FACILITY] ever been emptied?	The last time it was emptied, where were the contents emptied to?	Where is this toilet facility located?	Do you share this facility with others who are not members of your household?	Do you share this facility only with members of other households that you know, or is the facility open to the use of the general public?	How many households in total use this toilet facility, including your own household?	Does this toilet have hand washing facility?	What kind of rubbish disposal facilities does your household use?	Do any members of your household <u>sleap under a bed net</u> to protect against mosquitoes at some time during the year?	Has/have the bed net(s) ever been dipped in insecticide against mosquitoes in the past six months?	ENUMERATOR: DOES THIS HOUSEHOLD HAVE ANY CHILDREN BELOW 5 YEARS OF AGE? YES...1 NO...2 >>> F48	Do the children under 5 in the household sleep under a bed net at those times when there are mosquitoes present? YES, FOR ALL CHILDREN BELOW 5 YEARS OF AGE? YES...1 NO...2 >>> F48
		PIPED INTO DWELLING...1 PIPED INTO YARD/PLOT...2 PIPED TO NEIGHBOR...17 COMMUNAL STANDPIPE...3 OPEN WELL IN YARD/PLOT...4 OPEN PUBLIC WELL...5 PROTECTED WELL IN YARD/PLOT...6 PROTECTED PUBLIC WELL...7 KREHOLE...8 PROTECTED SPRING...9 UNPROTECTED SPRING...10 RIVER/STREAM...11 POND/LAKE...12 DAM...13 RAINWATER...14 TANKER TRUCK/BOWSER...15 OTHER WATER...16 OTHER (SPECIFY)...17	FLUSH TO PIPED SEWER SYSTEM...1 >>>F41_3 FLUSH TO SEPTIC TANK...2 FLUSH TO PIT LATRINE...3 FLUSH TO OPEN DRAIN...4 >>>F41_3 FLUSH TO DRAIN...5 >>>F41_3 VENTILATED IMPROVED PIT LATRINE...6 PIT LATRINE WITH SLAB...7 PIT LATRINE WITHOUT SLAB / OPEN PIT...8 COMPOSTING TOILET...9 RICHES...10 >>>F41_3 HANGING TOILET / HANGING LATRINE...11 >>>F41_3 NO FACILITY / BUSH / FIELD...12 >>>F41_3 OTHER (specify)...13 >>>F41_3	YES...1 EMPTYED...2 NO, NEVER EMPTYED...2 >>>F41_3 GROUND...3 WATER BODY OR ELSEWHERE...5 OTHER (specify)...6 DON'T KNOW...7	BURIED IN A COVERED PIT...1 TO A TREATMENT PLANT...2 BURIED IN A COVERED PIT...2 TO DON'T KNOW WHERE...3 EMPTYED BY HOUSEHOLD...4 BURIED IN A COVERED PIT...4 TO UNCOVERED PIT, OPEN GROUND...5 IN OWN DWELLING...1 IN OWN YARD / PLOT...2 ELSEWHERE...3	IN OWN DWELLING...1 IN OWN YARD / PLOT...2 ELSEWHERE...3	YES...1 NO...2 >>>F41_1	SHARED WITH KNOWN HOUSEHOLDS (NOT PUBLIC)...1 SHARED WITH GENERAL PUBLIC...2 >>>F41_1	NUMBER OF HOUSEHOLDS (IF LESS THAN 10)...1 TEN OR MORE HOUSEHOLDS...2 DK...3	YES WITH SOAP...1 YES WITHOUT SOAP...2 NO SOAP...3 NONE...9	COLLECTED FROM RUBBISH BIN...1 RUBBISH PIT...2 BURIAL...3 PUBLIC RUBBISH HEAP...4 RIVER, SEA...5 GARDEN...6 COMPOST...7 WASTE...7 PUBLIC...8 (SPECIFY)...9 NONE...9	YES...1 NO...2 >>>F41_1	YES...1 NO...2 >>>F41_1	YES...1 NO...2 >>>F41_1	

## MODULE F: HOUSING

F48	F49	F50	F51			F52	F53	F54	F55		
Do you, either by yourself or together with another household member or someone outside your household, currently have an account at a bank, credit union, micro finance institution, village savings organization, or another financial institution?	<b>ENUMERATOR:</b> RECORD THE HOUSEHOLD ROSTER ID OF THE RESPONDENT.	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?	<b>ENUMERATOR:</b> RECORD THE HOUSEHOLD ROSTER ID CODE FOR UP TO 3 INDIVIDUALS, EXCLUDING THE RESPONDENT.			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?	<b>ENUMERATOR:</b> RECORD THE HOUSEHOLD ROSTER ID OF THE RESPONDENT.	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 ?	<b>ENUMERATOR:</b> RECORD THE HOUSEHOLD ROSTER ID CODE FOR UP TO 3 INDIVIDUALS, EXCLUDING THE RESPONDENT.		
YES...1 NO...2>>50	HH ROSTER ID CODE	YES...1 NO...2>>52	HH ROSTER ID CODE #1	HH ROSTER ID CODE #2	HH ROSTER ID CODE #3	YES...1 NO...2>>54	HH ROSTER ID CODE	YES...1 NO...2>>NEXT MODULE	HH ROSTER ID CODE #1	HH ROSTER ID CODE #2	HH ROSTER ID CODE #3

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

ID

**ENUMERATOR:** RECORD END TIME FOR MODULE F:

HOURS

MINUTES

**MODULE F. 1: LAND ROSTER**

F\_1\_0. Do you or does any member of your household own or hold use rights for any parcel of land, either alone or jointly with someone else, irrespective of whether the parcel is used by your or another household, and irrespective of the use of the parcel (including dwelling plot, agricultural, pastoral, forest and business/commercial plots)?

YES...1  
NO....2 >> END  
OF QUESTIONS

☐

ENUMERATOR: AFTER CREATING THE ROSTER OF GARDENS, GO THROUGH THE ENTIRE MODULE ONE GARDEN AT A TIME.

GARDEN ID	RESPONDENT ID	1. GARDEN NAME  Please tell me about each GARDEN for which you or any household member currently uses, owns or holds use rights for, either alone or with someone else. Please describe or give me the name of each GARDEN, starting with the GARDEN you reside on, if applicable.	1_1 Was the GPS measurement taken in the previous round?  [PREFILLED]	1_2 Were you the household member that identified and walked around [GARDEN] boundaries for GPS-based area measurement in the last survey round?	1_3 Were you told the GPS-based area for [GARDEN] in the last survey round?  YES, BY THE ENUMERATOR .....1  YES, BY ANOTHER HOUSEHOLD MEMBER.....2  NO....3	2. What is the area of this [GARDEN]?			2_1 Specify the household member that identified and walked around [GARDEN] boundaries for GPS-based area measurement.
						CODES FOR UNIT:		HH ROSTER ID CODE	
						ACRE.....1 HECTARE.....2 SQUARE METERS...3 OTHER (SPECIFY)..4			
						a.	b.		
						FARMER ESTIMATION	GPS MEASURE		
						AREA	UNIT	AREA IN ACRES	
1						_____ . _____		_____ . _____	
2						_____ . _____		_____ . _____	
3						_____ . _____		_____ . _____	
4						_____ . _____		_____ . _____	
5						_____ . _____		_____ . _____	

**MODULE F\_1: LAND ROSTER (CONTINUED)**

2.2 Specify the household member(s) with whom the GPS-based area for [GARDEN] was shared at the time of the area measurement.			2. <b>ENUMERATOR:</b> RECORD THE <u>COORDINATES</u> FOR THE CORNER OF THE PLOT AT WHICH YOU STARTED AREA MEASUREMENT.  IF YOU DID NOT RECORD THE GPS COORDINATES, PLEASE SPECIFY REASON.  <u>CODES FOR REASON:</u>  LONG DISTANCE WITHIN THIS DISTRICT.....1 LONG DISTANCE OUTSIDE THIS DISTRICT.....2 HOUSEHOLD REFUSED.....3 OTHER (SPECIFY).....4			2f. <b>ENUMERATOR:</b> RECORD NUMBER OF SATELLITE S GPS TRACKED TO CAPTURE PLOT COORDINATES	2g. <b>ENUMERATOR:</b> RECORD GPS ACCURACY	2h. <b>ENUMERATOR:</b> RECORD THE WEATHER CONDITIONS AT TIME OF MEASUREMENT	3. How was this [GARDEN] acquired?  GRANTED BY LOCAL LEADERS.....1 INHERITED BY THE DEATH OF A FAMILY MEMBER....2 BRIDE PRICE.....3 PURCHASED.....4 LEASEHOLD.....6 RENT SHORT-TERM.....7 FARMING AS A TENANT.....8 BORROWED FOR FREE.....9 MOVED IN WITHOUT PERMISSION.....10>>NEXT  GARDEN OTHER (SPECIFY).....11 ALLOCATED BY FAMILY MEMBER.....12 GIFT FROM NON-HOUSEHOLD MEMBER.....13	4. Under which tenure system is this [GARDEN]?  CUSTOMARY.....1 FREEHOLD.....2 LEASEHOLD.....3 STATE.....4 COMMUNITY/GROUP RIGHT.....5 COOPERATIVES...6 OTHER (SPECIFY)...7	5. What is the primary current use of this [GARDEN]?  RESIDENTIAL...1 AGRICULTURAL..2 PASTORAL.....3 FOREST.....4 BUSINESS/ COMMERCIAL..5 DON'T KNOW....6 OTHER (SPECIFY)...7
ROSTER ID CODE #1	ROSTER ID CODE #2	ROSTER ID CODE #3	c.	d.	e.						
			LATITUDE (S)	LONGITUDE (E)	REASON						
			o	o							
			o	o							
			o	o							
			o	o							
			o	o							

**MODULE F\_1: LAND ROSTER (CONTINUED)**

[illegible]

**MODULE F\_1: LAND ROSTER (CONTINUED)**

<p>10. Who can decide whether to sell [GARDEN]?</p> <p>LIST UP TO 4 ID CODES FROM HOUSEHOLD ROSTER AND 1 CODE FROM OUTSIDE HOUSEHOLD, IF APPLICABLE.</p> <p>CODE FOR NON-HH MEMBER:</p> <p>RELATIVE.....1 LOCAL OFFICIAL...2 CUSTOMARY LEADER..3 OTHER.....4</p>						<p>11. Does anyone in the household have the right to bequeath this [GARDEN], either alone or with someone else?</p> <p>YES.....1 NO.....2 &gt;&gt;13 DONT'KNOW..98 &gt;&gt;13 REFUSAL....99 &gt;&gt;13</p>						<p>12. Who can decide whether to bequeath this [GARDEN]?</p> <p>LIST UP TO 4 ID CODES FROM HOUSEHOLD ROSTER AND 1 CODE FROM OUTSIDE HOUSEHOLD, IF APPLICABLE.</p> <p>CODE FOR NON-HH MEMBER:</p> <p>RELATIVE.....1 LOCAL OFFICIAL...2 CUSTOMARY LEADER..3 OTHER.....4</p>						<p>13. On a scale from 1 to 5, where 1 is not at all likely and 5 is extremely likely, how likely is [NAME of owner/use right holder] to involuntarily lose ownership or use rights to this [GARDEN] in the next 5 years?</p> <p>REFER TO ID CODES IN Q6</p> <p>NOT AT ALL LIKELY..1 SLIGHTLY LIKELY...2 MODERATELY LIKELY..3 VERY LIKELY.....4 EXTREMELY LIKELY...5</p>					
												INDIVIDUAL 1		INDIVIDUAL 2		INDIVIDUAL 3		INDIVIDUAL 4					
HHID CODE #1	HHID CODE #2	HHID CODE #3	HHID CODE #4	NON-HH MEMBER		HHID CODE #1	HHID CODE #2	HHID CODE #3	HHID CODE #4	NON-HH MEMBER		ID	RESPONS	ID	RESPONS	ID	RESPONSE	ID	RESPONS				

ENUMERATOR: RECORD START DATE & TIME FOR MODULE

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.

	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	G02	G03	G04	G05	G06	G07			
		YES...1 NO...2>> NEXT ITEM		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?
		ITEM CODE	QUANTITY	UNIT	QUANTITY	UNIT	MK	QUANTITY	UNIT	QUANTITY	UNIT
Cereals, Grains and Cereal Products											
	Maize <i>ufa</i> <i>mgaiwa</i> (normal flour) *		101								
	Maize <i>ufa</i> refined (fine flour) *		102								
	Maize <i>ufa</i> <i>madeya</i> (bran flour) *		103								
	Maize grain (not as <i>ufa</i> ) *		104								
	Green maize *		105								
	Rice		106								
	Finger millet ( <i>mawere</i> )		107								
	Sorghum ( <i>mapira</i> )		108								
	Pearl millet ( <i>mchewere</i> )		109								
	Wheat flour		110								
	Bread		111								
	Buns, scones		112								
	Biscuits		113								
	Spaghetti, macaroni, pasta		114								
	Breakfast cereal		115								
	Infant feeding cereals		116								
	Other (specify)		117								

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

CODES FOR UNIT:

KILOGRAMME. . . . 1  
 PAIL. . . . . 4  
 PAIL SMALL. . . .4A  
 PAIL MEDIUM. . .4B  
 PAIL LARGE. . . . 4C  
 No 10 PLATE. . . . 6  
 No 10 PLATE FLAT. .6A  
 No 10 PLATE HEAPED. . .6B  
 No 12 PLATE. . . .7  
 No 12 PLATE FLAT. 7A  
 No 12 PLATE HEAPED. .7B  
 BUNCH SMALL. . . .8A  
 BUNCH MEDIUM. . .8B  
 BUNCH LARGE. . . .8C  
 PIECE. . . . . 9  
 PIECE SMALL. . . .9A  
 PIECE MEDIUM. . .9B  
 PIECE LARGE. . . .9C  
 HEAP. . . . . 10  
 HEAP SMALL. . . .10A  
 HEAP MEDIUM. . .10B  
 HEAP LARGE. . . .10C  
 LITRE. . . . .15  
 GRAM. . . . . 18  
 MILLILITRE. . . .19  
 TEASPOON. . . .20  
 SATCHET/TUBE. . .22  
 SATCHET/TUBE SMALL. . 22A  
 SATCHET/TUBE MEDIUM. . 22B  
 SATCHET/TUBE LARGE. . 22C  
 OTHER (SPECIFY). . 23  
 TINA. . . . . 25  
 TINA FLAT. . . .25A  
 TINA HEAPED. . . .25B  
 5 LITRE BUCKET (Chigoba). 26  
 BASIN (SMALL). . . 27A  
 BASIN (SMALL) FLAT. . . .27D  
 BASIN (SMALL) HEAPED. . .27E  
 LOAF (300g). . . .31  
 LOAF (600g). . . .32  
 LOAF (700g). . . .33  
 PACKET (150g). . .34  
 PACKET (400g). . .35  
 PACKET (500g). . .36  
 PACKET (1KG). . . .37  
 SATCHET/TUBE (25g). . .41  
 SATCHET/TUBE (50g). . .42  
 SATCHET/TUBE (100g). . .43  
 CLUSTER. . . . .44  
 CLUSTER SMALL. . .44A  
 CLUSTER MEDIUM. .44B  
 CLUSTER LARGE. . .44C  
 PACKET. . . . .51  
 PACKET (SMALL). . .54  
 PACKET (LARGE). . .55  
 TABLESPOON. . . .59  
 PACKET. . . . .60  
 PACKET (250g). . .65  
 PACKET (25g). . . .70  
 TIN 100g. . . . .71  
 TIN 250g. . . . .72  
 TIN 500g. . . . .73

		G01	G02	G03	G04	G05	G06	G07	CODES FOR UNIT:	
Over the past one week (7 days), did you or others in your household consume any [...]?		YES..1 NO...2>> NEXT ITEM	ITEM CODE	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	QUANTITY	UNIT	
<b>Roots, Tubers, and Plantains</b>										
Cassava tubers *			201							
Cassava flour			202							
White sweet potato *			203							
Orange sweet potato *			204							
Irish potato*			205							
Potato crisps			206							
Plantain, cooking banana*			207							
Cocoyam ( <i>masimbi</i> )			208							
Other (specify)			209							
<b>Nuts and Pulses</b>										
Bean, white*			301							
Bean, brown *			302							
Pigeonpea ( <i>nandolo</i> ) *			303							
Groundnut (Shelled)*			304A							
Groundnut - dried (Unshelled)*			304B							
Groundnut - fresh (Unshelled)			304C							
Groundnut flour *			305							
Soyabean flour			306							
Ground bean ( <i>nzama</i> )			307							
Cowpea ( <i>khobwe</i> )			308							
Macademia nuts			309							
Other (specify)			310							

KILOGRAMME. . . .1  
 PAIL. . . . .4  
 PAIL SMALL. . .4A  
 PAIL MEDIUM. . .4B  
 PAIL LARGE. . . .4C  
 No 10 PLATE. . . .6  
 No 10 PLATE FLAT .6A  
 No 10 PLATE HEAPED. . .6B  
 No 12 PLATE. . . .7  
 No 12 PLATE FLAT. 7A  
 No 12 PLATE HEAPED. . .7B  
 BUNCH SMALL. . . .8A  
 BUNCH MEDIUM. . .8B  
 BUNCH LARGE. . . .8C  
 PIECE. . . . .9  
 PIECE SMALL. . . .9A  
 PIECE MEDIUM. . .9B  
 PIECE LARGE. . . .9C  
 HEAP. . . . .10  
 HEAP SMALL. . . .10A  
 HEAP MEDIUM. . .10B  
 HEAP LARGE. . . .10C  
 LITRE. . . . .15  
 GRAM. . . . .18  
 MILLILITRE. . . .19  
 TEASPOON. . . .20  
 SATCHET/TUBE. . .22  
 SATCHET/TUBE SMALL. . .22A  
 SATCHET/TUBE MEDIUM. . .22B  
 SATCHET/TUBE LARGE. . .22C  
 OTHER (SPECIFY) . .23  
 TINA. . . . .25  
 TINA FLAT. . . .25A  
 TINA HEAPED. . . .25B  
 5 LITRE BUCKET (Chigoba). 26  
 BASIN (SMALL) . . .27A  
 BASIN (SMALL) FLAT. . . .27D  
 BASIN (SMALL) HEAPED. . .27E  
 LOAF (300G) . . .31  
 LOAF (600G) . . .32  
 LOAF (700G) . . .33  
 PACKET (150G) . . .34  
 PACKET (400G) . . .35  
 PACKET (500G) . . .36  
 PACKET (1KG) . . .37  
 SATCHET/TUBE (25G) . . .41  
 SATCHET/TUBE (50G) . . .42  
 SATCHET/TUBE (100G) . . .43  
 CLUSTER. . . . .44  
 CLUSTER SMALL. . .44A  
 CLUSTER MEDIUM. .44B  
 CLUSTER LARGE. . .44C  
 PACKET. . . . .51  
 PACKET (SMALL) . . .54  
 PACKET (LARGE) . . .55  
 TABLESPOON. . . .59  
 PACKET. . . . .60  
 PACKET (250G) . . .65  
 PACKET (25g) . . .70  
 TIN 100G. . . . .71  
 TIN 250G. . . . .72  
 TIN 500G. . . . .73

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



												CODES FOR UNIT:		
	Over the past one week (7 days), did you or others in your household consume any [...]?	G01  YES...1 NO...2>> NEXT ITEM	G02  ITEM	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?		KILOGRAMME . . . 1 PAIL . . . . . 4 PAIL SMALL . . . 4A PAIL MEDIUM. . . 4B PAIL LARGE. . . 4C No 10 PLATE... 6 No 10 PLATE FLAT .6A No 10 PLATE HEAPED. . . 6B No 12 PLATE. . . . 7 No 12 PLATE FLAT. 7A No 12 PLATE HEAPED. . . 7B BUNCH SMALL . . . 8A BUNCH MEDIUM. . . 8B BUNCH LARGE . . . 8C PIECE. . . . . 9 PIECE SMALL . . . 9A PIECE MEDIUM. . . 9B PIECE LARGE. . . 9C HEAP. . . . . 10 HEAP SMALL. . . 10A HEAP MEDIUM. . . 10B HEAP LARGE . . . 10C LITRE. . . . . 15 GRAM. . . . . 18 MILLILITRE. . . 19 TEASPOON. . . . 20 SATCHET/TUBE. . . 22 SATCHET/TUBE SMALL. . 22A SATCHET/TUBE MEDIUM. . 22B SATCHET/TUBE LARGE. . 22C OTHER (SPECIFY). . 23 TINA. . . . . 25 TINA FLAT. . . . 25A TINA HEAPED. . . 25B 5 LITRE BUCKET (Chigoba). 26 BASIN (SMALL). . 27A BASIN (SMALL) FLAT.....27D BASIN (SMALL) HEAPED... 27E LOAF (300G) . . . 31 LOAF (600G) . . . 32 LOAF (700G)... 33 PACKET (150G)... 34 PACKET (400G). . 35 PACKET (500G). . 36 PACKET (1KG). . . 37 SATCHET/TUBE (25G). . 41 SATCHET/TUBE (50G). . 42 SATCHET/TUBE (100G). . 43 CLUSTER. . . . . 44 CLUSTER SMALL. . 44A CLUSTER MEDIUM . 44B CLUSTER LARGE. . 44C PACKET. . . . . 51 PACKET (SMALL). . 54 PACKET (LARGE). . 55 TABLESPOON. . . 59 PACKET. . . . . 60 PACKET (250G). . 65 PACKET (25g). . . 70 TIN 100G. . . . . 71 TIN 250G. . . . . 72	
					QUANTITY	UNIT	QUANTITY	UNIT	MK	QUANTITY	UNIT	QUANTITY		UNIT
					CODE									
Vegetables														
	Onion *		401											
	Cabbage *		402											
	Tanaposi/Rape *		403											
	Nkhwani *		404											
	Chinese cabbage		405											
	Other cultivated green leafy vegetables		406											
	Gathered wild green leaves		407											
	Tomato *		408											
	Cucumber*		409											
	Pumpkin *		410											
	Okra / Theree *		411											
	Tinned vegetables (specify)		412											
	Mushroom		413											
	Other vegetables (specify)		414											
Meat, Fish and Animal products														
	Eggs		501											
	Dried fish *		502											
	Fresh fish *		503											
	Beef		504											
	Goat		505											
* ENUMERATOR: PLEASE SPECIFY SUB-UNIT CODE FOR ITEM. REFER TO PHOTO AID														

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

	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	QUANTITY	UNIT	QUANTITY	UNIT
<b>Meat, Fish and Animal products (Continued)</b>												
	Pork		506									
	Mutton		507									
	Chicken		508									
	Other poultry - guinea fowl, doves, etc.		509									
	Small animal – rabbit, mice, etc.		510									
	Termites, other insects (eg Ngumbi, caterpillar)		511									
	Tinned meat or fish		512									
	Smoked fish*		513									
	Fish Soup/Sauce		514									
	Other (specify)		515									
<b>Fruits</b>												
	Mango *		601									
	Banana *		602									
	Citrus – naartje, orange, etc.		603									
	Pineapple		604									
	Papaya		605									
	Guava *		606									
	Avocado		607									
	Wild fruit ( <i>masau, malambe, etc.</i> )		608									
	Apple		609									
	Other fruits (specify)		610									

## CODES FOR UNIT:

KILOGRAMME. . . .1  
 PAIL. . . . .4  
 PAIL SMALL. . . .4A  
 PAIL MEDIUM. . .4B  
 PAIL LARGE. . . .4C  
 No 10 PLATE. . . .6  
 No 10 PLATE FLAT. .6A  
 No 10 PLATE HEAPED. . .6B  
 No 12 PLATE. . . .7  
 No 12 PLATE FLAT. 7A  
 No 12 PLATE HEAPED. . .7B  
 BUNCH SMALL. . . .8A  
 BUNCH MEDIUM. . .8B  
 BUNCH LARGE. . . .8C  
 PIECE. . . . .9  
 PIECE SMALL. . . .9A  
 PIECE MEDIUM. . .9B  
 PIECE LARGE. . . .9C  
 HEAP. . . . .10  
 HEAP SMALL. . . .10A  
 HEAP MEDIUM. . .10B  
 HEAP LARGE. . . .10C  
 LITRE. . . . .15  
 GRAM. . . . .18  
 MILLILITRE. . . .19  
 TEASPOON. . . . .20  
 SATCHET/TUBE. . .22  
 SATCHET/TUBE SMALL. . .22A  
 SATCHET/TUBE MEDIUM. . .22B  
 SATCHET/TUBE LARGE. . .22C  
 OTHER (SPECIFY). .23  
 TINA. . . . .25  
 TINA FLAT. . . .25A  
 TINA HEAPED. . .25B  
 5 LITRE BUCKET (Chigoba). 26  
 BASIN (SMALL). . .27A  
 BASIN (SMALL) FLAT. . . . .27D  
 BASIN (SMALL) HEAPED. . . .27E  
 LOAF (300G). . . .31  
 LOAF (600G). . . .32  
 LOAF (700G). . . .33  
 PACKET (150G). . .34  
 PACKET (400G). . .35  
 PACKET (500G). . .36  
 PACKET (1KG). . . .37  
 SATCHET/TUBE (25G). . .41  
 SATCHET/TUBE (50G). . .42  
 SATCHET/TUBE (100G). . .43  
 CLUSTER. . . . .44  
 CLUSTER SMALL. . .44A  
 CLUSTER MEDIUM. .44B  
 CLUSTER LARGE. . .44C  
 PACKET. . . . .51  
 PACKET (SMALL). . .54  
 PACKET (LARGE). . .55  
 TABLESPOON. . . .59  
 PACKET. . . . .60  
 PACKET (250G). . .65  
 PACKET (25g). . . .70  
 TIN 100G. . . . .71  
 TIN 250G. . . . .72  
 TIN 500G. . . . .73

	Over the past one week (7 days), did you or others in your household consume any [...]?	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	
<b>Cooked Foods from Vendors</b>													
	Maize - boiled or roasted (vendor)		820										
	Chips (vendor)		821										
	Cassava - boiled (vendor)		822										
	Eggs - boiled (vendor)		823										
	Chicken (vendor)		824										
	Meat (vendor)		825										
	Fish (vendor)		826										
	Mandazi, doughnut (vendor)		827										
	Samosa (vendor)		828										
	Meal eaten at restaurant		829										
	Boiled sweet potatoes		831										
	Roasted sweet potatoes		832										
	Boiled groundnuts		833										
	Roasted groundnuts		834										
	Popcorn		835										
	Zikondamoyo / Nkate		836										
	KALONGONDA (Mucuna)		837										
	Other (specify)		830										
<b>Milk and Milk Products</b>													
	Fresh milk		701										
	Powdered milk		702										
	Margarine - Blue band		703										
	Butter		704										
	Chambiko - soured milk		705										
	Yoghurt		706										
	Cheese		707										
	Infant feeding formula (for bottle)		708										
	Other (specify)		709										

**CODES FOR UNIT:**

KILOGRAMME. . . . .1  
PAIL. . . . .4  
PAIL SMALL. . . .4A  
PAIL MEDIUM. . .4B  
PAIL LARGE. . . .4C  
No 10 PLATE. . . .6  
No 10 PLATE FLAT. .6A  
No 10 PLATE HEAPED. . .6B  
No 12 PLATE. . . .7  
No 12 PLATE FLAT. 7A  
No 12 PLATE HEAPED. .7B  
BUNCH SMALL. . . .8A  
BUNCH MEDIUM. . .8B  
BUNCH LARGE. . . .8C  
PIECE. . . . .9  
PIECE SMALL. . . .9A  
PIECE MEDIUM. . .9B  
PIECE LARGE. . . .9C  
HEAP. . . . .10  
HEAP SMALL. . . .10A  
HEAP MEDIUM. . .10B  
HEAP LARGE. . . .10C  
LITRE. . . . .15  
GRAM. . . . .18  
MILLILITRE. . . .19  
TEASPOON. . . .20  
SATCHET/TUBE. . .22  
SATCHET/TUBE SMALL. .22A  
SATCHET/TUBE MEDIUM. .22B  
SATCHET/TUBE LARGE. .22C  
OTHER (SPECIFY). .23  
TINA. . . . .25  
TINA FLAT. . . .25A  
TINA HEAPED. . .25B  
5 LITRE BUCKET(Chigoba). 26  
BASIN (SMALL). . .27A  
BASIN (SMALL) FLAT.....27D  
BASIN (SMALL) HEAPED... 27E  
LOAF (300G). . . .31  
LOAF (600G). . . .32  
LOAF (700G). . . .33  
PACKET (150G). . .34  
PACKET (400G). . .35  
PACKET (500G). . .36  
PACKET (1KG). . . .37  
SATCHET/TUBE (25G). . .41  
SATCHET/TUBE (50G). . .42  
SATCHET/TUBE (100G). .43  
CLUSTER. . . . .44  
CLUSTER SMALL. . .44A  
CLUSTER MEDIUM. .44B  
CLUSTER LARGE. . .44C  
PACKET. . . . .51  
PACKET (SMALL). . .54  
PACKET (LARGE). . .55  
TABLESPOON. . . .59  
PACKET. . . . .60  
PACKET (250G). . .65  
PACKET (25g). . . .70  
TIN 100G. . . . .71  
TIN 250G. . . . .72  
TIN 500G. . . . .73

	Over the past one week (7 days), did you or others in your household consume any [...]?	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	
<b>Sugar, Fats, and Oil</b>													
	Sugar		801										
	Sugar Cane		802										
	Cooking oil *		803										
	Other (specify)		804										
<b>Beverages</b>													
	Tea		901										
	Coffee		902										
	Cocoa, millo		903										
	Squash (Sobo drink concentrate)		904										
	Fruit juice		905										
	Freezes (flavoured ice)		906										
	Soft drinks (Coca-cola, Fanta, Sprite, etc.)		907										
	Chibuku (commercial traditional-style beer)		908										
	Bottled water		909										
	Maheu		910										
	Bottled / canned beer (Carlsberg, etc.)		911										
	Thobwa		912										
	Traditional beer ( <i>masese</i> )		913										
	Wine or commercial liquor		914										
	Locally brewed liquor ( <i>kachasu</i> )		915										
	Other (specify)		916										

**CODES FOR UNIT:**

KILOGRAMME. . . .1  
PAIL. . . . .4  
PAIL SMALL. . . .4A  
PAIL MEDIUM. . .4B  
PAIL LARGE. . . .4C  
No 10 PLATE. . . .6  
No 10 PLATE FLAT.6A  
No 10 PLATE HEAPED. . .6B  
No 12 PLATE. . . .7  
No 12 PLATE FLAT. 7A  
No 12 PLATE HEAPED. . .7B  
BUNCH SMALL. . . .8A  
BUNCH MEDIUM. . . .8B  
BUNCH LARGE. . . .8C  
PIECE. . . . .9  
PIECE SMALL. . . .9A  
PIECE MEDIUM. . . .9B  
PIECE LARGE. . . .9C  
HEAP. . . . .10  
HEAP SMALL. . . .10A  
HEAP MEDIUM. . . .10B  
HEAP LARGE. . . .10C  
LITRE. . . . .15  
GRAM. . . . .18  
MILLILITRE. . . .19  
TEASPOON. . . .20  
SATCHET/TUBE. . .22  
SATCHET/TUBE SMALL. . .22A  
SATCHET/TUBE MEDIUM. . .22B  
SATCHET/TUBE LARGE. . .22C  
OTHER (SPECIFY) . .23  
TINA. . . . .25  
TINA FLAT. . . .25A  
TINA HEAPED. . .25B  
5 LITRE BUCKET (Chigoba). 26  
BASIN (SMALL). . .27A  
BASIN (SMALL) FLAT.....27D  
BASIN (SMALL) HEAPED... 27E  
LOAF (300G) . . .31  
LOAF (600G) . . .32  
LOAF (700G) . . .33  
PACKET (150G) . .34  
PACKET (400G) . .35  
PACKET (500G) . .36  
PACKET (1KG) . . .37  
SATCHET/TUBE (25G) . .41  
SATCHET/TUBE (50G) . .42  
SATCHET/TUBE (100G) . .43  
CLUSTER. . . . .44  
CLUSTER SMALL. .44A  
CLUSTER MEDIUM.44B  
CLUSTER LARGE. .44C  
PACKET. . . . .51  
PACKET (SMALL). .54  
PACKET (LARGE) . .55  
TABLESPOON. . .59  
PACKET. . . . .60  
PACKET (250G) . .65  
PACKET (25g) . . .70  
TIN 100G. . . . .71  
TIN 250G. . . . .72  
TIN 500G. . . . .73

	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	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?				
									CODE	QUANTITY	UNIT	QUANTITY
<b>Spices &amp; Miscellaneous</b>												
	Salt *		810									
	Spices		811									
	Yeast, baking powder, bicarbonate of soda		812									
	Tomato sauce (bottle)		813									
	Hot sauce (Nali, etc.)		814									
	Jam, jelly		815									
	Sweets, candy, chocolates		816									
	Honey		817									
	Other (specify)		818									

\* 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	<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)	

<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 NO...2&gt;&gt; NEXT MODULE</p>	
<input type="text"/>	

		G10	G11
		What was the total number of days in which any meal was shared with people [...]?	What was the total number of meals that were shared over past 7 days with [...]?
		NUMBER OF DAYS	NUMBER OF MEALS
A	Children 0-5 years		
B	Children 6-15 years		
C	Adults 16-65 years		
D	People over 65 years old		

ENUMERATOR: RECORD  
PRIMARY RESPONDENT  
ID FOR MODULE G:

ID

ENUMERATOR:  
RECORD  
END TIME  
FOR MODULE G:

HOURS	MINUTES

**MODULE H: FOOD SECURITY**
**ENUMERATOR: RECORD START DATE & TIME FOR MODULE H:**

DAY	MONTH	HOURS	MINUTES

<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 (5-17 Yrs of Age)  NUMBER	c. Children (6-59 months) LEAVE BLANK IF NO CHILDREN  NUMBER	

**CODES FOR H06:**  
 Inadequate household stocks due to drought/ poor rains.....1

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

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

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

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

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

No food in the market.....7

Floods/water logging.....8

Insufficient funds....9

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

MARK X IN EACH MONTH OF 2018 AND 2019 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.

2018									2019		
Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

2019									2020				a.	b.	c.
Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	1ST	2ND	3RD

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

ID

**ENUMERATOR: RECORD END TIME FOR MODULE H:**

HOURS	MINUTES

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

ENUMERATOR: RECORD START DATE & TIME FOR **MODULE I**:

DAY	MONTH	HOURS	MINUTES

**ONE WEEK RECALL**

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

**ONE MONTH RECALL**

DATA ENTRY LINE NUMBER	Over the past <u>one month</u> , did your household purchase or pay for any [...]?	I04  YES .1 NO . .2>>NEXT ITEM	I05  ITEM CODE	I06 How much did you pay in total?  MK	DATA ENTRY LINE NUMBER
1	Milling fees, grain		201		1
2	Bar soap (body soap or clothes soap)		202		2
3	Clothes soap (powder, paste)		203		3
4	Toothpaste, toothbrush		204		4
5	Toilet paper		205		5
6	Glycerine, Vaseline, skin creams		206		6
7	Other personal products (shampoo, razor blades, cosmetics, hair products, etc.)		207		7
8	Light bulbs		208		8
9	Postage stamps or other postal fees		209		9
10	Donation - to church, charity, beggar, etc.		210		10
11	Diesel		211		11
12	Petrol		212		12
13	Motor vehicle spare parts and accessories		213		13
14	Bicycle spare parts and accessories		214		14
15	Motor vehicle maintenance and repairs		215		15
16	Bicycle service maintenance and repairs		216		16
17	Wages paid to servants		217		17
18	Mortgage - regular payment to purchase house		218		18
19	Repairs & maintenance to dwelling		219		19
20	Repairs to household and personal items (radios, watches, etc., excluding battery		220		20
21	Expenditures on pets		221		21
22	Batteries (wireless and cell phones)		222		22
23	Recharging batteries, cell phones		223		23
24	Shoe polish		224		23
25	Hair dressing salons and barber shops		225		23

ENUMERATOR: RECORD  
PRIMARY RESPONDENT  
ID FOR MODULE I:

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



**MODULE J: NON-FOOD EXPENDITURES**ENUMERATOR: RECORD START DATE & TIME FOR MODULE J:

DAY	MONTH	HOURS	MINUTES

**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		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	
Plastic Basin		321	

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		322	
Boy's shoes		323	
Men's shoes		324	
Girl's shoes		325	
Lady's shoes		326	
Cloth, thread, other sewing material		327	
Laundry, dry cleaning, tailoring fees		328	
Bowls, glassware, plates, silverware, etc.		329	
Cooking utensils (cookpots, stirring spoons and whisks, etc.)		330	
Cleaning utensils (brooms, brushes, etc.)		331	
Torch / flashlight		332	
Umbrella		333	
Paraffin lamp (hurricane or pressure)		334	
Stationery items (not for school)		335	
Books (not for school)		336	
Music or video cassette or CD/DVD		337	
Tickets for sports / entertainment events		338	
House decorations		339	
Night's lodging in rest house		340	
Night's lodging in hotel		341	
Flask		342	

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 [...]?  	K01  YES.1 NO..2>>NEXT ITEM	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	
Paint		409	
Bricks		410	
Construction timber		411	
Council rates		412	
Insurance - health (MASM, etc.), auto, home, life		413	
Losses to theft (value of items or cash lost)		414	
Fines or legal fees		415	
<i>Lobola</i> (bridewealth) costs		416	
Marriage ceremony costs		417	
Funeral costs, household members		418	
Funeral costs, nonhousehold members (relatives, neighbors/friends)		419	

ENUMERATOR: RECORD START DATE &amp; 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 [...]?  	K01  YES.1 NO..2>>NEXT ITEM	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		420		
Grass for thatching roof or other use		421		

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, cooker		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  ITEM CODE	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?  MK
	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					
Electric Kettle		533					

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

ID

**ENUMERATOR:**  
RECORD  
END TIME  
FOR MODULE L:

HOURS MINUTES

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

11

DAY	MONTH

HOURS	MINUTES

[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						

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)**

E N T E R P R I S E  I D	N27 <b>ENUMERATOR:</b> REFER TO N25. WAS THIS [ENTERPRISE] IN OPERATON IN THE LAST MONTH?	N28 Are you planning to resume the operations of this [ENTERPRISE] within the next 12 months?	N29 Why not?  READ RESPONSES LIST UP TO 2          Lack of non-labour inputs..1 Lack of credit.....2 Lack of cash.....3 Not profitable.....4 Own-Illness/Need to care for household members..5 Other (Specify)....6		N30 A. During the last month of operation, which household members worked for this [ENTERPRISE]?  MAKE SURE THE RESPONDENT IS REFERRING TO THE LAST MONTH OF OPERATION AS STATED IN QUESTION N25. LIST UP TO 4 ID CODES FROM HOUSEHOLD ROSTER. IF MORE THAN 4 HOUSEHOLD MEMBERS WERE EMPLOYED, USE ANOTHER QUESTIONNAIRE.  B. During the last month of operation in the past 12 months, how many days did each household member work for this [ENTERPRISE]?  C. During those days, approximately, how many hours did each member work for this [ENTERPRISE]?  D. During the last 12 months, how many months did each member work for this [ENTERPRISE]?  <table border="1"> <thead> <tr> <th colspan="4">OWNER # 1</th><th colspan="4">OWNER # 2</th><th colspan="4"></th><th colspan="4"></th><th colspan="4"></th><th colspan="4"></th> </tr> <tr> <th colspan="4">HH MEMBER # 1</th><th colspan="4">HH MEMBER # 2</th><th colspan="4">HH MEMBER # 3</th><th colspan="4">HH MEMBER # 4</th><th colspan="4"></th><th colspan="4"></th> </tr> <tr> <th>ID</th><th>DAYS</th><th>HOURS</th><th>MONTHS</th><th>ID</th><th>DAYS</th><th>HOURS</th><th>MONTHS</th><th>ID</th><th>DAYS</th><th>HOURS</th><th>MONTHS</th><th>ID</th><th>DAYS</th><th>HOURS</th><th>MONTHS</th><th>ID</th><th>DAYS</th><th>HOURS</th><th>MONTHS</th><th>ID</th><th>DAYS</th><th>HOURS</th><th>MONTHS</th><th>ID</th><th>DAYS</th><th>HOURS</th><th>MONTHS</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>																OWNER # 1				OWNER # 2																				HH MEMBER # 1				HH MEMBER # 2				HH MEMBER # 3				HH MEMBER # 4												ID	DAYS	HOURS	MONTHS	ID	DAYS	HOURS	MONTHS	ID	DAYS	HOURS	MONTHS	ID	DAYS	HOURS	MONTHS	ID	DAYS	HOURS	MONTHS	ID	DAYS	HOURS	MONTHS	ID	DAYS	HOURS	MONTHS	1																												2																												3																												4																												5																											
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**MODULE N: HOUSEHOLD ENTERPRISES (CONTINUED)**

**N31**

A. During the last month of operation, how many non-household member men/women/children (under-18) worked for this [ENTERPRISE] ?

MAKE SURE THE RESPONDENT IS REFERRING TO THE LAST MONTH OF OPERATION AS STATED IN QUESTION N25. IF THERE WAS NO HIRED LABOR, RECORD ZERO IN THE "NUMBER" COLUMNS AND CONTINUE TO QUESTION N32.

B. During the last month of operation in the past 12 months, how many days did a **typical** man/woman/child employee work?

C. During the days of employment in the last month of operation in the past 12 months, how many hours did a **typical** man/woman/child employee work?

D. During the last month of operation in the past 12 months, what was the total expenditure of this [ENTERPRISE] on salaries or wages of **ALL** men/women/children employees?

INCLUDE: ESTIMATED VALUE OF IN-KIND PAYMENTS. IF THERE WERE NO WAGE/SALARY (CASH OR IN-KIND) PAYMENTS, RECORD ZERO.

**N32**

During the last month of operation, what was the value of **total sales (zogulitsa)** of products, goods or services of this [ENTERPRISE]?

MAKE SURE THE RESPONDENT IS REFERRING TO THE LAST MONTH OF OPERATION AS STATED IN QUESTION N25, AND THAT HE/SHE IS NOT NETTING OUT ANY COSTS INCURRED.

	MEN				WOMEN				CHILDREN (U-15)				SALES (MK)
	NUMBER	DAYS PER MONTH	HOURS PER DAY	TOTAL WAGES / SALARIES LAST MONTH	NUMBER	DAYS PER MONTH	HOURS PER DAY	TOTAL WAGES / SALARIES LAST MONTH	NUMBER	DAYS PER MONTH	HOURS PER DAY	TOTAL WAGES / SALARIES LAST MONTH	LAST MONTH OF OPERATION
1													
2													
3													
4													
5													

**MODULE N: HOUSEHOLD ENTERPRISES (CONTINUED)**

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								

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

ID

**ENUMERATOR:**  
 RECORD  
 END TIME  
 FOR MODULE N:

--	--

HOURS MINUTES

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

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

**ENUMERATOR: RECORD START DATE & TIME FOR MODULE O:**

DAY	MONTH

HOURS	MINUTES

7

[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 <b>each month</b> during the last 12 months?	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 <b>in total</b> during the last 12 months?	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	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	O17 What was the total estimated cash value of all food and other in-kind assistance that [NAME] sent to this household during the last 12 months?	O18 Who in the household kept/decided on the use of this in-kind assistance?  LIST UP TO 2 MEMBERS FROM HOUSEHOLD ROSTER  (THEN >>NEXT ROW)		
	(Supervisor to put in occupation code <u>after</u> interview)	EXCLUDE FOOD AND NON-FOOD IN-KIND ASSISTANCE.  YES...1 NO...2>>O15	Twice or More Per Month...1 Monthly...2 Quarterly...3>>O14 Semi-Annually...4>>O14 Annually...5>>O14 Sporadically As Needed...6>>O14 Other (Specify) ...7>>O14	IF IN FOREIGN CURRENCY, ESTIMATE THE VALUE IN MALAWI KWACHA.		IF IN FOREIGN CURRENCY, ESTIMATE THE VALUE IN MALAWI KWACHA.			YES...1 NO...2>>O14_4	USD...1 POUNDS...2 EUROS...3 SOUTH AFRICAN RANDS...4 OTHERS, SPECIFY...5			YES...1 NO...2>>NEXT ROW	Twice or More Per Month...1 Monthly...2 Quarterly...3 Semi-Annually...4 Annually...5 Sporadically As Needed...6 Other (Specify) ...7				
	DESCRIPTION	OCCUP. CODE			AMOUNT/ MONTH	HH ROSTER ID CODE #1	HH ROSTER ID CODE #2	AMOUNT IN TOTAL					HH ROSTER ID CODE #1	HH ROSTER ID CODE #2		MK		HH ROSTER ID CODE #1
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:HOURSMINUTES





**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):							

 ENUMERATOR: RECORD  
PRIMARY RESPONDENT  
ID FOR MODULE P:

ID

 ENUMERATOR:  
RECORD  
END TIME  
FOR MODULE P:

HOURS	MINUTE

**MODULE Q: GIFTS GIVEN OUT**
**ENUMERATOR:** RECORD START DATE & TIME FOR MODULE Q:

DAY	MONTH	HOURS	MINUTES

DATA ENTRY LINE NUMBER	CODE	ITEM	Q01	Q02	Q02_1	Q02_2	Q02_3	Q03					
			During the last 12 months, did you or any members of your household give away any [ITEM] to individuals (friends/family) outside your household?  YES..1 NO..2 >> NEXT ITEM	How much of the [ITEM] given away was destined to rural/urban/international locations?	If cash was sent to another country, did any of it go through other means other than a bank?	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	HH ROSTER ID CODE #1	HH ROSTER ID CODE #2
									MK	MK	MK		
1		<b>Outgoing Transfers/Gifts</b>											
2	201	Cash Transfers/Gifts [DO NOT INCLUDE GIFTS GIVEN FOR WEDDINGS, CEREMONIES OR FUNERALS. THESE EXPENDITURES ARE RECORDED IN MODULE K.]											
3	202	Food Transfers/Gifts [DO NOT INCLUDE GIFTS GIVEN FOR WEDDINGS, CEREMONIES OR FUNERALS. THESE EXPENDITURES ARE RECORDED IN MODULE K.]											
4	203	Non-Food In-Kind Transfers/Gifts [DO NOT INCLUDE GIFTS GIVEN FOR WEDDINGS, CEREMONIES OR FUNERALS. THESE EXPENDITURES ARE RECORDED IN MODULE K.]											

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

ID

**ENUMERATOR:** RECORD END TIME FOR MODULE Q:

HOURS	MINUTES

**MODULE R: SOCIAL SAFETY NETS**

[ASK OF HOUSEHOLD HEAD]

ENUMERATOR: RECORD START DATE & TIME FOR MODULE R:

DAY	MONTH

HOURS	MINUTES

CODE	PROGRAM  <i>DO NOT INCLUDE PENSIONS AND VOUCHERS FOR FERTILIZER AND SEED.</i>	R01 In the last 12 months, has any member of your household received cash, food, or other aid from [PROGRAMME]?  YES...1 NO....2 >>NEXT ROW	R02 In the last 12 months, what was the total assistance received from [PROGRAMME]?  CASH      IN-KIND      MAIZE MK      CASH      KG VALUE - MK			R03 Was the assistance given to...  READ RESPONSES  Entire HH...1 >> R05  Specific HH Members.....2
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) SPECIFY					
112	Direct Cash Transfers from others (Development Partners, NGOs). SPECIFY					
113	Other, Specify:					

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

[ASK OF HOUSEHOLD HEAD]

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

ENUMERATOR:  
RECORD  
PRIMARY  
RESPONDENT  
ID FOR MODULE R:

ID

ENUMERATOR:  
RECORD  
END TIME  
FOR MODULE R:

HOURS MINUTES

YES...1 ☐

NO....2>>S12 ☐

[ASK OF HOUSEHOLD HEAD]

S01. Over the past 12 months, did you or anyone else in this household borrow on credit from someone outside the household or from an institution for business or farming purposes, receiving either cash or inputs?

[illegible]

**MODULE S: CREDIT (CONTINUED)**

S12	S13	S14	S15	S16	S17	S18	S19
During the last 12 months, did you or anyone else in your household try to borrow from someone outside the household or from an institution and were	Who turned you down?  LIST UP TO 2.	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 CROPS . . . . .4 BUSINESS START- UP CAPITAL. . .5 PURCHASE NON- FARM INPUTS . .6 CONSUMPTION. . .7 OTHER (SPECIFY).8	Are you awaiting word on a loan that you applied for during the last 12 months?  YES..1 NO...2>>S18	From whom or which institution are you awaiting word on a loan? LIST UP TO 2.	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 CROPS . . . . .4 BUSINESS START- UP CAPITAL. . .5 PURCHASE NON- FARM INPUTS . .6 CONSUMPTION. . .7 OTHER (SPECIFY).8	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	Why did you <u>not attempt to borrow</u> in the last 12 months? [JUST UP TO TWO ANSWERS IN ORDER OF IMPORTANCE]  NO NEED . . . . .1 BELIEVED WOULD BE REFUSED. . . . .2 TOO EXPENSIVE . . . .3 TOO MUCH TROUBLE FOR WHAT IT IS WORTH .4 INADEQUATE COLLATERAL .5 DO NOT LIKE TO BE IN DEBT. . . . .6 DO NOT KNOW ANY LENDER.7 OTHER (SPECIFY) . . .8  (THEN >> NEXT MODULE)
YES..1 NO...2 >>S15	USE CODES BELOW.			USE CODES BELOW.			
	1ST 2ND			1ST 2ND			1ST 2ND

CODES FOR S4, S13 & S16:

RELATIVE . . . . .	1
NEIGHBOUR . . . . .	2
GROCERY/LOCAL MERCHANT . . . . .	3
MONEY LENDER (KATAPILA) . . . . .	4
EMPLOYER . . . . .	5
RELIGIOUS INSTITUTION . . . . .	6
MARDEF . . . . .	7
MRFC . . . . .	8
SACCO . . . . .	9
BANK (COMMERCIAL) .	10
NGO . . . . .	11
OTHER (SPECIFY) .	12
VILLAGE BANK . . . . .	13

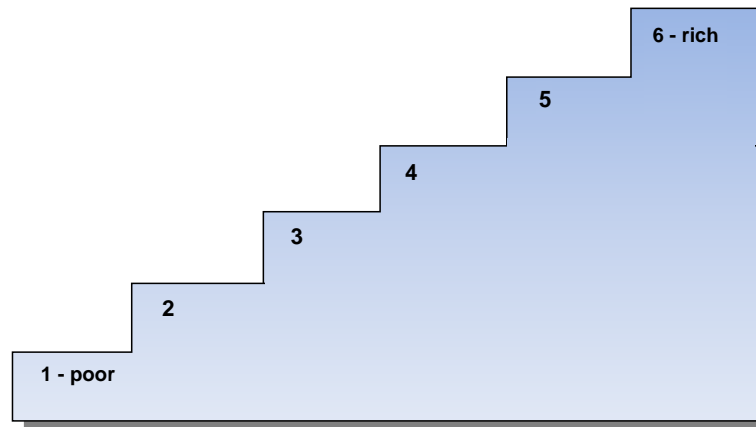
**ENUMERATOR:** RECORD  
PRIMARY RESPONDENT  
ID FOR MODULE S:

	<b>ENUMERATOR:</b>		
	<b>RECORD</b>		
	<b>END TIME</b>		
<b>ID</b>	<b>FOR MODULE S:</b>	<b>HOURS</b>	<b>MINUTE</b>

**MODULE T: SUBJECTIVE ASSESSMENT OF WELL-BEING**
**ENUMERATOR: RECORD START DATE & TIME FOR MODULE T:**

DAY	MONTH	HOURS	MINUTES

T01 Concerning your household's <u>food consumption</u> over the past <u>one month</u> , which of the following is true?  It was less than adequate for household needs. 1 It was just adequate for household needs. . . 2 It was more than adequate for household needs. 3  (NOTE THAT 'ADEQUATE' MEANS NO MORE OR NO LESS THAN WHAT THE RESPONDENT CONSIDERS TO BE THE MINIMUM CONSUMPTION NEEDS OF THE HOUSEHOLD.)	T02 Concerning your <u>housing</u> , which of the following is true?	T03 Concerning your household's <u>clothing</u> , which of the following is true?	T04 Concerning the standard of <u>health care</u> you receive for household members, which of the following is true?	T05 Imagine six steps, where on the bottom, the first step, stand the poorest people, and on the highest step, the sixth, stand the rich.  SHOW THE PICTURE OF THE STEPS BELOW.	T06 On which step are most of your neighbors today?	T07 On which step are most of your friends today?	T08 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	T09 How many <u>changes of clothes</u> do you (HH HEAD) own?  (NUMBER OF TROUSERS FOR MEN; SKIRTS/ DRESSES FOR WOMEN)  NUMBER	T10 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	T11 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	T12 What do you (HH HEAD) <u>sleep under in the hot season</u> (October)?





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

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



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

DAY	MONTH	HOURS	MINUTES
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V01	V02	V03	V04	V05	V06	V07	V08	V09	V10	V11	V12	V13	V14	V15	V16
I D C O D E	<b>CROSS-SECTIONAL:</b> PUT AN 'X' FOR ALL INDIVIDUALS WHO ARE OLDER THAN EXACTLY FIVE YEARS OLD (60 MONTHS).  <b>PANEL:</b> 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 15 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	How old is [NAME]?  RECONFIRM EXACT AGE - MUST INCLUDE BOTH YEARS AND MONTHS.	WAS [NAME] MEASURED?	WHY NOT?	IS THE ANSWER TO V05 "NO"?	WEIGHT OF CHILD	HEIGHT / LENGTH OF CHILD	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)?  IF CHILD NOT MEASURED DO NOT RESPOND.	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?
		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	YES. .1 NO. .2	YES. .1 NO. .2>> NEXT CHILD	YES. .1 NO. .2
1							_____ . _____	_____ . _____							
2							_____ . _____	_____ . _____							
3							_____ . _____	_____ . _____							
4							_____ . _____	_____ . _____							
5							_____ . _____	_____ . _____							
6							_____ . _____	_____ . _____							
7							_____ . _____	_____ . _____							
8							_____ . _____	_____ . _____							
9							_____ . _____	_____ . _____							
10							_____ . _____	_____ . _____							
11							_____ . _____	_____ . _____							
12							_____ . _____	_____ . _____							

 ENUMERATOR:  
RECORD  
PRIMARY  
RESPONDENT  
ID FOR MODULE V:

ID
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 ENUMERATOR:  
RECORD  
END TIME  
FOR MODULE V:

HOURS	MINUTES
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**MODULE W: DEATHS IN HOUSEHOLD**

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

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

ENUMERATOR: RECORD START DATE & TIME FOR MODULE W:

DAYS	MONTHS

HOURS	MINUTES

W02 S E R I A L  N O	W03 NAME OF DECEASED	W04 DECEASED'S RELATION- SHIP TO HEAD OF HOUSEHOLD	W05 SEX   MALE. .1 FEMALE.2	W06 AGE AT DEATH  IF UNDER 5 YEARS, INCLUDE MONTHS	W07 ACCORDING TO W06, WAS THE DECEASED UNDER 12 YEARS OLD WHEN HE/ SHE DIED?  YES 1>>W09 NO...2	W08 What kind of <u>work</u> did [NAME] do for most of his/her life?  FARMING . . . . . 1 FISHING . . . . . 2 TRADER/MERCHANT . 3 TRANSPORT . . . . 4 TRADESMAN (MASON, CARPENTER, ETC). 5 CIVIL SERVANT . . . 6 TEACHER . . . . . 7 DOCTOR/NURSE/ETC. 8 OTHER PROFESSION. 9 CLERK/SECRETARY .10 FACTORY WORKER. .11 RESTAURANT, BAR .12 GENERAL LABOURER.13 HOME WORKER . . .14 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?  DAY . 3 WEEK. 4 MONTH 5 YEAR. 6 TIME AMOUNT UNIT	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 lose any land or other assets due to inheritance traditions?  YES...1 NO...2 (>NEXT DECEASED)	W15 What was the value of the land or assets lost?  MK
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

ENUMERATOR: RECORD  
PRIMARY RESPONDENT  
ID FOR MODULE W:

ID

ENUMERATOR:  
RECORD  
END TIME  
FOR MODULE W:

HOURS	MINUTES

**MODULE X: FILTER QUESTIONS FOR AGRICULTURE & FISHERY QUESTIONNAIRES**ENUMERATOR: RECORD START DATE & TIME FOR MODULE X:

DAY	MONTH	HOURS	MINUTES

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

☐
**CROSS-SECTION**

X02. ENUMERATOR: WHAT WAS THE LAST COMPLETED RAINY SEASON? 2017/18...1  
2018/19...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

☐

X04. ENUMERATOR: WHAT WAS THE LAST COMPLETED DRY (DIMBA) SEASON? 2018...1  
2019...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

☐

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

☐

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

☐
**PANEL VISIT 1**

X10. Did you or anyone in your household own or cultivate a plot during the 2018/2019 rainy season? YES...1  
NO...2

☐

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

☐

X11\_1. ENUMERATOR: SHOULD THE AGRICULTURE QUESTIONNAIRE BE ADMINISTERED? MARK 'YES' IF RESPONDENT SAID 'YES' TO X10 OR X11. YES...1  
NO...2

☐

X12\_1. ENUMERATOR: IS THIS A PANEL A HOUSEHOLD? YES...1  
NO...2>>>

☐

END OF HOUSEHOLD QUESTIONNAIRE

**PANEL VISIT 2**

X13. ENUMERATOR: DID HOUSEHOLD SAY 'YES' TO X10? YES...1  
NO...2

☐

X14. Did you or anyone in your household cultivate a plot during the 2019 dry (dimba) season? YES...1  
NO...2

☐

X15. 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

☐

X16. ENUMERATOR: SHOULD THE VISIT 2 AGRICULTURE QUESTIONNAIRE BE ADMINISTERED? MARK 'YES' IF RESPONDENT SAID 'YES' TO ONE OF X13, X14 or X15. YES...1  
NO...2

☐

X17. ENUMERATOR: IS THIS A PANEL B HOUSEHOLD? YES...1  
NO...2

☐

X18. ENUMERATOR: SHOULD THE FISHERY QUESTIONNAIRE BE ADMINISTERED? MARK 'YES' IF RESPONDENT SAID 'YES' TO X22. YES...1  
NO...2

☐

IF YES, FISHERY QUESTIONNAIRE HAS TO BE ADMINISTERED.

END OF QUESTIONS

ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE X:

ID

ENUMERATOR: RECORD END TIME FOR MODULE X:

HOURS	MINUTES

**SURVEY HOUSEHOLD MEMBER LIST**

I D C O D E	B01	B02	B03	B05	
		NAMES OF HOUSEHOLD MEMBERS  ONLY LIST HOUSEHOLD MEMBERS, NO OTHERS.	SEX	How old is [NAME]?	
			MALE...1 FEMALE..2	YEARS	MONTHS
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				
	11				
	12				
	13				
	14				
	15				

**E07\_1 CROP CODES**

<b>MAIZE</b>	COTTON.....37
LOCAL.....1	SUNFLOWER.....38
COMPOSITE/OPV.....2	SUGAR CANE.....39
HYBRID.....3	CABBAGE.....40
HYBRID RECYCLED...4	TANAPOSI.....41
<b>TOBACCO</b>	NKHWANI.....42
BURLEY.....5	THEREERE/OKRA.....43
FLUE CURED.....6	TOMATO.....44
NNDF.....7	ONION.....45
SDF .....8	PEA.....46
ORIENTAL .....9	PAPRIKA.....47
OTHER TOBACCO	OTHER RAINY/DRY SEASON CROPS
(SPECIFY).....10	(SPECIFY).....48
<b>GROUNDNUT</b>	CASSAVA.....49
CHALIMBANA.....11	TEA.....50
CG7.....12	COFFEE.....51
MANI-PINTAR.....13	MANGO.....52
MAWANGA .....14	ORANGE.....53
JL24.....15	PAWPAW/PAPAYA.....54
OTHER GROUNDNUT	BANANA.....55
(SPECIFY).....16	AVOCADO.....56
<b>RICE</b>	GUAVA.....57
LOCAL.....17	LEMON.....58
FAYA .....18	NAARTJE (TANGERINE).....59
PUSA.....19	PEACH.....60
TCG10.....20	[CUSTADE APPLE] POZA.....61
IET4094 (SENGA)..21	MEXICAN APPLE [MASUKU]..62
WAMBONE.....22	MASAU.....63
KILOMBERO .....23	PINEAPPLE.....64
ITA.....24	MACADAMIA.....65
MTUPATUPA.....25	FODDER TREES.....66
OTHER RICE	FERTILISER TREES.....67
(SPECIFY).....26	FUEL WOOD TREES.....68
GROUND BEAN (NZAMA) .....27	OTHER TREE/ PERMANENT
SWEET POTATO.....28	CROPS (SPECIFY).....69
IRISH [MALAWI] POTATO..29	
WHEAT.....30	
FINGER MILLET (MAWERE) .31	
SORGHUM.....32	
PEARL MILLET (MCHEWERE) .33	
BEANS.....34	
SOYABEAN.....35	
PIGEONPEA (NANDOLO) .....36	