

AUTHORIZED FOR PUBLIC DISCLOSURE

| Questionnaire | |
|---------------|--|
| Number | |

Malawi Government National Statistical Office

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. |
| A01. DISTRICT: |
| A02. TA, STA, or TOWN: |
| A03. ENUMERATION AREA: |
| A04. PLACE / VILLAGE NAME: |
| A05. PANEL OR CROSS-SECTIONAL: CROSS-SECTION1 PANEL A |
| A06. HOUSEHOLD ID (FROM LIST): |
| A07. NAME OF HOUSEHOLD HEAD: |
| A08. DWELLING STRUCTURE NO. (FROM LIST): CODE (THEN>>A15) |
| A09: IHPS Y3-HHID FROM TRACKING FORM: |
| A10. NAME OF HOUSEHOLD HEAD FROM IHPS: |
| SAME DWELLING UNIT |
| A12. IHPS 2016 ROSTER ID & NAME OF TRACKING TARGET: |
| A13. CURRENT NAME OF HOUSEHOLD HEAD: |
| A14. LOWEST IHPS 2016 ROSTER ID NUMBER FROM SECTION B, QUESTION 06_1: REFER TO COMPLETED TO AND CONFIRM IN MODULE B HOUSEHOLD ROSTER |

| <u>VISIT 1</u> | | VISIT 2 (OI | NLY APPLICABLE FOR PANEL HOUSEH | OLDS) |
|--|----------------------------|----------------------------|---|---------------------|
| A15. DESCRIPTION OF LOCATION OF HOUSEHOLD: | | A31. IS THIS HOUSEHOLD I | N THE SAME DWELLING AS IN VISIT 1? | YES1 ► A33 NO2 |
| | | A32. DESCRIPTION OF NEV | V LOCATION OF HOUSEHOLD: | |
| | | | | |
| | | | | |
| A16. WHAT ARE THE GPS COORDINATES OF THE DWELLIN | NG? | A33. WHAT ARE THE GPS (| COORDINATES OF THE DWELLING? (RET | TAKE - DO NOT COPY) |
| LATITUDE (S) | | | LATITUDE (S) | |
| LONGITUDE (E) | | | LONGITUDE (E) | |
| A17. WEATHER CONDITION AT MEASUREMENT: Clear/ Sunny | 5 | Mostly Clear / Mostly Sunn | 1 Mostly Cloudy / Considerable Clouding | 5 |
| A18. PHONE NUMBER FOR HOUSEHOLD HEAD: | | A35. PHONE NUMBER FOR | HOUSEHOLD HEAD: (RETAKE - DO NOT C | OPY) |
| A. NAME: B. PHONE: | | A. NAME: | B. PHONE: | |
| A19. CONTACT INFORMATION - REFERENCE PERSON 1: | A20. CONTACT INFORMATION - | REFERENCE PERSON 2: | A21: CONTACT INFORMATION - REF | ERENCE PERSON 3: |
| A. NAME: | A. NAME: | | A. NAME: | |
| B. RELATIONSHIP TO HEAD: | B. RELATIONSHIP TO HEAD: | | B. RELATIONSHIP TO HEAD: | |
| C. PHONE: | C. PHONE: | | C. PHONE: | |
| D. DISTRICT: | D. DISTRICT: | | D. DISTRICT: | |
| E. TA, STA, or TOWN: | E. TA, STA, or TOWN: | | E. TA, STA, or TOWN: | |
| F. PLACE / VILLAGE: | F. PLACE / VILLAGE: | | F. PLACE / VILLAGE: | |

| MODULE A-2: SURVEY STAFF DETAILS VISIT 1 | VISIT 2 (ONLY APPLICABLE FOR PANEL HOUSEHOLDS) | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| A22. ENUMERATOR CODE: | A36. ENUMERATOR CODE: | | | | | | | | | |
| A23. ENUMERATOR NAME: | A37. ENUMERATOR NAME: | | | | | | | | | |
| DATE START END MODULES | DATE START END MODULES | | | | | | | | | |
| A24. Attempt 1 | A38. Attempt 1 | | | | | | | | | |
| Attempt 2 | Attempt 2 | | | | | | | | | |
| Attempt 3 | Attempt 3 | | | | | | | | | |
| НН MM НН MM ENUMERATOR>> NEXT PAGE | НН MM НН MM ENUMERATOR>> NEXT PAGE | | | | | | | | | |
| A25. SUPERVISOR CODE: | A39. SUPERVISOR CODE: | | | | | | | | | |
| A26. SUPERVISOR NAME: | A40. SUPERVISOR NAME: | | | | | | | | | |
| A27. DATE OF INSPECTION: DD MM YYYY | A41. DATE OF INSPECTION: DD MM YYYY | | | | | | | | | |
| RECORD GENERAL NOTES ABOUT THE INTERVIEW AND ANY SPECIAL INFORMATION THAT WILL BE HELPFUL FOR SUPERVISORS AND DATA ANALYSIS. | RECORD GENERAL NOTES ABOUT THE INTERVIEW AND ANY SPECIAL INFORMATION THAT WILL BE HELPFUL FOR SUPERVISORS AND DATA ANALYSIS. | | | | | | | | | |
| PLEASE MARK AN 'X' IN BOX IF HOUSEHOLD REFUSAL. PROVIDE DETAILS. | PLEASE MARK AN 'X' IN BOX IF HOUSEHOLD REFUSAL. PROVIDE DETAILS. | | | | | | | | | |
| | | | | | | | | | | |

INTRODUCTION TO THE HOUSEHOLD TO BE INTERVIEWED

CONVEY THE FOLLOWING INFORMATION TO THE RESPONDENT:

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

CROSS-SECTION:

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

ALL PANEL:

You were one of the households interviewed as part of the Third Integrated Household Survey (IHS3) in 2009/2010 administered by the National Statistical Office in Zomba and selected for a follow-up interview in 2013 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:

PAGE

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

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

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| | | MODULE B: HOUSEHOLD RO | STER | ENUMERATOR: RE START DATE & TIM MODULE B: | CORD IE FOR | DAYS | MONTHS H | OURS MINUTES | | | | | | | | | |
|---|-------------------------|---|------------------|---|----------------|--|---|--------------|---|-------------------|--|---|-------|--|------------------|---|--------|
| ſ | B01 | B02 | B03 | B04 | B05 | | B05_1 | | B06 | | B06_1 | B06_2 | B06_3 | | B06_4 | B06_5 | B07 |
| IN ORDER TO MAKE A COMPREHENSIVE LIST OF INDIVIDUALS CONNECTED TO THE HOUSEHOLD, USE THE FOLLOWING PROBE QUESTIONS: First, give me the names of all the members of your immediate family who normally live and eat their meals together here. WRITE DOWN NAMES, SEX, AND RELATIONSHIF TO HH HEAD (B02 to B04). LIST HOUSEHOLD | C O D I E D | MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER. IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD HEAD HERE IS SAME AS HOUSEHOLD HEAD LISTED ON COVER.) FILL IN 802 TO 804 BEFORE COMPLETING QUESTIONS 804_1 AND FOLLOWING. | | HEAD: HOUSEHOLDS. PANEL HOUSEHOLDS | | ENUMERATOR: IS THIS PERSON [NAME] AGED 12 YEARS OR OLDER? | R: Does [NAME] When we have a birth certificate and/or immunization card? | | AME] born? HOUSEHOLDS ONLY - VISIT 1) IF THIS MEMBER WAS PRESENT AT LAST | | (PANEL HOUSEHOLDS ONLY - FILL IN VISIT 2) Is [NAME] still a member of your household? STAYED 12 LEFT PERMANENTLY 2 PERMANENTLY 3 DIED . 4 - 4 - NEXT | (PANEL HOUSEHOLDS ONLY - FILL IN VISIT 2) How old is [NAME]? IF 5 YEARS AND OVER, GIVE YEARS ONLY. IF LESS THAY. YEARS IN AGE, GIVE YEARS AND MONTHS. | | Does [NAME] have a working cell phone (10 YEARS AND ABOVE) | PHONE NUMBER: | For how many months during the past 12 months (since MONTH/ YEAR) has [NAME] been away from this household? | |
| Then, give me the names of | | | MALE1 FEMALE2 | RELATIVE | YEARS | MONTHS | YES1>>B06 NO2 | YES1 NO2 | MONTH | YEAR (4-DIGIT) | IHPS 2016 ROSTER ID | ROW | YEARS | MONTHS | YES1 NO2>>B07 | | MONTHS |
| any other persons related to you or other household members who normally live | 1 | | | | | | | | | | | | | | | | |
| and eat their meals together | 2 | | | | | | | | | | | | | | | | |
| FILL IN B02 to B04. | 3 | | | | | | | | | | | | | | | | |
| Are there any other persons not here now who normally live and eat their meals | 4 | | | | | | | | | | | | | | | | |
| here? For example, household members studying | 5 | | | | | | | | | | | | | | | | |
| elsewhere or traveling. FILL IN B02 to B04. | 6 | | | | | | | | | | | | | | | | |
| Then, give me the names of any other persons not | 7 | | | | | | | | | | | | | | | | |
| related to you or other household members, but who | 8 | | | | | | | | | | | | | | | | |
| normally live and eat their meals together here, such as | 9 | | | | | | | | | | | | | | | | |
| servants, lodgers, or other who are not relatives. FILL IN B02 to B04. | 10 | | | | | | | | | | | | | | | | |
| DO NOT LIST SERVANTS WHO | 11 | | | | | | | | | | | | | | | | |
| HAVE A HOUSEHOLD ELSEWHERE, AND GUESTS WHO ARE VISITING | 12 | | | | | | | | | | | | | | | | |
| TEMPORARILY AND HAVE A HOUSEHOLD ELSEWHERE. | 13 | | | | | | | | | | | | | | | | |
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MODULE B: HOUSEHOLD ROSTER (CONTINUED)

| B01 | B08 | ` | B10 | B11 | B12 | B13 | B14 | B15 | B16 | B17 | B18 | B19 | B20 | B21 |
|-------------------------|-----|--|--|--|-------------|--|---|---|---|--|--|---|--|--|
| C O D I E D | , | Where was [NAME] born? THIS VILLAGE1>>B11 OTHER VILLAGE IN .2>>B12 VILLAGE IN OTHER DISTRICT3 THIS TOWN OR USEAN CENTRE IN VIRBAN CENTRE IN OTHER DISTRICT5>>B11 TOWN OR URBAN CENTRE IN OTHER OUTSIDE NAME IN OU | In which district/country [NAME] born? IF BORN IN ANOTHER DISTRICT IN MALAWI, LIST THE DISTRICT NAME & C IF BORN ABROAD, LIST COUNTRY NAME & CODE REFER TO THE MANUAL DISTRICT AND COUNTRY CODES. (THEN >> B12) DISTRICT/COUNTER NAME C | Has INAME always lived in this village or CODE: urban THE location? E. FOR | is it since | reason that [NAME] moved here? PARENTS MOVED1 TO LIVE WITH RELATIVES .2 SCHOOLING .3 MARRIAGE .3 MARRIAGE .5 FOUNDES .5 | Where did [NAME] move from? OTHER VILLAGE IN THIS DISTRICT>>B16 VILLAGE IN OTHER DISTRICT>>B16 VILLAGE IN OTHER DISTRICT>>B16 VILLAGE IN OTHER TOWN OR URBAN CENTRE IN OTHER CENTRE IN OTHER OUTSIDE MALAWI. 7 | From which district/country did [NAME] move from? IF MOVED FROM ANOTHEE DISTRICT IN MALAWI, LIST THE DISTRICT NAME & COI IF MOVED FROM ABROAD, LIST THE COUNTRY NAME CODE. REFER TO THE MANUAL FO DISTRICT AND COUNTRY CODES. DISTRICT/COUNTRY NAME COE | INAME'S father? IF MEMBER OF HH, COPY ID AND >>819 ILVING OUTSIDE OF HH97>>81.8 DOES DOES NOT ME OF STATE | [NAME]'s age when his/her father died? | What was the highest educational qualification acquired by [NAME]'s father? NOME. 1 PSIC. 2 JCE . 3 MSCE/GCSE 4 A-LEVEL. 5 DECREE. 5 DECREE. 7 MSTERS. 8 PhD. 9 | Where is [NAME]'S mother? IF MEMBER OF HH, COPY 1D AND >>822 LIVING OUTSIDE OF HH97>>821 DEAD.98 DOES NOT KNOW.99>>821 | [NAME]'s age when his/her mother died? | What was the highest educational qualification acquired by [NAME]'s mother? NONE. 1 PSIC. 2 JGE 3 MSCE/GCSE 4 A-LEVER. 6 DEGREE. 7 MSTERS. 8 Phb. 9 |
| 1 | - | OUISIDE MADAWI | | | | OTHER (SPEC.). 13 | OUTSIDE MALAWI/ | | | | | | | |
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MODULE B: HOUSEHOLD ROSTER (CONTINUED)

| B01 | B22 | B22_4 | B23 | B24 | B24_1 | B24_2 | B25 | B26 | | | | | | B27 | B28 | |
|-----|--|--|--|--|---|--|---|---------------------|----------------|---------|----------------|-----------|---------------|---|--|-------------------------------|
| | speak at home? CHEWA 1 NYANJA . 2 YAO 3 TUMBUKA. 4 LOMWE. 5 NKHONDE. 6 | ENUMERATOR: IS THIS PERSON [NAME] AGED 12 YEARS OR OLDER? | What religion, if any, does [NAME] practice? | | Under what type of marriage custom (tradition) did [NAME] marry or form a consensual union with his/her spouse? | Upon marriage does [NAME] stay in his or her own village or move to his or her spouse's village? | Does [NAME]'s spouse live in this household now? | In what y union? | /ear did [l | NAME] m | arry or for | rm a cons | sensual | Does [NAME] have a spouse living outside of this household now? | How many spouses does [NAME] have who are residing else- where? | |
| | NGONI . 7 SENA . 8 NYAKYUSA 9 TONGA . 10 LAMBYA. 11 SENGA . 12 SUKWA/NDALI | YES1 NO2>>NEXT ROW | NONE | SEPARATED.3>>NEXT ROW DIVORCED4>>NEXT ROW | PATRILINEAL1 MATRILINEAL2 OTHER (SPECIFY)3 | STAY IN OWN VILLAGE AS SPOUSE IS FROM THE SAME VILLAGE | YES1 NO2>> B27 | SPOU | ISE #1 YEAR | SPOU | JSE #2 YEAR | SPOU | SE #3 YEAR | YES1 No2>>NEXT ROW | NUMBER | |
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| 7 | | | | | | | | | | | | | | | | PRIMARY RESPONDENT |
| 8 | | | | | | | | | | | | | | | | ID FOR VISIT 1 MODULE B: |
| 9 | $\supset \supset$ | | | | | | | | | | | | | | | |
| 10 | >> | | | | | | | | | | | | | | | ID |
| 11 | >> | | | | | | | | | | | | | | | ENUMERATOR: RECORD VISIT 1 |
| 12 | $\supset \supset$ | | | | | | | | | | | | | | | END TIME FOR MODULE B: |
| 13 | $\supset \supset$ | | | | | | | | | | | | | | | |
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MODULE C: EDUCATION

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

| C01 | C03 | C04 | C05_1 | C05_2 | | C05_3 | C05_2 | | C05_5 | C06 | C07 | | C08 | C09 | C10 | C11 |
|-------------------------|---|---|---|---|---|--|---|--|---|------------------|---|---|---|--|---------------------------------|--|
| C O D I E D | IS THE INFORMATION SELF-REPORTED OR IS IT BEING PROVIDED BY | ATION FOR THE INDI- | Can you read a short text in any language? | What languaread a short | | Can you write a short note in any language? | What langua write a short | | Can you do simple addition and subtraction? | ever attended | What was the rea attended school? | ? | What class are you in or what was the highest class level you ever attended? FORM 5 - 13 | What is the highest educational qualification you have | were you when you started | Did you attend school in the last completed academic |
| | ANOTHER HOUSEHOLD MEMBER? SELF- REPORTED. 1>>C05 ANOTHER HH MEMBER 2 | VIDUAL? LIST FROM HOUSEHOLD ROSTER HH ROSTER ID CODE | YES1 NO2 >>C05_3 | CHEWA NYANJ YAO. TUMBU LOMME NKHON NGONI SENA NYARY TONGG LAMBY SENGG SUKWA ENGLIA ENGLIA ENGLIA ENGLIA ENGLIA ENGLIA ENGLIA ENGLIA | A . 2 3 KA. 4 5 DE . 6 7 8 USA 9 10 A 11 12 /NDALI 13 SH. 14 | YES1 NO2 >>C05_5 | NYAKY TONGA LAMBY SENGA SUKWA | A . 2 3 KA. 4 5 DE. 6 7 8 USA 9 . 10 A. 11 12 /NDALI 13 SH.14 | | YES1>>c08 | STILL TOO YOUNG SCHOOL. NO MONEY FOR FEE FOOR QUALITY OF ILLNESS OR DISAB NOT INTERSTED, FARENTS DID NOT SCHOOL TOO FAR F SCHOOL OFFICT BELIEFS . OTHER (SPECIFY). (THEN »NEXT MODU | S, UNIFORM .2 SCHOOLS3 SILITY4 LAZY5 LET ME . 6 ELP AT HOME .7 ROM HOME . 8 WITH9 | NURSERY FORM 5 - 13 | NONE. 1 PSIC. 2 JCE 3 MSCE/GCSE 4 A-LEVEL 5 DIPLOMA 6 DEGREE. 7 MASTERS 8 PhD. 9 | | year? YES1 NO2>>c13 |
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MODULE C: EDUCATION (CONTINUED)

| C01 | C12 | C13 | C14 | C15 | C16 | C17 | C18 | C19 | |
|-------------|---|--|--|---|--|---|--|------------------------|--|
| C O D I E D | What class were you in during the last completed academic year? NURSERY/ FRE-SCHOOL-0 FORM 5 - 13 FORM 6 - 14 PRIMARY STND. 1 - 1 UNIVERSITY STND. 2 - 2 UNIV. 2 - 16 STND. 4 - 4 UNIV. 3 - 17 STND. 5 - 5 UNIV. 4 - 18 STND. 6 - 6 UNIV. 5 - 6 STND. 7 - 7 ABOVE - 19 STND. 8 - 6 UNIV. 5 - 6 STND. 8 - 7 ABOVE - 19 STND. 8 - 7 ABOVE - 19 STND. 8 - 8 TRAILINING SECONDARY FORM 1 - 20 FORM 1 - 10 TC YR. 2 - 21 FORM 4 - 12 TC YR. 3 - 22 | currently attending school or, if school is not now in session, did you attend school in the session just completed and | Why did you not continue your education? ACQUIRED ALL EDUCATION WANTED . 1 NO MONEY FOR FEES OR UNIFORM 2 TOO OLD TO CONTINUE 3 AMERIED / BECAME FREGNANT 4 ILLNESS OR DISABILITY 5 ONT INTERESTED, LAZY 7 PARENTS TOLD ME TO STOP 8 HAD TO WORK OR HELP AT HOME 9 FOOR (CAUMDED SCHOOL FACILITIES . 10 POOR QUALITY INSTRUCTION 11 TEACHERS OFTEN ABSENT 12 SCHOOL TOO DANGEROUS FOR GIRLS . 13 SCHOOL TOO DANGEROUS FOR GIRLS . 13 SCHOOL TOO LANGENOUS FOR GIRLS . 13 SCHOOL TOO LANGENOUS FOR GIRLS . 15 FAILED PROMOTION EXAM 16 DISMISSED / EXPELLED 17 OTHER (SPECIFY) | In which calendar year did you last attend school? RECORD CALENDAR YEAR IF WITHIN PAST IZ MONTHS>>C22 OTHERWISE>>NEXT MODULE | What type of school do you attend? FRIMARY LEA/GOVERNMENT. 11 FRIVATE NON-RELIGIOUS 12 CHURCH/MISSION SCHOOL 13 ISLANIC SCHOOL .14 ISLANIC SCHOOL .14 OTHER PRIMARY .15 SECONDARY (CONVENTIONAL) .21 FRIVATE NON-RELIGIOUS .2 CHURCH/MISSION SCHOOL .24 ISLANIC SCHOOL .25 NIGHT SCHOOL .25 NIGHT SCHOOL .26 OTHER SECONDARY .27 TERTIARY UNIVERSITY-PUBLIC .31 UNIVERSITY-PUBLIC .31 UNIVERSITY-PUBLIC .31 TRAINING COLLEGE- FUBLIC .33 TRAINING COLLEGE- FRIVATE .34 OTHER TERTIARY .33 | Are you a day scholar or a boarder at the school? DAY SCHOLAR1 BOARDER2>>>20 | How do you get to school each day? FOOT1 BICYCLE2 BUS/MINI- BUS3 FRIVATE VEHICLE4 OTHER (SPECIFY).5 | get to sch means of | does it ake you to nool by this it ransport? |
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MODULE C: EDUCATION (CONTINUED)

| C0 | 1 | C20 | C21 | C22 | | | | | | | | | | | | C23 | | | | | C24 | C25 |
|----|--------|-----------------------------|--------------------------------|-----------------------|----------------|-----------------|----------------|-------------|-----------------|-------------|--------------------------------|-------------|----------------|---------------|-------|-------------------|---|----------|-------------------|----------------------|-------------|---------------------|
| | | | | How much v | was spent on y | our education i | in the last 12 | months by t | he household, | family, and | friends for: | | | | | | ays for th | | | | Have you | Would you |
| | O D | • | main reason you | IF NOTHING | WAS SPENT. F | RECORD ZERO. | | | | | | | | | | expens | ses recor | ded in C | 22a-C22 | 2j? used a computer? | | feel comfortable |
| | E | ou ever | temporarily | | | | | | | | | | | | | | P TO 3 PI | | | | computer: | using a |
| D | | emporarily withdraw from | withdrew from | IF THE RESF | PONDENT CAN | ONLY GIVE A T | OTAL AMOUN | NT, RECORD | "999999" IN THI | E RELEVAN | COLUMNS, AN | D THE TOTAL | AMOUNT IN 1 | THE LAST COLU | JMN. | | HOLD RO | | | 0 2 | | computer |
| | | school, so that | | | | | | | | | | | | | | | NET WO | | -11 | | | again? |
| | | ou missed | NO MONEY FOR NECESSARY | | | | | | | | | | | | | | | | | | | |
| | | more than two | EXPENSES1 OWN-ILLNESS.2 | | | | | | | | | | | | | | | | | | | |
| | | weeks of | HELP NEEDED AT HOME3 | Δ. | D | 0 | Ь | T- | - | G | Ін | lı . | T ₁ | l/ | lı . | - | | | | | | |
| | | nstruction? | SUSPENSION4 TEACHERS ON | A Tuition, | Expenditures | School books | School | Boarding | Contribution | Transport | Parent/ | Examination | Pocket | Other | TOTAL | 1 | | | | | | |
| | | | STRIKE5 TEACHERS ABSENT6 | | on after | & stationery | uniform | Fees | for school | | Teacher | fees | money and | (Specify) | | | | | | | | |
| | | VPC 1 | FUNERAL7 NOTINTERESTED | extra tuition fees | programs & | | clothing | | project fund | | Association & other related | | shopping | | | НН | НН | НН | NW | NW | | |
| | | YES1 NO2>>C22 | IN SCHOOL | | tutoring | | | | | | fees | | | | | ROSTER ID CODE | ID CODE | | ROSTER ID CODE | ROSTER ID CODE | YES1 NO2 | YES1 NO2 |
| | | | OTHER (SPECIFY)9 | MK | MK | MK | MK | MK | MK | MK | MK | MK | MK | MK | MK | #1 | #2 | #3 | #1 | #2 | >>NEXT RO | N |
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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.

| D01 | D02 | D03 | D04 | D05 | | D06 | | D07 | | D08 | D09 |
|----------------------------|---|--|--|---------------------------------------|--|--|------------------------------------|--|---|---|---|
| I D C O D E | IS THE INFORMATION SELF- REPORTED OR IS IT BEING PROVIDED BY ANOTHER HOUSEHOLD MEMBER? SELF- REPORTED1>>D04 ANOTHER HH MEMBER2 | THE INFORMATION FOR THE INDI- VIDUAL? LIST FROM HOUSEHOLD ROSTER | weeks have you suffered from an illness or injury? | PA PA PA PA PA PA PA PA | .000 PRESSURE 18 IIN WHEN PASS- NG URINE . 19 ABETES . 20 NTAL DISORDER.21 3 | Who diagnosed when the control of th | . 1 1. 2 NCE 3 LER 4 5 . 6 . 7 . 8 | What action did you for your illness? DID NOTHING, NOT : DID NOTHING, NO M USED MEDICINE HAD PERSONALLY KNOWN : SOUGHT TREATMENT : CHUNCH/MISSION F. SOUGHT TREATMENT : PRIVATE HEALTH FACILITY SOUGHT TREATMENT IT SUPPLIED IN THE SOUGHT TREATMENT IT SUPPLIED IN THE SUPPL | SERIOUS . 1 NNEY 2 IN STOCK 3 REMEDIES. 4 TT GOVT | During the past 2 weeks, for how many days did you have to stop your normal activities because of this (these) illness(es)? IF NONE, RECORD ZERO AND >> D10. | During the past 2 weeks, for how many days, did anyone else in the household have to stop their normal activities to care for you? IF NONE, RECORD ZERO. |
| | | ID CODE | | Problem 1 | Problem 2 | Problem 1 | Problem 2 | Problem 1 | Problem 2 | DAYS | DAYS |
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| D01 | D10 | D11 | D12 | D12_1 | D13 | D14 | D15 | D16 | D17 | D18 | D19 |
|-------------|--|---|--|---|---|--|---|--|--|--|--|
| П D C O D E | you spend in the past 4 weeks for all illnesses and injuries, including for medicine, tests, consultation, & in- | you spend in the past 4 weeks for <u>medical</u> <u>care not related to an</u> <u>lillness</u> - preventative health care, pre-natal visits, check-ups, etc., if any? | How much in total did you spend in the past 4 weeks for non-prescription medicines and other medical products - Panadol, LA, cough syrup, condom etc.? INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS. | you spend during the last 12 months for | hospitalized or had an overnight stay(s) in a medical facility? | ization(s) or overnight stay(s) in a medical facility during the last 12 months? INCLUDE ESTIMATED | the medical facility for overnight stay(s) during the last 12 | spend on food during overnight stay(s) at the medical facility during the last 12 months? INCLUDE ESTIMATED VALUE OF ANY INKIND PAYMENTS. | other members of your household | months, did you stay over-night(s) at a traditional healer's or faith healer's dwelling? | What was the total cost of your stay(s) at the traditional healer's or faith healer's dwelling during the last 12 months? INCLUDE ESTIMATED VALUE OF ANY INKIND PAYMENTS. |
| | | | | | YES1 NO2>> D18 | | | | YES1 NO2 | YES1 NO2>>D33 | |
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| D01 | D20 | D21 | D22 | D23 | D24 | D25 | D26 | D27 | D28 | D29 |
|------------|---|---|-----------------------------------|--|---|---|---|---|---|--|
| I D СО D E | spend to travel to the traditional healer's or faith healer's dwelling for overnight stay(s) during the last 12 months? INCLUDE ESTIMATED VALUE OF ANY IN-KIND | How much did you spend on food during overnight stay(s) at the traditional healer's or faith healer's dwelling during the last 12 months? INCLUDE ESTIMATED VALUE OF ANY IN-KIND PAYMENTS. | members of your household have | ENUMERATOR: IS THE INDIVIDUAL LESS THAN 3 YEARS OF AGE? | | Do you have difficulty hearing even if you wear hearing aid? | Do you have difficulty walking or climbing steps? | Do you have difficulty remembering or concentrating? | Do you have difficulty with safe care such as washing all over or dressing, feeding, toileting etc? | Do you have difficulty speaking? |
| | MK | мк | YES1 NO2 | YES1>>D33 NO2 | YES, SOME DIFFICULTY2 | NO DIFFICULTY1 YES, SOME DIFFICULTY2 YES, A LOT OF DIFFICULTY3 CANNOT PERFORM ACTIVITY AT ALL.4 | YES, SOME DIFFICULTY2 | NO DIFFICULTY1 YES, SOME DIFFICULTY2 YES, LOT OF DIFFICULTY3 CANNOT PERFORM ACTIVITY AT ALL 4 | YES, SOME DIFFICULTY2 YES, A LOT OF DIFFICULTY3 | YES, SOME DIFFICULTY2 YES, A LOT OF DIFFICULTY3 |
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| D01 | D30 | D31 | D32 | D33 | D34 | | D35 | | D36 | | D37 | D38 |
|-----------------------|---|---|---|------------------|--|--------------------------------------|---------------------------------------|------------------|--|-------------|---|--|
| | ANY DIFFICULTY REPORTED IN QUESTIONS D24- D29? | difficulty reduce the amount of work you can do | During the past 12 months, what measures were taken to improve your performance in activities? | | What chronic illness of LIST UP TO 2. DEFINITION IS CONTINUOUSLY ILL MONTHS IN THE PAST | N: CHRONIC ILLNESS FOR AT LEAST 3 | How long have y this illness (thes | ou surrerea from | Who diagnosed th | he illness? | IS THIS PERSON, [NAME], LESS THAN 15 YEARS OLD? | What did you have for breakfast yesterday? |
| D C O D E | YES1 NO>>D33 | at home, at work or at school? YES, ALL THE TIME | NONE | YES1 NO2>>D37 | CHRONIC MALAT TUBERCULOSIS HIV/AIDS DIABETES ASTHMA BILHARZIA/ SCHISTOSOMIL ARTHRITIS/ RHEUWATISM. NERVE DISORDE STOMACH DISOR SORES THAT DO NOT HEAL CANCER. PNEUMONIA EPILEPS MENYPES LILNES OTHER (SPEC.) | | | MANUTA | MEDICAL WORKER (DOCTOR, CLINICAL OFFICER, NURSE) AT HOSPITAL . 1 MEDICAL WORKER AT OTHER HEALTH FACILITY 2 HSA | | YES1 NO2>>NEXT ROW | WITH SUGAR |
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| D01 | D44 | D45 | D46 | D47 | D48 |
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| | IS THIS PERSON, [NAME], A CHILD LESS THAN 5 YEARS OF AGE? | Where was this child delivered? | Who assisted in delivering this child? | 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? | How much did you pay for this vaccination? |
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| | YES1 NO2>>D47 | HOSPITAL/ MATERNITY CLINIC1 AT HOME2 OTHER (SPECIFY).3 | DOCTOR/ CLINICAL OFFICER 1 UNIRES/MIDMITE. 2 PATIENT ATTENDANT 3 TRADITIONAL BIRTH ATTENDANT 4 ATTENDANT 4 FRIATIVE/FRIEND 5 NO ONE 6 OTHER (SPECIFY) 7 | YES1 NO2>>NEXT ROW | THEN>> NEXT MODULE |
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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.

| E01 | E03 | E04 | E05 | E06 | E06_1a | E06_1b | E06_1c | E06_2 | E06_3 | E06_4 | E06_5 | E06_6 | E06_7 |
|-------------------------|-----------------------|---|-----------------------------------|--|--|--|--|--|---|--|--|---|---|
| C O D I E D | REPORTING | WHO IS RESPONDING ON BEHALF OF [NAME]? LIST FROM HOUSEHOLD ROSTER | many hours did you spend | How many hours did you spend yesterday collecting firewood (or other fuel materials)? | months, did you work on household farming activities even if only | 12 months, did you work on household livestock activities | months, did you work on household fishing activities even if only | In the last 12 months, did you run a non-farm business of any size for yourself or the household, even if only for one hour? | help in any kind of non-farm business run by this household, even if | did you work as an employee for a wage, salary, commission, or any payment in kind: including doing paid apprenticeship, domestic work or paid | In the last 12 months, did you engage in an unpaid apprenticeship for anyone that is not a member of the household, even if only for one hour? | In the last 12 months, did you engage in casual, part-time or <i>ganyu</i> labour, even if only for one hour? | REVIEW QUESTIONS E06_1 TO E06_6. DID THIS PERSON ANSWER 'YES' TO AT LEAST ONE QUESTION? |
| | YES.1>>E0 5 NO2 | HH ROSTER ID CODE | HOURS | HOURS | YES1 NO2 | YES1 NO2 | YES1 NO2 | YES1 NO2 | YES1 NO2 | YES1 NO2 | YES1 NO2 | YES1 NO2 | YES.1 NO2>>E07 |
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MODULE E: TIME USE & LABOUR (CONTINUE MODULE E: TIME USE & LABOUR (CONTINUED)

| E01 | E06_8 | | E07a | E07_1 | | | | | E07_1a | E07_1b | E07_1c | E07_2a | E07_2b |
|-----------|--|-----------|--|--|---|--|---|-----|--------|--------|--------|--------|--------|
| C O D E D | last 12 months: last seven importance (importance defined as value | | ith lue lumption) OF THE ALL TARTING ITION IN ON) OR | In regards to the first crop listed in E07_1, are the products you worked on READ RESPONSES: ALL INTENDED FOR SALE1>>E07_1c SOME ARE INTENDED TO BE SOLD AND SOME KEPT FOR USE OR CONSUMPTION BY YOUR FAMILY | E07_1, is it intended to sell READ RESPONSES: LESS THAN 1/41 1/41 1/4 | In regards to the first crop listed in E07_1, In general, in the past have these products been mainly sold or mainly kept for family use or consumption? READ RESPONSES: MAINLY SOLD | In regards to the second crop listed in E07_1, are the products you worked on READ RESPONSES: ALL INTENDED FOR SALE1>>E07_2c SOME ARE INTENDED TO BE SOLD AND SOME KEPT FOR USE OR CONSUMPTION BY YOUR FAMILY2 ALL ARE INTENDED TO BE KEPT FOR USE OR CONSUMPTION BY YOUR FAMILY1>>E07_2c | | | | | | |
| | MAIN | SECONDARY | HOURS | 1ST | 2ND | 3RD | 4TH | 5TH | | 3/45 | | | |
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| E01 | E07_2c | E07_3a | E07_3b | E07_3c | E07_4a | E07_4b | E07_4c | E07_5a | E07_5b | E07_5c |
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| | In regards to the second crop listed in E07_1, In general, in the past have these products been mainly sold or mainly kept for family use or consumption? | In regards to the third crop listed in E07_1, are the products you worked on READ RESPONSES: ALL INTENDED FOR SALE1>>E07_3c | In regards to the third crop listed in E07_1, is it intended to sell READ RESPONSES: | In regards to the third crop listed in E07_1, In general, in the past have these products been mainly sold or mainly kept for family use or consumption? | In regards to the fourth crop listed in E07_1, are the products you worked on READ RESPONSES: ALL INTENDED FOR SALE1>>E07_4c | listed in E07_1, is it intended to sell | general, in the past | In regards to the fifth crop listed in E66, are the products you worked on READ RESPONSES: ALL INTENDED FOR | In regards to the fifth crop listed in E07_1, is it intended to sell READ RESPONSES: | In regards to the fifth crop listed in E07_1, In general, in the past have these products been mainly sold or mainly kept for family use or consumption? |
| | READ RESPONSES: MAINLY SOLD1 MAINLY KEPT FOR FAMILY USE OR CONSUMPTION2 | SOME ARE INTENDED TO BE SOLD AND SOME KEPT FOR USE OR CONSUMPTION BY YOUR FAMILY | LESS THAN 1/41 1/42 1/23 B/44 MORE THAN B/45 | READ RESPONSES: MAINLY SOLD1 MAINLY KEPT FOR FAMILY USE OR CONSUMPTION2 | SOME ARE INTENDED TO BE SOLD AND SOME KEPT FOR USE OR CONSUMPTION BY YOUR FAMILY | LESS THAN 1/41 1/42 1/23 3/44 MORE THAN 3/45 | READ RESPONSES: MAINLY SOLD1 MAINLY KEPT FOR FAMILY USE OR CONSUMPTION2 | SALE | LESS THAN 1/41 1/42 1/23 3/44 MORE THAN 3/45 | MAINLY SOLD |
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| E01 | E07b | E07c | E08 | E09 | E10 | E11 | E12 | E13 | E13_1 | |
|--------------------|---|--|---|---|-----------|---|--|--|--|-----------|
| O D I E D | How many hours in the last seven days did you spend on household livestock activities whether for sale or for household food? | hours in the last seven days did you spend on household fishing activities whether for | in the last seven days did you run or do any kind of non-agricultural or non-fishing household | in the last seven days did you help in any of the | engage in | in the last seven days did you do any work for a wage, salary, commission, or | How many hours in the last seven days did you engage in an unpaid apprenticeship for anyone that is not a member of the household? | REVIEW QUESTIONS E07 TO E12. DID THIS PERSON, [NAME], WORK FOR ANY HOURS AT THESE TASKS OVER THE LAST SEVEN DAYS? | In what type of economic activity did you spend most of your time in the la 7 days: WAGE EMPLOYMENT EXCLUDING GANYU | |
| | | | | | | | | YES.1 NO2>>E14 | (THEN>>E18 |) |
| | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | HOURS | | MAIN | SECONDARY |
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TEMPORARY ABSENCE JOB SEARCH

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| E01 | E14 | E15 | E15_1 | E15_2 | E15_3 | E15_4 | E17_1 | E17_2 |
| | did not work in the last 7 days, | Why did you not work during the last 7 days? WAITING TO START NEW JOB OR BUSINESS 1 LOW OR OFF-SEASON 2>>E15_2 SHIFT WORK, FLEXI TIME, NATURE OF WORK 3 VACATION, HOLIDAYS 4 SICKNESS, ILLNESS, ACCIDENT 5 MATERNITY, PATERNITY LEAVE 6 EDUCATION LEAVE OR TRAINING 7 OTHER PERSONAL LEAVE (CARE FOR FAMILY, CIVIC DUTIES) 8 TEMPORARY LAY OFF, NO CLIENTS OR MATERIALS, WORK BREAK 9 | will you return to that same job, business or | During the low or off- season, do you continue to do some work for that job, business or family farm? | Was your work in family farming, livestock or fishing? | Thinking about the products obtained from your family farming, livestock or fishing activity, are they inteded? | During the last four weeks, did you do anything to find a paid job? | Or did you try to start a business? |
| | YES.1 NO2>>E17_1 | WORD BREAR | YES.1 >> E15_3 NO2 >> E17_1 | YES.1 NO2>>E17_1 | YES.1 NO2 >>E18 | Only for sale1 >>E18 Mainly for sale2 >>E18 Mainly for family use .3 >>E18 Only for family use4 >>E18 | YES.1 NO2 YES.1 >>E17_3 NO2 | YES.1 NO2 >>E17_5 |
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| E01 | E17_3 | | E17_4 | E17_5 | E17_6 | E17_7 |
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| O D I E | INTERNSHIP PLACE OR ANSWER JOB AL POST/UPDATE RESUME ON | MPLOYERS FOR A PAID JOB OR1 IVERTISETMENTS2 | 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? | a business in the last 4 weeks? | If a job or business opportunity had been available, could you have started working last week? |
| D | REGISTER WITH PUBLICE F REGISTER WITH A PRIVAT CENTRE/AGENCY TAKE PUBLIC SERVICE EX TAKE PRIVATE COMPANY'S SEEK HELP FROM RELATIV CHECK AT FACTORIES, W WAIT ON THE STREET TO SEEK FINANCIAL HELP TC LOOK FOR LAND, BUILDIN MATERIALS TO START A F DEVELOPED A BUSINESS F APPLY FOR A PERMIT OR A BUSINESS | MPLOYMENT SERVICE | >> E17_7 LESS THAN 1 MONTH | YES.1 NO2 >>EI7 10 | WAITING FOR RESULTS OF A PREVIOUS SEARCH | YES.1 >>NEXT ROW NO2 |
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| E01 | E17_8 | E17_9 | E17_10 |
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| 0 | Or could you start working within the next 2 weeks? | Why are you not available to start working? | Which of the following best describes what you are mainly doing at present? |
| I E D | | | PLEASE READ ALL OPTIONS |
| D | | AWAITING RECALL FROM A PREVIOUS JOB .1 WAITING FOR THE SEASON TO START2 IN STUDIES, TRAINING3 FAMILY / HOUSEHOLD RESPONSIBILITIES .4 IN FAMILY FARMING/LIVESTOCK FISHING FOR FAMILY USE5 RETIRED, PENSIONER6 OWN DISABILITY, INJURY, ILLNESS7 >>NEXT ROW | 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 |
| | YES.1 >>NEXT ROW NO2 | | >>NEXT ROW |
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MAIN WAGE JOB OVER THE LAST 12 MONTHS

| | | MAIN WAGE JOB OVER THE LAST 12 N | IOITIIIO | | | | |
|--------------------|---|---|---|--|---|--|---|
| E01 | E18 | E19 | | E20 | | E21 | E21_1 |
| C O D I E | ENUMERATOR: CHECK QUESTION E06_4. DID THE RESPONDENT | Describe your main wage job over the last 12 r THE MAIN WAGE JOB IS THE ONE WHERE YOU WORK THE HIGHEST NUMBER OF HOURS EVEN | USUALLY | Describe what kind of trade or business your job over the last 12 months is connected with | | Is your employer for your main wage job over the last 12 months | Including you, how many persons work at your place of work? |
| D | REPORT YES TO THIS QUESTION? | WERE TEMPORARILY ABSENT LAST WEEK. | | | | READ RESPONSES | |
| | YES.1 NO2>> E46 | | (Supervisor to put in occupation code <u>after</u> interview) | | (Supervisor to put in industry code <u>after</u> interview) | Private Company 1 Private Individual . 2 Federal Government 3 Provincial Government 3 State-Owned Enterprise (Parastal) 4 M&SAFAPUDIIC Works Problem | 11 2-42 5-93 10-194 20-495 50+6 |
| | | WRITTEN DESCRIPTION C | OCCUP. CODE | WRITTEN DESCRIPTION | IND. CODE | | |
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| E01 | E21_2 | E21_3 | 3 | | | | | | | | E21_4 | 4 | | | | E22 | E23 | E24 | E24_1 |
|-----|--|-------------------|----------------------------------|----------------------------|-----------------------------|-----------------|--------------------|----------------------------------|-------------------|----------------|--------------------------------|---------------------------------------|---|---|--|---------------------|----------------------------|---|---|
| | What is the status of your contract/ agreement in your main wage job? | READ | | HE OP | TIONS | то тні | E RESF | llowing | | ID | THE R | llowing E]'s ma ALL TH ESPON | difficu ain job HE OP ¹ NDENT | ulties ir b? TIONS T, AND VITH "X | TO MARK | | months, | During these weeks, approximately how many hours per week did you work at this wage job? | During the last 7 days, approximately how many hours did you work at this wage job? |
| | PERMANENT/ PENSIONABLE JOB1 CONTRACT OF LESS THAN 1 YEAR .2 CONTRACT OF 1-5 YEARS3 CONTRACT OF MORE THAN 5 YEARS4 WITHOUT ANY CONTRACT5 OTHER (SPECIFY)6 | Paid annual leave | Paid maternity of parental leave | Paid medical/sick leave | Health insurace benefits | Old-age pension | Disability pension | Paid/subsidized meals at work | Transport subsidy | Other benefits | Difficulty getting a promotion | Difficulty getting a raise in salary | Being harassed at work | Difficulty traveling to/from work | Being assisgned tasks below level of education | NUMBER OF MONTHS | NUMBER OF WEEKS / MONTH | NUMBER OF HOURS / WEEK | NUMBER OF HOURS |
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| E01 | E25 | E26 | | E26_1 | | E27 | E28 | | E28_1 | | E29 | E30 | E31 |
|-----|---------------------------|--|-------------|---|------------------------------------|---|--|-------------------------|--|--|--|--|--|
| | payment for wages/salary? | What period do each of y salary paym cover? | our ents | Who in the h controls/ ded use of your s payment? LIST UP TO 2 FROM HOUS ROSTER | cides on the calary MEMBERS EHOLD | How much do you usually receive in <u>allowances or gratuities</u> , including in-kind payments such as uniform, housing, food, and transport, that were not included in the salary you just reported? ESTIMATE CASH VALUE OF ANY IN-KIND PAYMENTS RECEIVED. IF NOTHING, RECORD | Over what p time are you your allowar gratuity payi | reporting ices and | Who in the I controls/ de use of your or gratuities LIST UP TO: FROM HOUS ROSTER | cides on the allowances ? 2 MEMBERS | Is this wage job considered an apprenticeship? | any payments to your employer for your | How much in total have you paid over the last 12 months for your apprenticeship? ESTIMATE CASH VALUE OF ANY IN-KIND PAYMENTS. |
| | | | | | | ZERO, >> E29. | | | | | | | |
| | | NUMBER OF WEEK .4 ID CODE #1 ID CODE | | HH ROSTER ID CODE #2 | | NUMBER OF | DAY3 WEEK .4 | HH ROSTER ID CODE #1 | HH ROSTER ID CODE #2 | YES.1 NO2>>E32 | YES.1 NO2>>E32 | | |
| | MK | TIME UNITS | MONTH.5 | | | MK | TIME UNITS | MONTH.5 | | | | | MK |
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SECONDARY WAGE JOB OVER THE LAST 12 MONTHS

| | | SECONDARY WAGE JOB OVER THE L | 7 to 1 12 iii o | 11110 | | | |
|----------|--|--|---|--|---|--|--|
| E01 | E32 | E33 | | E34 | | E35 | E35_1 |
| O D | 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, | Describe your secondary wage job over the la months. | st 12 | Describe what kind of trade or business your wage job over the last 12 months is connected | | 12 months | What type of position is your secondary wage job? READ RESPONSES |
| | excluding ganyu, for anyone who is not a member of your household? YES.1 NO2>>E46 | | (Supervisor to put in occupation code <u>after</u> interview) | | (Supervisor to put in industry code <u>after</u> interview) | Private Company1 Private Individual2 Government3 State-Owned Enterprise (Parastatal)4 MASAF/Public Works Program5 Church/Religious Organization6 Political Party7 Other (Specify)8 | Permanent |
| 1 | | WRITTEN DESCRIPTION | OCCUP. CODE | WRITTEN DESCRIPTION | IND. CODE | | |
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| E01 | E35_2 | E35_3 | E35_4 | E36 | E37 | E38 | E38_1 | E39 | E40 | | E40_1 | |
|-----|----------------------|--|--|--|---------------|--------------|--|-------------|--|-----------------|---|----------------------------|
| 0 | job have a contract? | Are you enrolled in a pension scheme for this wage job? | in a health insurance scheme with this | months over the last 12 months, did you work at this | month did you | weeks, | During the last 7 days, approximately how many hours did you work at this wage job? | payment for | What period each of your payments co | salary over? | Who in the h controls/ dec use of your s payments? LIST UP TO 2 FROM HOUSI ROSTER | ides on the alary MEMBERS |
| | YES.1 NO2 | YES.1 NO2 | YES.1 NO2 | | | | | | | TIME UNIT | | |
| | 102 | | | NUMBER OF | NUMBER OF | NUMBER OF | NUMBER OF | | NUMBER OF | DAY3 WEEK .4 | HH ROSTER ID CODE #1 | HH ROSTER ID CODE #2 |
| | | | | MONTHS | WEEKS / MONTH | HOURS / WEEK | HOURS | MK | TIME UNITS | MONTH.5 | | |
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| | | | | | | | | | | UNPAID APPRENTICESHIP | |
|---------------------------------------|--|--------------|-------------------------|---|------------------------------------|--|-------------------|--|---|--|---------------------------------|
| E01 | E41 | E42 | | E42_1 | | E43 | E44 | E45 | E46 | E47 | |
| (((((((((((((((((((| gratuities, including in-kind payments such as uniform, housing, food, and transport, that were not included in the salary you just reported? ESTIMATE CASH VALUE | time are you | u reporting nces and | Who in the I controls/ de the use of y allowances gratuities? LIST UP TO: FROM HOUS ROSTER | cides on our or 2 MEMBERS | Is this wage job considered an apprenticeship? | any payments to | How much in total have you paid over the last 12 months for your apprenticeship? ESTIMATE CASH VALUE OF ANY IN-KIND PAYMENTS. | ENUMERATOR: CHECK QUESTION E06_5. DID THE RESPONDENT REPORT YES TO THIS QUESTION? | Describe your unpaid apprenticeship over th months? REFER TO MAIN UNPAID APPRENTICESHIP, II ONE | |
| | OF ANY IN-KIND PAYMENTS RECEIVED. | | | | | | | | | | (Supervisor |
| | IF NOTHING, RECORD ZERO, >> E43. | | | | | | | | | | to put in occupation code after |
| | | | TIME UNIT | | | YES.1 NO2>>E46 | YES.1 NO2>>E46 | | YES.1 NO2>>E55 | | interview) |
| | | NUMBER OF | WEEK .4 | HH ROSTER ID CODE #1 | HH ROSTER ID CODE #2 | | | | | | |
| H | MK | TIME UNITS | MONTH.5 | | | | | MK | | WRITTEN DESCRIPTION | OCCUP. CODE |
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| E01 | E48 | | E49 | E50 | E51 | E52 | E52_1 | E53 | E54 | E55 |
|---------------|---|--|-----------------------------------|---|---|---|--|---|---|--|
| O D I E | Describe what kind of trade or business unpaid apprenticeship over the last 12 connected with? REFER TO MAIN UNPAID APPRENTICES! | months is | last 12 months | In how many months over the last 12 months, did you work at this unpaid | During these months, approximately how many weeks per month did | During these weeks, approximately how many hours per week did you | During the last 7 days, approximately how many hours did you work at | any payments to your employer for your unpaid | How much in total have you paid over the last 12 months for your unpaid | ENUMERATOR: CHECK QUESTION E06_6. DID THE RESPONDENT |
| D | MORE THAN ONE | , | (NET IS NEED) | apprenticeship? | you work at this unpaid apprenticeship? | work at this unpaid apprenticeship? | this unpaid apprenticeship? | | appropriacehin? | REPORT YES TO THIS QUESTION? |
| | t | Supervisor to put in industry code <u>after</u> .nterview) | Private Company | | | | | YES.1 NO2>> E55 | | YES.1 NO2>>E60 |
| | WRITTEN DESCRIPTION | IND. CODE | Political Party7 Other (Specify)8 | NUMBER OF MONTHS | NUMBER OF WEEKS / MONTH | NUMBER OF HOURS / WEEK | NUMBER OF HOURS | | MK | |
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| | GANYU LAE | BOUR OVER TH | HE LAST 12 M | ONTHS | | | OTHER UNPAID | LABOUR OVE | R THE LAST 12 | MONTHS | | |
|--------|----------------------------|--|---|------------------------------------|--|--|--|---|-------------------------------|---|---|--|
| E01 | E56 | E57 | E58 | E59 | E59_1 | | E60 | E61 | E62 | E63 | E64 | E65 |
| O D | months over the last 12 | During these months, approximately how many weeks per month did you do ganyu labour? | During these weeks, approximately how many days per week did you do ganyu labour? | wage, in cash or in kind, that you | Who in the household decides or of your gar earnings? LIST UP TO MEMBERS HOUSEHOI ROSTER | controls/ n the use nyu 0 2 FROM | At any time over the last 12 months, did you work for other households, free of charge, as exchange labourer or to assist for nothing in return? | Over the last 12 months, for how many households in total did you work as exchange labourer or to assist for nothing in return? | | as exchange laborer or to assist for nothing in return, how many were households of friends/ neighbors? | Was the household of the village headman among the households for whom you worked as exchange laborer or to assist for nothing in return? | Over the last 12 months, for how many days in total did you work for other households as exchange labourer or to assist for nothing in return? |
| | | | | | HH ROSTER | HH ROSTER | YES.1 NO2>>E66 | | | | YES.1 NO2 | |
| | NUMBER OF MONTHS | NUMBER OF WEEKS / MONTH | NUMBER OF DAYS / WEEK | MK | #1 | #2 | | NUMBER OF HHS IN TOTAL | NUMBER OF HHS OF RELATIVES | NUMBER OF HHS OF FRIENDS/ NEIGHBORS | NO2 | NUMBER OF DAYS |
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LOOKING FOR MORE/DIFFERENT WORK

| E01 | E66 | E67 | E68 | E69 | E70 | E71 |
|---------|---|-----------------------------|-------------------|---------------------|----------------------------|---|
| C O D E | During the last four weeks, did you look for additional paid work? | Would you want to work more | | How many additional | | What is the main reason why you want to change his/her employment situation? |
| | YES.1 NO2 | YES.1 NO2 >>E70 | YES.1 NO2>>E70 | NUMBER | YES.1 NO2 >>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 FEMER HOURS 5 TO BETTER MATCH SKILLS 6 TO WORK CLOSER TO HOME 7 TO IMPROVE OTHER WORKING CONDITIONS 8 OTHER (SPECIFY) 9 |
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| MODULE F: HOUSIN | <u>G</u> | | | | | ENUMERAT | OR: RECORD STA | RT DATE & | TIME FOR | 2 | | DAYS | MONTHS | | HOURS | MINUTES | | | | | | | | | | |
|--|-------------------------------|-------------------------------|-------------------------------|--|---------------------------------|---------------------------------|---|---|--------------------|----------------------------|------|-----------------------------|--------------------|--------------------|---------------------------------------|-----------------|-----------------|-----------------|-----------------|----|-------------------------------|--|-------------------------------|-------------------------------|------------------------------------|--------|
| F01 | F01_1 | | | | | | F01_2 | F01_3 | F01_4 | | | | | · | F01_5 | | | | | | F01_6 | | | | | |
| employer, do you use it for free, or do you rent this property? OWNED. 1 BEING PURCHASED 2 EMPLOYER PROVIDES 3>>F03 | LIST UP T | O 4 HOUSE | HOLD ME | is property? MBERS FRO DRK ROSTE | OM THE HO | USEHOLD | YES, OFFER OF LEASE YES, A TITLE DEED YES, CERTIFICATE OF LEASE. YES, LETTER FROM CHIEF | ATOR: WAS RESPON- DENT ABLE TO PROVIDE DOCUME NTATION? | ownersi | nip doc P TO 4 THE H | HOUS | for this EHOLE HOLD F | property? | RS LIST | With regards LIST UP TO 4 ROSTER. LIS | HOUSEHOL | D MEMBERS | FROM THE | HOUSEHO | LD | right to be | ards to this pro equeath it? 'O 4 HOUSEH LIST UP TO 2 | OLD MEMBE | RS FROM TH | E HOUSEI | |
| FREE, AUTHORIZED4>>F03 FREE, NOT AUTHORIZED5>>F03 RENTED6>>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 | NO5 >>F01 YES, OTHER (SPECIFY) | | HHID CODE #1 | | | HHID CODE #4 | NWID CODE #1 | NWID CODE #2 | HHID CODE #1 | HHID CODE #2 | HHID CODE #3 | HHID CODE #4 | NWID CODE #1 | | 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 | ROSTER |

| F | 02 | F03 | | F04 | | F04_1 | F04_2 | | | F04_3 | F04_4 | F04_5 | F04_6 | F05 |
|------|-------------------|-----------|-------------------------|------------|----------|-----------------------|--|--------|--|--------------|--------------|------------------|-------------|----------------|
| lf · | you sold this | Estimat | e the rent | How muc | h do you | Is there | What is the area of this property? | | | Do you | What | Do you have | What was | How many |
| pr | operty today, how | you could | d receive if | pay to rer | nt this | any land | | | | have to | was the | to pay | the total | years ago |
| m | uch would you | you re | nted this | property? | | that is | ENUMERATOR: ASK THE RESPONDENT TO ESTIMATE THE | HE ARE | A FIRST. MEASURE THE AREA WITH THE GPS LATER. MAKE SURE TO | pay land | total | property tax | amount | was this |
| re | ceive for it? | prop | perty? | | | considere | MEASURE THE PROPERTY AREA WITH GPS AT LEAST TO | VICE T | O GET A CONSISTENT VALUE. RECORD ZEROS TO THE RIGHT OF THE | rent on this | amount | on this | paid in the | dwelling |
| | | | | | | d part of | DECIMAL. | | | | | | | built? How |
| | | (TH | EN >>F05) | | | this | | | | | the form | | | old is it? |
| | | | | | | property | | CODES | FOR UNIT: | | of land | | tax during | |
| | | | | | | besides | | ACRE. | 1 | | rent | | | IF DO NOT |
| | ļ | | | | | the | | | RE2 3 METERS3 | | during | | | KNOW, |
| | | | | | Day 3 | YES1 | | | 4 | | the past | | | RECORD 999. |
| | | | DAY3 WEEK4 MONTH5 | | WEEK4 | YES1 NO. 2>>F04 | 2 | | (SPECIFY)5 | | tax vear? | YES1 NO2>>F05 | | 999. |
| | | | MONTH5 YEAR6 | | YEAR6 | 277204_ | | | h | NO2 | year? | | | |
| | | | | | | | RESPONDENT ESTIMATION | | GPS MEASURE | >> F04_5 | | | | |
| | , | 1477 | TIME | 1477 | TIME | 1 | | | AREA IN ACRES | _ | 1477 | | 1477 | YEARS |
| Pir | n. | PIP. | UNIT | PIL | UNIT | | AREA | UNII | AREA III AGRES | | PIP. | | PIL | IDMNO |
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| 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? | OF THE MAIN DWELLING OF THE HOUSEHOLD ARE PREDOMINANTLY MADE OF WHAT MATERIAL? | MAIN DWELLING IS | PREDOMINANTLY MADE OF WHAT MATERIAL? | rooms do the | Source of energy used for lighting? COLLECTED FIREWOOD 1 PURCHASED FIREWOOD 2 GRASS/STRAW 3 | main source of energy used for cooking? | ever | firewood? | you go to collect firewood? | How long does you to walk froi dwelling to whe usually go to co firewood? | m your ere you ollect | 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 | Do you have <u>electricity</u> working in your dwelling? |
| SEMI-PERMANENT 2 TRADITIONAL . 3 (SEMI-PERMANENT IS MIX OF TRADITIONAL (GRASS, MUD) & MONDEN MATPLIAS | SRASS . 1 MUD (YOMATA) . 2 COMPACTED EARTH (YAMDINDO) . 3 MUD BRICK (UNFIRE) . 4 BURNT BRICKS . 5 CONCRETE . 5 CONCRETE . 7 IRON SHEETS . 8 OTHER (SPECIFY) 9 | CLLAY TILES 3 CONCRETE .4 PLASTIC SHEETING .5 OTHER (SPECIFY) .6 | SAND 1 SMOOTHED MUD 2 SMOOTH CEMENT . 3 WOOD 4 TILE 5 | NUMBER OF ROOMS | PARAFFIN . 4 ELECTRICITY . 5 GAS 6 BATTERY/DRY CELL (TORCH) 7 CANDLES 8 | SRASS/SIRWW.3 PARAFFIN. 4 ELECTRICITY. 5 GAS 6 CHARCOAL . 7 CROP RESIDUE 8 SAW DUST . 9 ANIMAL WASTE 10 SOLAR 11 OTHER (SPECIFY) 12 | YES1 NO2 >>F19 | YES1 NO2>> F18 | COMMUNITY WOODLOT 2 FOREST RESERVE 3 UNFARMED AREAS OF COMMUN- LITY . 4 OTHER (SPECIFY) .5 | TIME AMOUNT U | HOUR | ALL 1 ALMOST ALL 2 MORE THAN HALF 3 HALF 4 LESS THAN HALF 5 | gathered or purchased ? (Estimate purchase cost of MK | YES1 NO2>>F27 |

MODULE F: HOUSING (CONTINUED)

| | F20 In the event of a black out, what source of | | Do you get your electricity | F22 Following your application to get electricity, how many weeks did | | F24 In the last 12 months, how frequently did you experience blackouts in your | | F26 To what leng | th of time | _ | F26_2 How satisfied are you with ESCOM? | F27 Although you do not have electricity in your dwelling, does your village / | F28 ENUMERATOR: IS THE DWELLING |
|---|--|---|-----------------------------|---|-------------------------------|--|---|------------------|------------|---|--|--|---|
| | energy do you use for? | | | you have to wait for your connection to be in working | an unofficial fee to get a | area? READ RESPONSES | IF NEVER PAYS FOR ELECTRICITY, RECORD 9999 AND >> F26_2 | electricity ref | er? | following statement: On the whole ESCOM is responsive to the needs of households like mine? | (THEN »F31) VERY SATISFIED | neighborhood have access to electricity provided by ESCOM? | OWNED BY THE HOUSEHOLD ACCORDING TO F01? |
| | LIGHTING FIREWOOD1 PARAFFIN2 CANDLES3 OTHER (SPECIFY)4 | COOKING CHARCOAL1 FIREWOOD2 GAS3 PARAFFIN4 OTHER (SPECIFY).5 | YES1 NO2>>F27 | WEEKS | YES1 NO2 | Never | мк | TIME | TIME | STRONGLY AGREE | NOR DISSATISFIED3 DISSATISFIED4 VERY DISSATISFIED5 | YES1 NO2>> F31 | YES1 NO2>>F31 |
| l | | | | | | | | AMOUNT | UNIT | | | | |

| F29 | F30 | | F31 | F32 | F33 | | F34 | F35 | F35_1 | F35_2 | F35_3 | F36 | F36_1 | F37 | F38 |
|--|---------------------------------|-----------------------------------|--------------------------------|---------------------|-----------------------------|--------------|--|---|--|--|-----------------------|---|---|------------------------------------|---|
| | How many wee been waiting fo | r? | MTL telephone in working | | | L telephone | phones in total does your household own? | all <u>cell phone</u> service for all household members last | Of this cost (F35), how much was spent on charging phone for all household members last month? | Of this cost (F35), how much was spent on internet for | cost (F35), how | water? | What is the main source of water used by members of your household for other purposes such as cooking and handwashing? PIPED INTO DWELLING 1 | the total cost of | How long does it take yo to walk (ONE WAY) to the main water source from your dwelling? |
| CONNECTION/ URING PEE UNAFFORDABLE.1>>F31 NO NEED FOR ELECTRICITY.2>>F31 UNAFFORDABLE FOR UNAFFORDIATE FOR ELECTRICITION.3>>F31 APPLICATION.4 LINE WAS DISCONNECTED.5>>F31 CSPECIFY).6>>F91 CSPECIFY).6>>F91 | | DAY3 WEEK4 MONTH.5 YEAR6 | YES1 NO2 | LAST BILL AMOUNT | DAY WEEK MONT YEAR | H5 | IF NONE, RECORD 0 AND >> F36. | IF NONE, RECORD () AND >> F36. | IF NONE, RECORD 0 AND >> F35_2. | | IF NONE, | COMMONIAL STANDPLEF . 3 OPEN MELL IN VARD/PLOT 4 PROTECTED WELL IN YARD/PLOT . 6 PROTECTED WELL IN PROTECTED SPRING . 6 PROTECTED SPRING . 18 PROTECTED . 11 DAM . 12 RAINWATER . 12 RAINWATER . 13 | COMMUNAL STANDEFE 3 OPEN WELL IN YARD/FLOT, 4 OPEN FULLIN YARD/FLOT, 4 OPEN FULLIN S FROTECTED WELL 1, 5 FROTECTED WELL 1, 6 FROTECTED SPENING 9 UNFROTECTED SPENING 9 UNFROTECTED SPENING 18 RIVER, STREAM 10 PRONIJARE 1 12 2 | your house- hold last month? | IF THE WATER SOURCE ON PREMISES, RECORD 99 FOR TIME AMOUNT AI CONTINUE TO F39. MINUTE 1 HOUR 2 |
| | TIME AMOUNT | TIME UNIT | >>F34 | MK | TIME AMOUNT | TIME UNIT | NUMBER | MK | MK | MK | MK | BOTTLED WATER 15 OTHER (SPECIFY) 16 | RAINWATER | MK | TIME TIME UNI |
| | | | | | | | | | | | | | | | |

| 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 | uie iiiaiii | What is your main source of drinking water in the other season? | What kind of toilet facility do members of your household usually | | emptied, where were the | Where is this toilet facility located? | share this | Do you share this facility only with | in total use this toilet | toilet have | | members of | | RATOR: | Do the children under 5 in the |
| source? | water source READ OUT RESPONSES | PIPED INTO DWELLING. 1 PIPED INTO YARD/PLOT. 2 PIPED TO NEIGHBOR17 COMMUNAL STANDPIPE3 OPEN WELL IN YARD/PLOT. 4 | USE? FUUSH TO FIPED SEWER SYSTEM.1 >>F41_3 FUUSH TO SEPTIC TANK | emptied? | contents emptied to? REMOVED BY SERVICE PROVIDER TO A TREATMENT FLANT1 BURIED IN A COVERED PIT.2 TO DON'T KNOW WHERE3 | | others who are not members | members of other households that you know, or is the facility open to the use of the general public? | facility, including your own household? NUMBER OF HOUSEHOLDS | hand washing facility? | | household sleep under a bed net to protect against | been dipped in insecticide against mosqui- | THIS HOUSE HOLD HAVE ANY | household sleep under a bed net at those times of the year when there are mosquitoes |
| MINUTE.1 HOUR2 | | OPEN PUBLIC WELL 5 PROTECTED WILL IN 6 PROTECTED WIGHLE NELL 1, 6 PROTECTED SPRING . 8 PROTECTED SPRING . 9 HUNFROTECTED SPRING . 18 RIVER STREAM . 10 POND/LARE . 12 PAINMATER . 13 TANKER TRUCK/BONSER . 14 BOTTLED WATER . 15 | LATRINE 6 PIT LATRINE WITH SLAB. 7 PIT LATRINE WITHOUT SLAB / OPEN PIT. 8 BOOKDOTING TOLLET. 9 BOCKET. 10 >>F41_3 HANGING TOLLET / HANGING LATRINE . 11 >>F41_3 AND FACILITY / BUSH / FELLD . 12 >>43 THURE (appecify) 13 >>F41_3 | EMPTIED NO, NEVER EMPTIED2 >>F41_3 DON'T KNOW3 >>F41_3 | EMPTIED BY HOUSEHOLD BURIED IN A COVERED PIT. 4 TO UNCOVERED PIT, OPEN GROUND, WATER BODY OR ELSEWHERE. 5 OTHER (specify) | IN OWN DWELLING1 IN OWN YARD | YES1 NO2 >>42_1 | SHARED WITH KNOWN HOUSEHOLDS (NOT PUBLIC)1 SHARED WITH GENERAL PUBLIC2 >>42_1 | (IF LESS THAN 10) | YES WITH SOAP1 YES WITH NO SOAP2 NO3 | RUBBISH PIT 2 BURNING 3 PUBLIC RUBBISH HEAP 4 RIVER, SEA 5 | | toes in the past six months? YES 1 NO 2 ALL NETS TREATED & | EN BELOW 5 YEARS OF AGE? YES1 NO2 >>F48 | Present? YES, FOR ALL CHILDREN UNDER FIVE. 1 HELDREN UNDER FIVE ON, NONE OF THE CHILDREN UNDER FIVE NO, MORE OF |
| | | | | | | | | | | | | | | | |

MODULE F: HOUSING

| F48 | F49 | F50 | F51 | | | F52 | F53 | F54 | F55 | | |
|---|--|---|-----|---------------------------|-------------------------|----------------------------------|-------------------|---|---------------------------------------|---|-------------------------|
| yourself or together with another household member or | ENUMERATOR: 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? | | ROSTER ID IVIDUALS, EX | CODE FOR CLUDING | year (12 months), have you | | 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? | HOUSEHOLI UP TO 3 IND THE RESPO | OR: RECORD D ROSTER ID IVIDUALS, EX NDENT. | CODE FOR |
| YES1 NO2>>50 | HH ROSTER ID CODE | YES1 NO2>>52 | | | HH ROSTER ID CODE #3 | YES1 NO2>>54 | HH ROSTER ID CODE | YES1 NO2>>NEXT MODULE | HH ROSTER ID CODE #1 | HH ROSTER ID CODE #2 | HH ROSTER ID CODE #3 |
| | | | | | | | | | | | |

| ENUMERATOR: RECORD | | ENUMEDATOR: | | |
|--|----|-----------------------------------|-------|---------|
| PRIMARY RESPONDENT ID FOR MODULE F: | | ENUMERATOR: RECORD END TIME | | |
| | ID | 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)?

| YES1 | |
|--------------|--|
| NO2 >> END | |
| OF QUESTIONS | |

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

| - | | | | | A O | | v.OD | OLL OIGE OF INDER | |
|----|------------|----------------------|-------------|----------------|---------------------------|----------------------------|----------|-------------------|--------------|
| L | | 1. | 1_1 | 1_2 | 1_3 | 2. | | | 2_1 |
| | RESPONDENT | GARDEN NAME | | Were you the | Were you told the | What is the area of t | his [G/ | ARDENJ? | Specify the |
| ID | ID | | | household | GPS-based area for | | | | household |
| | | Please tell me about | | member that | [GARDEN] in the last | | | | member that |
| | | each GARDEN for | previous | identified and | survey round? | | | | identified |
| | | which you or any | round? | walked around | | | | | and walked |
| | | household member | | [GARDEN] | | | | | around |
| | | currently uses, owns | [PREFILLED] | boundaries for | | | | | [GARDEN] |
| | | or holds use rights | | GPS-based | | | | | boundaries |
| | | for, either alone or | | area | | | | | for GPS- |
| | | with someone else. | | measurement | | | | | based area |
| | | Please describe or | | in the last | YES, BY THE ENUMERATOR | | | | measureme |
| | | give me the name of | | survey round? | 1 | | | | nt. |
| | | each GARDEN, | | | YES, BY ANOTHER | | אר פינור | OR UNIT: | |
| | | starting with the | | | HOUSEHOLD | _ | | | |
| | | GARDEN you reside | | | MEMBER2 | ACRE1 | | | |
| | | on, if applicable. | | | NO3 | HECTARE2 SQUARE METERS3 | | | |
| | | | | | | | | SPECIFY)4 | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | a. | | b. | |
| | | | YES1 | YES1 | | FARMER ESTIMAT | ION | GPS MEASURE | |
| | | | NO2 | NO2 | | AREA | HINIT | AREA IN ACRES | HH ROSTER ID |
| | | | | | | ANLA | OIII | AILA III AOILE | CODE |
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MODULE F_1: LAND ROSTER (CONTINUED)

| 2_2 | | | 2. | | | 2f. | 2g. | 2h. | 3. | 4. | 5. |
|--|----------|--------------|---------------------------|---------------------|--------|---------------|-----------------------|------------------|-------------------------------------|---------------------------|----------------------------|
| Specify | the | | ENUMERATOR: RECORD THE O | | | | How was this [GARDEN] | Under which | What is the | | |
| househ | old | | PLOT AT WHICH YOU STARTED | OR: | | RECORD THE | acquired? | tenure system is | primary current | | |
| | | | | | RECORD | | WEATHER | | this [GARDEN]? | use of this | |
| whom the GPS- IF YOU DID NOT RECORD THE GPS COORDINATES, PLEASE SPECIFY NU | | | | | NUMBER | | CONDITIONS | | | [GARDEN]? | |
| based area for REASON. | | | | | - | ACCURACY | | | | | |
| [GARD | EN] wa | as | | | | SATELLITE | | MEASUREMENT | | | |
| shared | at the t | time | GODEG TOD DELGOV | | | S GPS | | | | | |
| of the a | area | | CODES FOR REASON: | | | TRACKED TO | | | GRANTED BY LOCAL LEADERS1 | | |
| measu | rement. | | LONG DISTANCE WIT | HIN THIS DISTRICT1 | | CAPTURE | | | INHERITED BY THE DEATH | | |
| | | | LONG DISTANCE OUT: | SIDE THIS DISTRICT2 | | PLOT | | | OF A FAMILY MEMBER2 BRIDE PRICE3 | | |
| | | | | | | COORDINA | | | PURCHASED4 | | |
| | | | OTHER (SPECIFY) | | | TES | | | LEASEHOLD6 | | |
| | | | | | | | | | RENT SHORT-TERM7 | | |
| | | | | | | | | | FARMING AS A | | |
| | | | | | | | | | TENANT8 BORROWED FOR | | |
| | | | | | | | | | FREE9 | | |
| | | | | | | | | | MOVED IN WITHOUT | | RESIDENTIAL1 |
| | | | | | | | | | PERMISSION10>>NEXT | CUSTOMARY1 FREEHOLD2 | AGRICULTURAL2 PASTORAL3 |
| | | | | | | | | | GARDEN | LEASEHOLD3 | FOREST4 |
| | | | | | | | | | OTHER (SPECIFY).11 | STATE4 | BUSINESS/ COMMERCIAL5 |
| | | | | | 1 | | | | ALLOCATED BY FAMILY MEMBER12 | COMMUNITY/GROUP RIGHT5 | DON'T KNOW6 |
| ROSTER | ROSTER | ROSTER ID | c. | d. | e. | | | | GIFT FROM NON-HOUSEHOLD | COOPERATIVES6 | OTHER (SPECIFY)7 |
| CODE | CODE | CODE | LATITUDE (S) | LONGITUDE (E) | REASON | | | | MEMBER13 | OTHER (SPECIFY)7 | (SPECIFI)/ |
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MODULE F_1: LAND ROSTER (CONTINUED)

| 5_1 Was this [GARDEN] cultivated in the rainy season? | Was this [GARDEN] cultivated in the dry | Was this [GARDEN] | [owns to] thi LIST U OWNI RIGH | s/ hold s [GA JP TO ERS C T HOL | house Is use RDEN 4 JOIN R USE DERS I D ROS | rights]? IT FROM | 7. Does your household have a document for this [GARDEN] issued by or registered at the Land Registry/Cadast ral Agency, such as a title deed, certificate of ownership, certificate of hereditary acquisition, lease or rental contract? | house | Phold n | f docui nembe 3, SHO\ | rs are | OF LIFE CONTROL OF CON | as ow D FFER OI EASE TITLE EED ERTIFIC EASE | F1 | F | IF t t t t t t t t t t t t t t t t t t t | | SEHOLD ON ENTER | each? | | | | 9. Does anyone in the household have the right to sell [GARDEN], either alone or with someone else? |
|--|---|----------------------|--|---|---|----------------------------|---|--------------|--------------------|-----------------------------|--------------------------|--|--|--------------------|--------------------|--|--------------------|-----------------------|--------------------|--------------------|--------------------------|--------------------|---|
| YES1 NO2 | YES1 NO2 | YES1 NO2 | HHID CODE #1 | HHID CODE #2 | HHID CODE #3 | HHID CODE #4 | YES1 NO2 >> 9 | DOC. TYPE | HHID CODE #1 | HHID CODE #2 | #1 HHID CODE #3 | HHID CODE #4 | DOC. TYPE | HHID CODE #1 | HHID CODE #2 | #12 HHID CODE #3 | HHID CODE #4 | DOC. TYPE | HHID CODE #1 | HHID CODE #2 | #3 HHID CODE #3 | HHID CODE #4 | NO2 >>11 DONT'KNOW98 >>11 REFUSAL99 >>11 |
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MODULE F_1: LAND ROSTER (CONTINUED)

| 10. | | | | | 11. | 12. | | | | | 13. | | | | | | | |
|--------------|---------|---------|--------|---------|-------------------|--------|------------------|---------|-------|--------|------|------------|---------|------------------------|--------|---------------|---------|----------|
| Who d | can de | cide w | hether | to sell | Does anyone in | Who | can de | ecide | wheth | ner to | On a | scale fro | om 1 to | 5. where | 1 is n | ot at all lik | elv and | 5 is |
| IGARI | DEN]? | | | | the household | beque | eath th | nis [G/ | ARDE | NI? | | | | | | of owner | | |
| | | | | | have the right to | 1.2.4 | | - [- | | 4. | | | | | | nip or use i | | |
| LISTU | JP TO 4 | ID CC | DES E | ROM | bequeath this | LIST (| JP TO | 4 ID C | ODES | FROM | | | | xt 5 years | | iip oi doo i | igino t | 0 1110 |
| | EHOLD | | | | [GARDEN], either | | | | | AND 1 | [0/1 | (DEI1) III | uic iic | At 0 your. | J. | | | |
| | FROM | | | | alone or with | | FROM | | | | DEEE | R TO ID | CODE | INI OG | | | | |
| HOUS | | | | BLE. | someone else? | HOUS | EHOL | D, IF A | APPLI | CABLE. | KEFE | EK IOID | CODES | IN QU | | | | |
| | | , | | | someone eise? | | | | | | | | | | | | | |
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| | | | | | | | HER | | | | | | | | | | | |
| | CODE E | FOR NO | N-HH | | | | | | | | | | | | | | | |
| | MEMBER | ₹: | | | | | | | | | | | | | | | | |
| | DET ATT | IVE | | 1 | | | | | | | | | | | | | | |
| | | OFFIC | | | | | | | | | | | | | | | | |
| | CUSTON | MARY LE | EADER. | .3 | | | | | | | | | | | | | | |
| | OTHER. | | | . 4 | | | | | | | | | | | | | | |
| | | | | | | | | | | | INDI | VIDUAL 1 | INDIV | IDUAL 2 | INDI | VIDUAL 3 | INDI | VIDUAL 4 |
| HHID | HHID | HHID | HHID | | YES1 NO2 >>13 | HHID | HHID | HHID | HHID | | ID | RESPONS | ID | RESPONS | ID | RESPONSE | ID | RESPONSE |
| CODE | CODE | CODE | CODE | NON-HH | DONT'KNOW98 >>13 | CODE | CODE | CODE | CODE | NON-HH | | W | | W | | | | |
| #1 | #2 | #3 | #4 | | REFUSAL99 >>13 | #1 | #2 | #3 | #4 | MEMBER | | | | | | | | |
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| | | | ENUMERAT | OR: RE | CORD START DA | TE & T | ME FOR MODULE | | | | | CODES FOR UNIT: |
|---|----------------------|------|----------------|--------|------------------|---------|-------------------------|--------------|------|----------------|-------|---|
| | | | | | | | | DAYS MO | NTHS | HOURS MINU | TES | KILOGRAMME1 |
| G00_1. Who in the household is most known | wledgeable about | | | G00_2 | 2. Who in the ho | usehol | d is reporting informat | ion | | | | PAIL 4 PAIL SMALL 4A |
| food consumed in the household. LIST I | MEMBER ID. | | | 0 | n food consump | tion in | this module. LIST MEI | MBER ID. | | | | PAIL MEDIUM4B |
| | G01 | G02 | G03 | | G04 | | G05 | G06 | | G07 | | PAIL LARGE 4C |
| Over the past one week (7 days), did you | | | How much in t | otal | How much carr | e from | How much did you | How much car | me | How much car | me | No 10 PLATE6 |
| or others in your household consume any | | | did your house | ehold | purchases? | | spend? | from own- | | from gifts and | other | No 10 PLATE FLAT .6A No 10 PLATE HEAPED6B |
| []? | | | consume in th | | | | | production? | | sources? | | No 10 PLATE HEAPED 6B |
| []. | | | week? | o paoi | | | | production. | | 000.000. | | No 12 PLATE FLAT. 7A |
| INCLUDE FOOD BOTH EATEN | YES1 | | WCCK: | | | | | | | | | No 12 PLATE HEAPED7B |
| COMMUNALLY IN THE HOUSEHOLD AND | NO2>> NEXT | | | | | | | | | | | BUNCH SMALL 8A |
| THAT EATEN SEPARATELY BY | ITEM | | | | | | | | | | | BUNCH MEDIUM 8B |
| INDIVIDUAL HOUSEHOLD MEMBERS. | | ITEM | | | | | | | | | | BUNCH LARGE 8C |
| | | CODE | QUANTITY | UNIT | QUANTITY | UNIT | MK | QUANTITY | UNIT | QUANTITY | UNIT | PIECE 9 |
| Cereals, Grains and Cereal Products | | | | | | | | | | | | PIECE SMALL 9A |
| Cereais, Grains and Cereai Products | | | | | | | | | | | | PIECE MEDIUM 9B |
| Maine of manion (named floor) * | | 404 | | | | | | | | | | PIECE LARGE 9C HEAP 10 |
| Maize ufa mgaiwa (normal flour) * | | 101 | | | | | | | | | | HEAP SMALL 10A |
| Main (5 (5) (6 (6) * | | | | | | | | | | | | HEAP MEDIUM 10B |
| Maize ufa refined (fine flour) * | | 102 | | | | | | | | | | HEAP LARGE 10C |
| | | | | | | | | | | | | LITRE |
| Maize ufa madeya (bran flour) * | | 103 | | | | | | | | | | GRAM 18 |
| | | | | | | | | | | | | MILLILITRE 19 |
| | | | | | | | | | | | | TEASPOON 20 |
| | | | | | | | | | | | | SATCHET/TUBE 22 |
| Maize grain (not as ufa) * | | 104 | | | | | | | | | | SATCHET/TUBE SMALL 22A SATCHET/TUBE MEDIUM 22B |
| | | | | | | - | | | | | | SATCHET/TUBE LARGE 22C |
| Green maize * | | 105 | | | | | | | | | | OTHER(SPECIFY) 23 |
| | | | | | | | | | | | | TINA 25 |
| Rice | | 106 | | | | | | | | | | TINA FLAT 25A |
| | | | | | | | | | | | | TINA HEAPED 25B |
| Finger millet (mawere) | | 107 | | | | | | | | | | 5 LITRE BUCKET (Chigoba). 26 |
| | | | | | | - | | | | | | BASIN (SMALL)27A BASIN (SMALL) FLAT27D |
| Sorghum (mapira) | | 108 | | | | | | | | | | BASIN (SMALL) FLAT27D BASIN (SMALL) HEAPED 27E |
| | | | | | | | | | | | | LOAF (300G) 31 |
| Pearl millet (mchewere) | | 109 | | | | | | | | | | LOAF (600G) 32 |
| | | | | | | | | | | | | LOAF (700G)33 |
| Wheat flour | | 110 | | | | | | | | | | PACKET (150G)34 |
| | | | | | | | | | | | | PACKET (400G) 35 |
| Bread | | 111 | | | | | | | | | | PACKET (500G) 36 |
| | | | | | | | | | | | | PACKET (1KG)37 SATCHET/TUBE (25G)41 |
| Buns, scones | | 112 | | | | | | | | | | SATCHET/TUBE (50G) 41 |
| , | | | | | | | | | | | | SATCHET/TUBE (100G) 43 |
| Biscuits | | 113 | | | | | | | | | | CLUSTER 44 |
| Discuits | | 110 | | | | | | | | | | CLUSTER SMALL 44A |
| Spaghetti, macaroni, pasta | | 114 | | | | | | | | | | CLUSTER MEDIUM . 44B |
| opago.a, maoarom, paota | | 11-7 | | | | | | | | | | CLUSTER LARGE 44C |
| Breakfast cereal | | 115 | | | | | | | | | | PACKET51 |
| DIEGNIASI CETERI | | 113 | | | | | | | | | | PACKET (SMALL) 54 PACKET (LARGE) 55 |
| Infant fooding coroals | | 116 | | | | | | | | | | TABLESPOON 59 |
| Infant feeding cereals | | 110 | | | | | | | | | | PACKET 60 |
| Other (enecify) | | 117 | | | | | | | | | | PACKET (250G) 65 |
| Other (specify) | | 117 | | | | | | | | | | PACKET (25g)70 |
| | | | | | | | | | | | | TIN 100G 71 |
| * ENLIMERATOR: PLEASE SPECIFY SLIP | R-LINIT CODE FOR ITE | M RE | FER TO PHO | | | | | | | | | TIN 250G 72 |

| | | | | | | | | | | | CODES FOR UNIT: |
|--|----|------------|---|------------|---------|-----------------------------------|---|------|---|------|--|
| Over the past one week (7 days), did you or others in your household consume any []? | | | G03 How much in total did your household consume in the pas week? | purchases? | ne from | G05 How much did you spend? | G06 How much car from own- production? | me | G07 How much car from gifts and sources? | | KILOGRAMME |
| INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS. | | TEM ODE | QUANTITY UNI | r QUANTITY | UNIT | MK | QUANTITY | UNIT | QUANTITY | UNIT | No 10 PLATE HEAPED6B No 12 PLATE7 No 12 PLATE FLAT. 7A No 12 PLATE HEAPED7B |
| Roots, Tubers, and Plantains | | - | • | • | | | | | | | BUNCH SMALL 8A BUNCH MEDIUM 8B |
| Cassava tubers * | 2 | 201 | | | | | | | | | BUNCH LARGE 8C PIECE 9 PIECE SMALL 9A |
| Cassava flour | 2 | 202 | | | | | | | | | PIECE MEDIUM 9B PIECE LARGE 9C |
| White sweet potato * | 2 | 203 | | | | | | | | | HEAP 10 HEAP SMALL 10A |
| Orange sweet potato * | 2 | 204 | | | | | | | | | HEAP MEDIUM 10B HEAP LARGE10C LITRE15 |
| Irish potato* | 2 | 205 | | | | | | | | | GRAM 18 MILLILITRE 19 |
| Potato crisps | 2 | 206 | | | | | | | | | TEASPOON 20 SATCHET/TUBE 22 |
| Plantain, cooking banana* | 2 | 207 | | | | | | | | | SATCHET/TUBE SMALL 22A SATCHET/TUBE MEDIUM 22B SATCHET/TUBE LARGE 22C |
| Cocoyam (masimbi) | 2 | 208 | | | | | | | | | OTHER(SPECIFY) 23 TINA 25 |
| Other (specify) | 2 | 209 | | | | | | | | | TINA FLAT 25A TINA HEAPED 25B |
| Nuts and Pulses | | | | • | | | | | | | 5 LITRE BUCKET(Chigoba). 2 BASIN (SMALL). 27A BASIN (SMALL) FLAT27 |
| Bean, white* | 3 | 301 | | | | | | | | | BASIN (SMALL) HEAPED 27 LOAF (300G) 31 |
| Bean, brown * | 3 | 302 | | | | | | | | | LOAF (600G) 32 LOAF (700G) 33 |
| Pigeonpea (nandolo) * | 3 | 303 | | | | | | | | | PACKET (150G) 34 PACKET (400G) 35 PACKET (500G) 36 |
| Groundnut (Shelled)* | 31 | 04A | | | | | | | | | PACKET (500G) 36 PACKET (1KG) 37 SATCHET/TUBE (25G) 41 |
| Groundnut - dried (Unshelled)* | 31 | 04B | | | | | | | | | SATCHET/TUBE (50G) 42 SATCHET/TUBE (100G) 43 |
| Groundnut - fresh (Unshelled) | 31 | 04C | | | | | | | | | CLUSTER 44 CLUSTER SMALL 44A CLUSTER MEDIUM . 44B |
| Groundnut flour * | 3 | 305 | | | | | | | | | CLUSTER MEDIUM . 44B CLUSTER LARGE . 44C PACKET 51 |
| Soyabean flour | 3 | 306 | | | | | | | | | PACKET(SMALL)54 PACKET (LARGE)55 |
| Ground bean (nzama) | 3 | 307 | | | | | | | | | TABLESPOON 59 PACKET 60 PACKET (250G) 65 |
| Cowpea (khobwe) | 3 | 308 | | | | | | | | | PACKET (250g) 65 PACKET (25g) 70 TIN 100G 71 |
| Macademia nuts | 3 | 309 | | | | | | | | | TIN 250G 72 TIN 500G 73 |
| Other (specify) | 3 | 310 | | | | | | | | | |

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

| | | | | | | | | | | | | CODES FOR UNIT: |
|--|----------------------|--------|---|--------|-----------------------------------|--------|-----------------------------------|---|------|--|------|--|
| Over the past one week (7 days), did or others in your household consume []? INCLUDE FOOD BOTH EATEN COMMUNALLY IN THE HOUSEHOLD AN THAT EATEN SEPARATELY BY | YES1 | G02 | G03 How much in t did your house consume in the week? | ehold | G04 How much cam purchases? | e from | G05 How much did you spend? | G06 How much car from own- production? | me | G07 How much ca from gifts and 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 FLATE |
| INDIVIDUAL HOUSEHOLD MEMBERS. | | CODE | QUANTITY | UNIT | QUANTITY | UNIT | MK | QUANTITY | UNIT | QUANTITY | UNIT | No 12 PLATE HEAPED7B BUNCH SMALL8A |
| Vegetables | | | | | | | | | | | | BUNCH MEDIUM 8B BUNCH LARGE 8C |
| Onion * | | 401 | | | | | | | | | | PIECE 9 PIECE SMALL 9A PIECE MEDIUM 9B |
| Cabbage * | | 402 | | | | | | | | | | PIECE LARGE 9C |
| Tanaposi/Rape * | | 403 | | | | | | | | | | HEAP 10 HEAP SMALL 10A HEAP MEDIUM 10B |
| Nkhwani * | | 404 | | | | | | | | | | HEAP LARGE 10C LITRE 15 |
| Chinese cabbage | | 405 | | | | | | | | | | GRAM 18 MILLILITRE 19 TEASPOON 20 |
| Other cultivated green leafy vegetables | | 406 | | | | | | | | | | SATCHET/TUBE 22 SATCHET/TUBE SMALL 22A |
| Gathered wild green leaves | | 407 | | | | | | | | | | SATCHET/TUBE MEDIUM 22B SATCHET/TUBE LARGE 22C |
| Tomato * | | 408 | | | | | | | | | | OTHER(SPECIFY). 23 TINA 25 TINA FLAT 25A |
| Cucumber* | | 409 | | | | | | | | | | TINA HEAPED 25B 5 LITRE BUCKET(Chigoba). 26 |
| Pumpkin * | | 410 | | | | | | | | | | BASIN (SMALL) 27A BASIN (SMALL) FLAT27D |
| Okra / Therere * | | 411 | | | | | | | | | | BASIN (SMALL) HEAPED 27E LOAF (300G) 31 LOAF (600G) 32 |
| Tinned vegetables (specify) | | 412 | | | | | | | | | | LOAF (800G) 32 LOAF (700G) 33 PACKET (150G) 34 |
| Mushroom | | 413 | | | | | | | | | | PACKET (400G) 35 PACKET (500G) 36 |
| Other vegetables (specify) | | 414 | | | | | | | | | | PACKET (1KG)37 SATCHET/TUBE (25G)41 |
| Meat, Fish and Animal products | | • | | | | | | | | | | SATCHET/TUBE (50G) 42 SATCHET/TUBE (100G) 43 CLUSTER 44 |
| Eggs | | 501 | | | | | | | | | | CLUSTER SMALL . 44A CLUSTER MEDIUM . 44B |
| Dried fish * | | 502 | | | | | | | | | | CLUSTER LARGE 44C PACKET 51 |
| Fresh fish * | | 503 | | | | | | | | | | PACKET (SMALL) 54 PACKET (LARGE) 55 TABLESPOON 59 |
| Beef | | 504 | | | | | | | | | | PACKET (250G) 65 |
| Goat | | 505 | | | | | | | | | | PACKET (25g) 70 TIN 100G 71 |
| * ENUMERATOR: PLEASE SPECIFY | SUB-UNIT CODE FOR IT | EM. RE | FER TO PHOT | TO AID | | | | | • | | | TIN 250G 72 |

| | | | | | | | | | | | | KILOGRAMME1 |
|--|--------------------|--------------|--|-------|-----------------------------------|--------|-----------------------------------|---|------|--|------|--|
| Over the past one week (7 days), did you or others in your household consume any []? | YES1 | G02 | G03 How much in the did your house consume in the week? | ehold | G04 How much cam purchases? | e from | G05 How much did you spend? | G06 How much cal from own- production? | me | G07 How much ca from gifts and sources? | | PAIL 4 PAIL SMALL 4 PAIL SMALL 4B PAIL MEDIUM 4B PAIL LARGE 4C NO 10 PLATE 6 NO 10 PLATE FLAT . 6A NO 10 PLATE HEAPED 6B |
| COMMUNALLY IN THE HOUSEHOLD AND THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS. | NO2>> NEXT ITEM | ITEM CODE | | | 0111177777 | | Vii | 0113378787 | | 011111111111111111111111111111111111111 | | No 10 PLATE HEAPED 68 No 12 PLATE 7 No 12 PLATE FLAT. 7A No 12 PLATE HEAPED 7B |
| Meat, Fish and Animal products (Contir | nued) | CODE | QUANTITY | UNIT | QUANTITY | UNIT | MK | QUANTITY | UNIT | QUANTITY | UNIT | BUNCH SMALL 8A BUNCH MEDIUM 8B BUNCH LARGE 8C |
| Pork | | 506 | | | | | | | | | | PIECE SMALL |
| Mutton | | 507 | | | | | | | | | | PIECE MEDIUM 9B PIECE LARGE9C |
| Chicken | | 508 | | | | | | | | | | HEAP 10 HEAP SMALL 10A HEAP MEDIUM 10B |
| Other poultry - guinea fowl, doves, etc. | | 509 | | | | | | | | | | HEAP LARGE 10C |
| Small animal – rabbit, mice, etc. | | 510 | | | | | | | | | | GRAM 18 MILLILITRE 19 |
| Termites, other insects (eg Ngumbi, caterpillar) | | 511 | | | | | | | | | | TEASPOON 20 SATCHET/TUBE 22 SATCHET/TUBE SMALL 22A |
| Tinned meat or fish | | 512 | | | | | | | | | | SATCHET/TUBE MEDIUM 22B SATCHET/TUBE LARGE 22C |
| Smoked fish* | | 513 | | | | | | | | | | OTHER(SPECIFY) 23 TINA 25 |
| Fish Soup/Sauce | | 514 | | | | | | | | | | TINA FLAT 25A TINA HEAPED 25B 5 LITRE BUCKET(Chiqoba). 26 |
| Other (specify) | | 515 | | | | | | | | | | BASIN (SMALL) 27A BASIN (SMALL) FLAT27D |
| Fruits | | | | | | | | | | | | BASIN (SMALL) HEAPED 27E LOAF (300G) 31 |
| Mango * | | 601 | | | | | | | | | | LOAF (600G) 32 LOAF (700G) 33 PACKET (150G) 34 |
| Banana * | | 602 | | | | | | | | | | PACKET (400G) 35 PACKET (500G) 36 |
| Citrus – naartje, orange, etc. | | 603 | | | | | | | | | | PACKET (1KG)37 SATCHET/TUBE (25G)41 SATCHET/TUBE (50G)42 |
| Pineapple | | 604 | | | | | | | | | | SATCHET/TUBE (50G) 42 SATCHET/TUBE (100G) 43 CLUSTER 44 |
| Papaya | | 605 | | | | | | | | | | CLUSTER SMALL 44A CLUSTER MEDIUM . 44B |
| Guava * | | 606 | | | | | | | | | | CLUSTER LARGE 44C PACKET 51 |
| Avocado | | 607 | | | | | | | | | | PACKET (SMALL) 54 PACKET (LARGE) 55 TABLESPOON 59 |
| Wild fruit (masau, malambe, etc.) | | 608 | | | | | | | | | | PACKET 60 PACKET (250G) 65 |
| Apple | | 609 | | | | | | | | | | PACKET (25g) 70 TIN 100G 71 |
| Other fruits (specify) | | 610 | | | | | | | | | | 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 | YES1 NO2>> NEXT | G02 | G03 How much in a did your house consume in the week? | ehold | G04 How much can purchases? | ne from | G05 How much did you spend? | G06 How mu- from own production | ٦- | me | G07 How much ca from gifts and sources? | | KILOGRAMME |
|---|--------------------|--------------|---|-------|-----------------------------------|---------|-----------------------------------|--|-------------|------------------------------------|--|------|--|
| THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS. | ITEM | ITEM CODE | QUANTITY | UNIT | QUANTITY | UNIT | MK | QUANT | TMV | UNIT | QUANTITY | UNIT | No 12 PLATE FLAT. 7A No 12 PLATE HEAPED7B BUNCH SMALL8A |
| Cooked Foods from Vendors | | CODE | QUANTITI | UNII | QUANTITI | ONII | PIIV | QUANT | 111 | UNII | QUANTITI | ONII | BUNCH MEDIUM 8B BUNCH LARGE 8C |
| Maize - boiled or roasted (vendor) | | 820 | | | | | | | | ∇ | | | PIECE9 PIECE SMALL9A |
| Chips (vendor) | | 821 | | | | | | \leq | \geq | \Diamond | | | PIECE MEDIUM 9B PIECE LARGE 9C |
| Cassava - boiled (vendor) | | 822 | | | | | | \leq | \geq | \Diamond | | | HEAP 10 HEAP SMALL 10A HEAP MEDIUM 10B |
| Eggs - boiled (vendor) | | 823 | | | | | | \leq | \geq | \Diamond | | | HEAP LARGE 10C |
| Chicken (vendor) | | 824 | | | | | | \leq | \geq | \Diamond | | | GRAM 18 MILLILITRE 19 |
| Meat (vendor) | | 825 | | | | | | \leq | \geq | \Diamond | | | TEASPOON 20 SATCHET/TUBE 22 SATCHET/TUBE SMALL 22A |
| Fish (vendor) | | 826 | | | | | | \leq | \geq | \Diamond | | | SATCHET/TUBE SMALL 22A SATCHET/TUBE MEDIUM 22 SATCHET/TUBE LARGE 22C |
| Mandazi, doughnut (vendor) | | 827 | | | | | | \leq | \geqslant | \Leftrightarrow | | | OTHER(SPECIFY). 23 TINA 25 |
| | | 828 | | | | | | < | \geq | \ominus | | | TINA FLAT 25A TINA HEAPED 25B |
| Samosa (vendor) Meal eaten at restaurant | | 829 | | | | | | \ll | \geqslant | \ominus | | | 5 LITRE BUCKET(Chigoba). BASIN (SMALL) 27A BASIN (SMALL) FLAT2 |
| | | | | | | | | < | \geqslant | \ominus | | | BASIN (SMALL) FLAI2 BASIN (SMALL) HEAPED 2 LOAF (300G) 31 |
| Boiled sweet potatoes | | 831 | | | | | | \leq | \geqslant | \Diamond | | | LOAF (600G) 32 LOAF (700G) 33 |
| Roasted sweet potatoes | | 832 | | | | | | < | \geq | \Diamond | | | PACKET (150G)34 PACKET (400G)35 |
| Boiled groundnuts | | 833 | | | | | | < | \geq | $\stackrel{\sim}{\hookrightarrow}$ | | | PACKET (500G) 36 PACKET (1KG) 37 |
| Roasted groundnuts | | 834 | | | | | | \sim | \geq | $\stackrel{\sim}{\hookrightarrow}$ | | | SATCHET/TUBE (25G) 41 SATCHET/TUBE (50G) 42 SATCHET/TUBE (100G) 43 |
| Popcorn | | 835 | | | | | | \geq | \leq | $\stackrel{\sim}{\sim}$ | | | CLUSTER 44 CLUSTER SMALL 44A |
| Zikondamoyo / Nkate | | 836 | | | | | | \geq | \leq | \boxtimes | | | CLUSTER MEDIUM . 44B CLUSTER LARGE 44C |
| KALONGONDA (Mucuna) | | 837 | | | | | | \geq | \leq | \boxtimes | | | PACKET51 PACKET(SMALL)54 |
| Other (specify) | | 830 | | | | | | \geq | \leq | \times | | | PACKET (LARGE)55 TABLESPOON59 PACKET60 |
| Milk and Milk Products | | | | | | | | | | | | | PACKET (250G) 65 PACKET (25g) 70 |
| Fresh milk | | 701 | | | | | | | | | | | TIN 100G 71 TIN 250G 72 |
| Powdered milk | | 702 | | | | | | | | | | | TIN 500G 73 |
| 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: |
|---|-----------------|------|--|-------|-----------------------------------|--------|-----------------------------------|---|------|--|------|---|
| 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 | YES1 NO2>> NEXT | G02 | G03 How much in the did your house consume in the week? | ehold | G04 How much cam purchases? | e from | G05 How much did you spend? | G06 How much cal from own- production? | me | G07 How much ca from gifts and sources? | - | KILGGRAMME 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 |
| THAT EATEN SEPARATELY BY INDIVIDUAL HOUSEHOLD MEMBERS. | ITEM | ITEM | | | | | | | | | | No 12 PLATE FLAT. 7A No 12 PLATE HEAPED7B |
| Sugar, Fats, and Oil | | CODE | QUANTITY | UNIT | QUANTITY | UNIT | MK | QUANTITY | UNIT | QUANTITY | UNIT | BUNCH SMALL 8A BUNCH MEDIUM 8B |
| 5 , , | | | | | | | | | | ı | | BUNCH LARGE 8C PIECE 9 |
| Sugar | | 801 | | | | | | | | | | PIECE SMALL 9A PIECE MEDIUM 9B |
| Sugar Cane | | 802 | | | | | | | | | | PIECE LARGE 9C HEAP 10 |
| Cooking oil * | | 803 | | | | | | | | | | HEAP SMALL 10A HEAP MEDIUM 10B |
| Other (specify) | | 804 | | | | | | | | | | HEAP LARGE 10C |
| | | 004 | | | | | | | | | | GRAM 18 |
| Beverages | | | | , | | , | | | | | | MILLILITRE 19 TEASPOON 20 |
| Tea | | 901 | | | | | | | | | | SATCHET/TUBE 22 SATCHET/TUBE SMALL 22A |
| Coffee | | 902 | | | | | | | | | | SATCHET/TUBE MEDIUM 22B SATCHET/TUBE LARGE 22C |
| Cocoa, millo | | 903 | | | | | | | | | | OTHER(SPECIFY). 23 TINA 25 TINA FLAT 25A |
| Squash (Sobo drink concentrate) | | 904 | | | | | | | | | | TINA FLAT 25A TINA HEAPED 25B 5 LITRE BUCKET (Chigoba) . 2 |
| Fruit juice | | 905 | | | | | | | | | | BASIN (SMALL) 27A BASIN (SMALL) FLAT27 |
| Freezes (flavoured ice) | | 906 | | | | | | | | | | BASIN (SMALL) HEAPED 27 LOAF (300G) 31 LOAF (600G) 32 |
| Soft drinks (Coca-cola, Fanta, Sprite, etc.) | | 907 | | | | | | | | | | LOAF (800G) 32 LOAF (700G) 33 PACKET (150G) 34 |
| Chibuku(commercial traditional-style beer) | | 908 | | | | | | | | | | PACKET (400G) 35 PACKET (500G) 36 |
| Bottled water | | 909 | | | | | | | | | | PACKET (1KG)37 SATCHET/TUBE (25G)41 SATCHET/TUBE (50G)42 |
| Maheu | | 910 | | | | | | | | | | SATCHET/TUBE (100G) 43 CLUSTER 44 |
| Bottled / canned beer (Carlsberg, etc.) | | 911 | | | | | | | | | | CLUSTER SMALL 44A CLUSTER MEDIUM . 44B |
| Thobwa | | 912 | | | | | | | | | | CLUSTER LARGE 44C PACKET 51 PACKET(SMALL) 54 |
| Traditional beer (masese) | | 913 | | | | | | | | | | PACKET (SMALL) 54 PACKET (LARGE) 55 TABLESPOON 59 |
| Wine or commercial liquor | | 914 | | | | | | | | | | PACKET (250G) 65 |
| Locally brewed liquor (kachasu) | | 915 | | | | | | | | | | PACKET (25g)70 TIN 100G71 TIN 250G72 |
| Other (specify) | | 916 | | | | | | | | | | TIN 500G 72 |

| 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. | | G03 How much in the did your house consume in the week? | ehold | purchases? | e from | G05 How much did you spend? | G06 How much cal from own- production? | me | G07 How much car from gifts and sources? | |
|--|------|--|-------|------------|--------|-----------------------------------|---|------|---|------|
| | CODE | QUANTITY | UNIT | QUANTITY | UNIT | MK | QUANTITY | UNIT | QUANTITY | UNIT |
| Spices & Miscellaneous | | | | | | | | | | |
| 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)

| | | G08. Over the past one week (7 days), how many days did you or others in your household consume any []? IF NOT CONSUMED, RECORD ZERO. | | you | O. Over the past one week (did not list as household m ROSTER] eat any meals in YES1 NO2>> NEXT MODULE | embers [READ | LIST FROM |
|---|---|--|-------|-------|--|---|---------------------------|
| | | NUMBER OF DAYS | 1 | _ | | | |
| A | Cereals, Grains and Cereal Products (Previous Page: 100s) (Maize Grain/Flour; Green Maize; Rice; Finger Millet; Pearl Millet; Sorghum; Wheat Flour; Bread; Pasta; Other Cereal) | | | | | G10 | G11 |
| В | Roots, Tubers, and Plantains [Previous Page: 200] (Cassava Tuber/Flour; Sweet Potato; Irish Potato; Other Tuber/Plantain) | | | For | G10-G11: | What was the total number of days in which | |
| С | Nuts and Pulses [Previous Page: 300s] (Bean; Pigeon Pea; Macademia Nut; Groundnut; Ground Bean; Cow Pea; Other Nut/Pulse) | | | | OT SHARED, RECORD ZERO | any meal was shared with people []? | over past 7 days with []? |
| D | Vegetables [Previous Page: 400s] (Onion; Cabbage; Tanaposi; Nkhwani; Wild Green Leaves; Tomato; Cucumber; Other Vegetables/Leaves) | | | | | NUMBER OF DAYS | NUMBER OF MEALS |
| Е | Meat, Fish and Animal Products [Previous Page: 500s] Egg;Dried/Fresh/Smoked Fish (Excluding Fish Sauce/Powder); Beef; Goat Meat; Pork; Poultry; Other Meat) | | | Α | Children 0-5 years | | |
| F | Fruits [Previous Page: 600s] (Mango; Banana; Citrus; Pineapple; Papaya; Guava; Avocado; Apple; Other Fruit) | | | В | Children 6-15 years | | |
| G | Milk/Milk Products [Previous Page: 700s] (Fresh/Powdered/Soured Milk; Yogurt; Cheese; Other Milk Product - Excluding Margarine/Butter or Small Amounts of Milk for Tea/Coffee) | | | С | Adults 16-65 years | | |
| Н | Fats/Oil [Previous Page: 703, 704, 803, 804 (if app.)] (Cooking Oil; Butter; Margarine; Other Fat/Oil) | | | D | People over 65 years old | | |
| Ī | Sugar/Sugar Products/Honey [Previous Page: 801, 802, 804 (if app.), 815, 816, 817, 817 (if app.)] (Sugar; Sugar Cane; Honey; Jam; Jelly; Sweets/Candy/Chocolate; Other Sugar Product) | | | | | | |
| J | Spices/Condiments [Previous Page: 900s, 810-814, 817 (if app.)] (Tea; Coffee/Cocoa/Millop; Salt; Spices; Yeast/Baking Powder; Tomato/Hot Sauce;Fish Powder/Sauce; Other Condiment - Including Small Amounts of Milk for Tea/Coffee) | | PRIM/ | ARY R | ESPONDENT REDULE G: | UMERATOR: CORD D TIME R MODULE G: | HOURS MINUTE |

MODULE H: FOOD SECURITY ENUMERATOR: RECORD START DATE & TIME FOR MODULE H: DAY MONTH HOURS MINUTES H01 H02 H04 In the past In the past 7 days, how many days have you or someone in your household had to: How many meals, including breakfast are taken per In the last 12 7 days, did day in your household? months, have you IF NO DAYS, RECORD ZERO. you worry been faced with a situation when you that your household did not have would not enough food to have feed the enough household? food? a. Adults b. Children c. Children (5-17 Yrs of (6-59 months) b. Limit c. Reduce LEAVE BLANK IF NO Age) a. Rely on less preferred portion size e. Borrow food, or rely on number of d. Restrict consumption NO..2 >>NEXT CODES FOR HO6: CHILDREN YES..1 NO...2 and/or less expensive at mealmeals eate by adults in order for help from a friend or MODULE Inadequate household small children to eat? relative? foods? times? in a day? stocks due to DAYS DAYS DAYS DAYS DAYS NUMBER NUMBER NUMBER drought/ poor rains.....1 Inadequate household food stocks due to H05 H06 crop pest damage.....2 When did you experience this incident in the last 12 months? What was the cause Inadequate household MARK X IN EACH MONTH OF 2018 AND 2019 THAT THE HOUSEHOLD DID NOT HAVE ENOUGH FOOD food stocks due to small land size.....3 LEAVE CELL BLANK FOR FUTURE MONTHS FROM INTERVIEW DATE OR MONTHS MORE THAN 12 MONTHS AGO FROM INTERVIEW DATE. 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 2018 2019 Aug May Oct Nov Dec Feb Mar Apr June July Sep .lan No food in the market.....7 Floods/water logging.....8 2019 2020 a. b. C. Apr May June July Aug Sep Oct Nov Dec Jan Feb Mar Apr 1ST 2ND 3RD Insufficient funds....9 ENUMERATOR: RECORD ENUMERATOR: PRIMARY RESPONDENT RECORD

ID FOR MODULE H:

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:

ONE WEEK RECALL

| | | 101 | 102 | 103 | |
|---|---|--------------------|--------------|--------------------------------|--|
| RY BER | Over the past <u>one week (7 days)</u> , did your household purchase or pay for any []? | | | How much did you pay in total? | rry Ber |
| NEW | | YES.1 NO2>>NEXT | | | NO N |
| DATA ENTRY LINE NUMBER | | ITEM | ITEM CODE | 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 I | MONTH RECALL | | DAY MO | NTH HOURS MINUTES | S |
|---------------------------|--|----------------------------|--|------------------------------------|---------------------------|
| DATA ENTRY LINE NUMBER | Over the past one month, did your household purchase or pay for any []? | YES.1 NO2>>NEXT ITEM | ITEM CODE | I06 How much did you pay in total? | 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 : REC PRIMARY RESPONDI ID FOR <u>MODULE I</u> : | ENT R | NUMERATO ECORD ND TIME OR MODUL | | |

| MODULE J: NON-FOOD EXP | <u> </u> | ENUMERATOR: RECORD START DATE & TIME FOR MODULE J: | | | | | | \neg | | | | |
|---------------------------------|----------|--|----------------------|--|--------------------------------------|----|-----|--------|-----|-------|------------|---|
| OVER PAST THREE MONTHS | | | | | | ı | DAY | MONTE | L | HOURS | MINUTES | |
| | J01 | J02 | J03 | | | J0 |)1 | , | J02 | J03 | | |
| Over the past three months, did | | | How much did you pay | | Over the past three months, did your | | | | | How m | nuch did y | (|

| | J01 | J02 | J03 |
|--|-------------------|------|--------------------------------|
| Over the past three months, did your household purchase or pay | | | How much did you pay in total? |
| for any []? | YES.1 | | iii totai : |
| | NO2>>NEXT 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 | |

| | DAY MON | ГН | HOURS MINUTES | _ |
|--|----------------------------|------|--|--------------------------------------|
| Over the past three months, did your household purchase or pay for any []? | J01 | J02 | J03 How much did you pay in total? | |
| | YES.1 NO2>>NEXT ITEM | ITEM | | |
| Lady's other clothing | | 322 | MK | |
| 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 | | ENUMERATOR: |
| Cleaning utensils (brooms, brushes, etc.) | | 331 | | RECORD PRIMARY |
| Torch / flashlight | | 332 | | RESPONDENT ID FOR <u>MODULE J</u> |
| Umbrella | | 333 | | |
| Paraffin lamp (hurricane or pressure) | | 334 | | |
| Stationery items (not for school) | | 335 | | ID |
| Books (not for school) | | 336 | | ENUMERATOR: RECORD END TIME |
| Music or video cassette or CD/DVD | | 337 | | FOR MODULE J: |
| Tickets for sports / entertainment events | | 338 | | |
| House decorations | | 339 | | HOURS MINUTES |
| Night's lodging in rest house | | 340 | | 1.50kg mixtles |
| Night's lodging in hotel | | 341 | | |
| Flask | | 342 | | |

MODULE K: NON-FOOD EXPENDITURES OVER PAST 12 MONTHS

| | K01 | K02 | K03 |
|--|--------------------|------|--------------------------------|
| Over the past one year (twelve months), did your household purchase or pay for any []? | YES.1 NO2>>NEXT | K02 | How much did you pay in total? |
| | ITEM | ITEM | |
| | | CODE | MK |
| Carpet, rugs, drapes, curtains | | 401 | |
| Linen - towels, sheets, blankets | | 402 | |
| Mat - sleeping or for drying maize flour | | 403 | |
| Mosquito net | | 404 | |
| Mattress | | 405 | |
| Sports & hobby equipment, musical instruments, toys | | 406 | |
| Film, film processing, camera | | 407 | |
| Cement | | 408 | |
| 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 | |
| Lobola (bridewealth) costs | | 416 | |
| Marriage ceremony costs | | 417 | |
| Funeral costs, household members | | 418 | |
| Funeral costs, nonhousehold members (relatives, neighbors/friends) | | 419 | |

| Over the past one year (twelve months) did your household gather, purchase, or pay for any []? | YES.1 NO2>>NEXT ITEM | ITEM | What was the estimated total value of [] consumed? | What was the cost that which you purchased? | |
|--|----------------------------|------|--|---|--|
| | | CODE | мк | MK | |
| Woodpoles, bamboo | | 420 | | | |
| Grass for thatching roof or other use | | 421 | | | |

MODULE L: DURABLE GOODS

ENUMERATOR: RECORD START DATE & TIME
FOR MODULE L:
DAY MONTH HOURS MINUTES

| | L01 | L02 | L03 | L04 | L05 | L06 | L07 |
|--|--|---|--|--|---|--|---|
| | Does your household own a [ITEM]? | D G U O R O A D B L E | How many [ITEM]s do you own? | What is the age of this [ITEM]? IF MORE THAN ONE ITEM, AVERAGE AGE. | If you wanted to sell one of this [ITEM] today, how much would you receive? IF MORE THAN ONE, AVERAGE VALUE. | Did you purchase or pay for any [ITEM] in the last 12 months? | How much in total did pay for [ITEM] in the last 12 months? |
| | YES1 NO2 >> NEXT ITEM | ITEM | | | | YES1 NO2 >> NEXT ITEM | |
| ITEM | | CODE | NUMBER | YEARS | MK | | MK |
| Mortar/pestle (mtondo) | | 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)

| | L01 | L02 | L03 | L04 | L05 | L06 | L07 | |
|----------------------------------|--|---|--|--|---|--|--|---------------------------------|
| | Does your household own a [ITEM]? | D G U O R O A D B L E | How many [ITEM]s do you own? | What is the age of this [ITEM]? IF MORE THAN ONE ITEM, AVERAGE AGE. | If you wanted to sell one of this [ITEM] today, how much would you receive? IF MORE THAN ONE, AVERAGE VALUE. | Did you purchase any [ITEM] in the last 12 months? | How much in total did you pay for [ITEM] in the last 12 months? | |
| | YES1 NO2>> | | | | | YES1 NO2 >> | | |
| ITEM | NEXT ITEM | ITEM CODE | NUMBER | YEARS | MK | NEXT ITEM | MK | |
| Motorcycle/scooter | | 517 | | | | | | |
| Car | | 518 | | | | | | |
| Mini-bus | | 519 | | | | | | |
| Lorry | | 520 | | | | | | |
| Beer-brewing drum | | 521 | | | | | | |
| Upholstered chair, sofa set | | 522 | | | | | | |
| Coffee table (for sitting room) | | 523 | | | | | | |
| Cupboard, drawers, bureau | | 524 | | | | | | ENUMERATOR: |
| Lantern (paraffin) | | 525 | | | | | | RECORD PRIMARY RESPONDENT |
| Desk | | 526 | | | | | | ID FOR MODULE L: |
| Clock | | 527 | | | | | | |
| Iron (for pressing clothes) | | 528 | | | | | | ID ENUMERATOR: |
| Computer equipment & accessories | | 529 | | | | | | RECORD END TIME |
| Sattelite dish | | 530 | | | | | | FOR MODULE L: |
| Solar panel | | 531 | | | | | | |
| Generator | | 532 | | | | | | HOURS MINUTES |
| Electric Kettle | | 533 | | | | | | |

MODULE M: FARM IMPLEMENTS, MACHINERY, AND STRUCTURES

A. Did your household own or rent any farm implements, machinery and/or structures, such as hand hoe, panga knife, treadle pump, ox cart, tractor, plough, generator, chicken house, storage house, barn, etc... in the last 12 months?

| YES1 |] | ENUMERATOR: | RECORE | START [| DAT | E & TIME | FOR MOD | DULE M: |
|-------------------------|---|-------------|--------|---------|-----|----------|---------|---------|
| NO2>> NEXT MODULE | | | DAY | MONTH | | HOURS | MINUTES | |

| | | | M00 Does your household currently own [ITEM] ? | M01 How many [ITEM] does your household currently own? | | If you wanted to | M04 Did your household buy any [ITEM] during the last 12 months? | M05 How many [ITEM] did your household buy? | M06 What was the value of these | M07 ENUMERATOR: IS THE [ITEM] A FARM STRUCTURE/ BUILDING? | M08 How many [ITEM] did your household build during the last 12 months? |
|---------------------------|---------------|------------------|--|--|----------------------------|---|--|--|---------------------------------------|--|---|
| DATA ENTRY LINE NUMBER | ITEM | | YES1 NO2>> MO4 | NUMBER | AGE OF ALL [ITEM]S. YEARS | ONE [ITEM], ASK FOR THE AVERAGE VALUE. | YES1 NO2>> M07 | NUMBER | MK | YES1 NO2>> M10 | IF NONE, RECORD ZERO AND >> M10. NUMBER |
| 1 | IMPLE | MENTS | | | | | | | | | |
| 2 | | HAND HOE | | | | | | | | | |
| 3 | | SLASHER | | | | | | | | | |
| 4 | 603 | AXE | | | | | | | | | |
| 5 | 604 | SPRAYER | | | | | | | | | |
| 6 | 605 | PANGA KNIFE | | | | | | | | | |
| 7 | 606 | SICKLE | | | | | | | | | |
| 8 | 607 | TREADLE PUMP | | | | | | | | | |
| 9 | | WATERING CAN | | | | | | | | | |
| 10 | MACH | | | | | | | | | | |
| 11 | | OX CART | | | | | | | | | |
| 12 | | OX PLOUGH | | | | | | | | | |
| 13 | | TRACTOR | | | | | | | | | |
| 14 | 612 | TRACTOR PLOUGH | | | | | | | | | |
| 15 | ************* | RIDGER | | | | | | | | | |
| 16 | | CULTIVATOR | | | | | | | | | |
| 17 | | GENERATOR | | | | | | | | | |
| 18 | | MOTORISED PUMP | | | | | | | | | |
| 19 | 617 | GRAIN MILL | | | | | | | | | |
| 20 | | OTHER (SPECIFY) | | | | | | | | | |
| 21 | | CTURES/BUILDINGS | | | | 1 | | | | | |
| 22 | | CHICKEN HOUSE | | | | | | | | | |
| 23 | | LIVESTOCK KRAAL | | | | | | | | | |
| 24 | | POULTRY KRAAL | | | | | | | | | |
| 25 | | STORAGE HOUSE | | | | | | | | | |
| 26 | | GRANARY | | | | | | | | | |
| 27 | _ | BARN | | | | | | 1 | | | |
| 28 | 625 | PIG STY | | I | I . | l | | | | | |

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

| | | | M09 | M10 | M11 | M12 | M13 | M14 | 1 |
|---------------------------|-------|------------------|-----------------|---------------|---------------------|-------------------|-------------------|-------------------|-------------------|
| | | | How much did it | Did your | What was the main | Did your | How many [ITEM] | How much did your | |
| | | | cost to build | household use | reason for not | household rent or | | household pay to | |
| | | | [ITEM]? | | using the [ITEM]? | borrow any | household rent or | rent or borrow | |
| | | | | the last 12 | 0 | | borrow during the | [ITEM] during the | |
| | | | | months? | | last 12 months? | last 12 months? | last 12 months? | |
| | | | | | NO NEED FOR ONE1 | | | | |
| | | | | | NEEDS | | | ESTIMATE THE | |
| | | | | | REPAIRS2 | | | VALUE OF IN-KIND | |
| רא װֻ | | | | | LENT TO OTHERS3 | | | PAYMENTS | |
| μĦ | | | | | RENTED TO | | | | |
| | | | | YES1>> M12 | OTHERS4 | YES1 | | | |
| DATA ENTRY LINE NUMBER | | | | NO2 | OTHER (SPECIFY)5 | NO2 >>NEXT | | | |
| | ITEM | MENTO | MK | | | | NUMBER | MK | |
| | | MENTS | | 1 | | ı | | ı | |
| 3 | | HAND HOE | | | | | | | |
| _ | | SLASHER | | | | | | | |
| 4 | | AXE | | | | | | | |
| 5 | | SPRAYER | | | | | | | |
| 6 | | PANGA KNIFE | | | | | | | |
| 7 | | SICKLE | | | | | | | |
| 8 | | TREADLE PUMP | | | | | | | |
| 9 | | WATERING CAN | | | | | | | |
| 10 | MACHI | | | 1 | | I | | ı | |
| 11 | | OX CART | | | | | | | |
| 12 | | OX PLOUGH | | | | | | | ENUMERATOR: |
| 13 | | TRACTOR | | | | | | | RECORD PRIMARY |
| 14 | | TRACTOR PLOUGH | | | | | | | RESPONDENT |
| 15 | | RIDGER | | | | | | | ID FOR MODULE M: |
| 16 | | CULTIVATOR | | | | | | | l — |
| 17 | | GENERATOR | | | | | | | |
| 18 | | MOTORISED PUMP | | | | | | | <u> </u> |
| 19 | | GRAIN MILL | | | | | | | ID |
| 20 | | OTHER (SPECIFY) | | | | | | | ENUMERATOR: |
| 21 | | CTURES/BUILDINGS | ı | 1 | | 1 | | 1 | RECORD |
| 22 | | CHICKEN HOUSE | | | | | | | END TIME |
| 23 | | LIVESTOCK KRAAL | | | | | | | FOR MODULE M: |
| 24 | | POULTRY KRAAL | | | | | | | |
| 25 | | STORAGE HOUSE | | | | | | | [|
| 26 | | GRANARY | | | | | | | HOURS MINUTES |
| 27 | | BARN | | | | | | | HOURS MINUTES |
| 28 | 625 | PIG STY | | | | | | ĺ | |

MODULE N: HOUSEHOLD ENTERPRISES

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

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

bricks, cane furniture, weave baskets, thatch grass etc.?

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,

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?

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,

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

[ASK OF HOUSEHOLD HEAD]

carpenter, tailor, barber, etc.?

ENUMERATOR: RECORD START DATE & TIME FOR MODULE N:

YES...1 NO....2

YES...1 NO....2

YES...1

| N06 driven a household-owned taxi or pick-up truck to provide transportation or moving services? | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| YES1 NO2 | | | | | | | | |
| N07 owned a bar or restaurant? | | | | | | | | |
| YES1 NO2 | | | | | | | | |
| N08owned any other non-agricultural business, even if it is a | | | | | | | | |
| small business run from home or on a street? $\underset{\text{NO}2}{\overset{\text{YES}1}{\text{NO}2}}$ | | | | | | | | |
| B. ENUMERATOR: IS THERE A "1" FOR ANY OF THE QUESTIONS N01 THROUGH N08? | | | | | | | | |
| YES1 NO2>>PAGE 51 TO RECORD PRIMARY RESPONDENT ID AND END TIME | | | | | | | | |

DAY

MONTH

HOURS

MINUTES

PLEASE INCLUDE HOUSEHOLD BUSINESS VENTURES THAT HAVE BEEN SHUT DOWN PERMANENTLY OR TEMPORARILY DURING THE PAST 12 MONTHS.

| | lease provide details on the main prod | | | | | | | | | | | |
|-----------------|---|----------------|-------------------------------|----------------------|-------------------------|----------------------|----------------------|-------------|--------|---------------------------|----------|-------------------|
| N of | iodoc provido dotallo cir tiro main prod | uct or service | Who in the hou | | | Who in the ho | usehold owns | How many | | What share of the | When was | s this |
| | f each [ENTERPRISE] that your house | hold operated | manages this | oritor priod or | ID OF THE | this [ENTERPI | | | | profits from this | | RISE] first |
| | uring the past 12 months. | | is most familia | | RESPONDENT, FOR THIS | | | | | | started? | |
| E R PF | | | | | | LIST UP TO 2 J | | owners of t | - | kept by your | | |
| 1 | ROVIDE A WRITTEN DESCRIPTION CON IAIN PRODUCT/SERVICE OF EACH ENTE | | LIST UP TO 2 F HOUSEHOLD R | - | [EIVIER ROE]. | OWNERS | | [ENTERPR | | household, rather | | |
| . 1417 | HE HOUSEHOLD OPERATED DURING TH | | HOUSEHOLD K | | LIST FROM | | | IF NONE, RI | | than the other owners? | | |
| | IONTHS, BEFORE GOING ON TO N10. PL | | | | HOUSEHOLD | | | ZERO IN BO | | owners? | | |
| | USINESS VENTURES THAT HAVE BEEN | | | | ROSTER | | | COLUMNS, | | READ RESPONSES | | |
| | ERMANENTLY OR TEMPORARILY DURIN | IG THE PAST 12 | | | | | | N15. | | READ REGI GROEG | | |
| . M | IONTHS. | | | | | | | | | | | |
| D D | | | | | | | | | | | | |
| D | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | I | (Supervisor | | | | | | | | | | |
| | | to put in | | | | | | | | Almost none1 | | |
| | | code after | | | | | | | | About 25%2 | | |
| | | interview) | | | | | | | | About half3 About 75%4 | | |
| | | | | | | | | | | Almost all5 | | |
| | | INDUSTRY | MANAGER 1 | MANAGER 2 | 200752 | OWNER 1 | OWNER 2 | MALE | | Other (Specify)6 | | V545 |
| | WRITTEN DESCRIPTION | CODE | HH ROSTER ID CODE | HH ROSTER ID CODE | ROSTER ID CODE | HH ROSTER ID CODE | HH ROSTER ID CODE | NUMBER | NUMBER | (Specify) | MONTH | YEAR (4-DIGIT) |
| | | | | | | | | | | | | (, |
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| 1 | | | | | | | | | | | | |
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| 5 | | | | | | | | | | | | |
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| | N16 | | N17 | N18 | N19 | N20 | | N21 | | | N22 |
|------------------|--|---|---|---------------------------|--|---|------|----------------------------------|--|--------------------|--|
| E N T E R P R I | What weres the so capital for this ente READ ANSWERS. LI ONLY ONE SOURCE THE SECOND COLL SOURCES OF STAR RECORD "99" IN BO | rprise? ST UP TO 2. IF E, RECORD "99" IN IMN. IF NO IT-UP CAPITAL, TH COLUMNS. | Where do you operate this [ENTERPRISE]? READ RESPONSES | | What is the main source of electricity for this [ENTERPRISE]? | To whom do you products or servi READ RESPONSE LIST UP TO 2 BUY | ces? | Is this [ENTE registered wi | | icially | Does this [ENTER- PRISE] or any of its owners or managers belong to any |
| S E I D | Om-savings fro on-agriculture Own-savings fro on-agriculture. Sale of assets Proceeds from a business Agricultural in Non-agricultura credit from bar or other instit Loan from famil Savings club Gift from famil Inherited Other (specify) | | Home (inside residence)1 >> N20 Home (outside residence)2 >> N20 Industrial site3 Traditional market place4 >> N20 Commercial area shop5 Roadside6 >> N20 Other fixed | | ESCOM/GRID1 SOLAR PANEL2 | Final consumer Traders Other small bu Large establis businesses/ins Export Manufacturer Marketing boar Other (specify | | a. Registrar of Companies? | YES1 NO2 b. Malawi Revenue Authority? | C. Local Assembly? | registered business association? |
| | 1ST | 2ND | place7 Mobile8 >> N20 | Yes1 No2 >> N20 | GENERATOR3 OTHER (SPECIFY)4 | 1ST | 2ND | 1 | | | YES1 NO2 |
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| | N23 | N24 | N25 | | | | | | | | | | | | | | | | | | | N26 | |
|--------|--------------------------|---------------------------------------|--------|--|---------|---------|--------|--------|--------|----------|---------|-----------|---------|----------|--------|------------------------------|--------------|---------|---------|--------|-----|------------------------------|---------|
| | ENUMERATOR: DOES THIS | What is the source of | During | | | nonths, | was th | is [EN | ΓERPR | ISE] op | eration | nal in th | e mon | th of [N | IONTH |], and i | f so, we | ere you | r sales | high, | | Why was this | |
| N T | BUSINESS SELL | the forest-based product sold by this | averag | ge, or lo | ow? | | | | | | | | | | | | | | | | | [ENTERPRIS operation for [| |
| Е | FOREST-BASED | [ENTERPRISE]? | | FOR EA | ACH MC | NTH IN | TURN. | START | FROM | THE M | OST RE | CENT N | /ONTH | THAT \ | VAS CC | MPLE1 | ED, GC | ING BA | ACK MO | NTH BY | ′ | INDICATED II | N N25]? |
| R P | PRODUCTS? | READ RESPONSES | MONTI | H. | | | | | | | | | | | | | | | | | | READ RESPOR | NSES |
| R | | READ RESPONSES | PLACE | AN 'X' | ABOVE | THE C | JRREN | T MONT | ΓH. | | | | | | | | | | | | | LIST OF 10 2 | |
| S | | | MAKE | SURE A | ALL APP | LICABL | E MON | THS IN | THE PA | AST 12 I | иоптн | PERIO | D ARE I | MARKE | D WITH | ONE C | F THE | CODES | BELOV | ٧. | | | |
| E | | | IF THE | HERE IS NO MONTH MARKED WITH "0" IN THE PAST 12 MONTHS, SKIP TO QUESTION N27. NONE: NOT IN OPERATION0 | | | | | | | | | | | | | | | | | | | |
| I D | | | | NONE:NOT IN OPERATION0 LOW1 | | | | | | | | | | | | Lack of | | | | | | | |
| | | | | LOW | | | | | | | | | | | | | non-labour i | inputs1 | | | | | |
| | | | | LOW1 | | | | | | | | | | | | credit Lack of cash | | | | | | | |
| | | | | LOW | | | | | | | | | | | | Seasonal wor | rk4 | | | | | | |
| 1 | | Own land1 Forest/wild | | AVERAGE2 | | | | | | | | | | | | Bad weather. Not profitab | ole6 | | | | | | |
| | | park reserve2 | | | | | | | | | PLAC | E 'X' BE | LOW | | | | | | | | | Own-Illness, to care for | 'Need |
| | | Communal land3 Purchased from | | | | | | | | | | | | | | | | | | | | household me Other (Speci | |
| | | someone else4 Other (Specify).5 | | | | | 2018 | | | | | | | | | 20 | 19 | | | | | Other (Speci | 117)0 |
| | YES1 NO2>>N25 | other (Specify).5 | | | | | | | | | | | | | | | | | | | | 1ST | 2ND |
| | | | APR | MAY | JUN | JUL | AUG | SEP | ОСТ | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | ОСТ | | |
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| Г | N27 | N28 | N29 | | N30 | | | | | | | | | | | | | | | |
|----------|---------------------------|---------------------------------|----------------------------|---------|-------|----------|-----------|-------------|---------|--------|-----------|------------------------|---------|--------|--------------|--------------|--------|-----------|-------------|--------|
| Е | ENUMERATOR: | Are you planning | Why not? | | A. Du | ring th | e last mo | onth of ope | ration, | which | househo | old membe | rs wo | ked fo | or this [EN | ITERPRIS | E]? | | | |
| N | REFER TO N25. WAS THIS | to resume the | | | | | | | | | | | | | | | | | | |
| T E | [ENTERPRISE] IN | operations of this [ENTERPRISE] | READ RESPO | NSES | | | | | | | | E LAST MO IF MORE T | | | | | | | | |
| R | OPERATON IN | within the next 12 | | | | | UESTION | | OOOL. | IOLD I | (OOTEN. | II WORL II | 17 44 - | 11000 | LITOLD IVI | LIVIDLING VI | | -1411 E-0 | 125, 002 | • |
| Р | THE LAST | months? | | | | | | | | | | | | | | | | | | |
| R | MONTH? | | | | | | | onth of ope | ration | in the | past 12 r | nonths, ho | w mar | ny day | s did eacl | h househo | ld mei | mber v | vork for th | his |
| S | | | | | [EN1 | ERPRI | SEJ? | | | | | | | | | | | | | |
| Ē | | | | | C. Du | ıring th | ose days | , approxim | ately, | how m | nany hou | rs did each | mem | ber wo | ork for this | s [ENTERF | PRISE |]? | | |
| 1 | | | | | | | | | | | | | | | | | | | | |
| D | | | Lack of | | .1 | | | | | | | | | | | | | | | |
| | | | non-labour Lack of | inputs1 | .2 | | | | | | | | | | | | | | | |
| | | | credit | 2 | | | | | | | | | | | | | | | | |
| | | | Lack of cash | 3 | | | | | | | | | | | | | | | | |
| | | | Not profita | ble4 | | | | | | | | | | | | | | | | |
| | | | Own-Illness to care for | | | | | | | | | | ı | | | | | | | |
| | | | household m Other (Spec | | | 0 | WNER # 1 | | | 0 | WNER # 2 | | | | | | | | | |
| | | | | | | | MEMBER # | | | | MEMBER # | | | | MEMBER # | | | | MEMBER # | |
| | YES1 >> N30 NO2 | YES1 >> N30 NO2 | 1ST | 2ND | ID | DAYS | HOURS | MONTHS | ID | DAYS | HOURS | MONTHS | ID | DAYS | HOURS | MONTHS | ID | DAYS | HOURS | MONTHS |
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| E N T E R P R | MAKE SURE "NUMBER" C | THE RESPOR | NDENT IS REI D CONTINUE | FERRING TO THE LAS TO QUESTION N32. | T MONTH OF | OPERATION | AS STATED | (under-18) worked for IN QUESTION N25. IF | THERE WAS I | • | BOR, RECOF | RD ZERO IN THE | N32 During the last month of operation, what was the value of total sales (zogulitsa) of products, goods or services of this [ENTERPRISE]? |
|---------------|--------------------------|-------------------|----------------------------|---|--------------|-------------------|------------------|--|---------------|--------------------|------------------|---|--|
| S E I D | D. During the employees? | e last month | of operation | in the past 12 month | ns, what was | the total exp | enditure of t | any hours did a typic this [ENTERPRISE] c OR IN-KIND) PAYMEN [*] | n salaries or | wages of Al | · | | 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 | | | СНІІ | _DREN (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 | | | | | | | | | | | | | |
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| | N33 | N34 | N35 | N36 | N37 | N38 | N39 | N40 |
|--------|--|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|--|--------------------------|
| Е | ENUMERATOR: REFER TO | During the last | During the last | During the last | | | | During the last month of |
| N T | QUESTION 25. | month of average | | | month of high sales, | | month of average | operation, what was the |
| E | WAS THE LAST MONTH OF | sales, what was the | what was the value of | | | what was the value of | | profit (phindu)of this |
| R | OPERATION A MONTH OF | value of total sales | total sales (zogulitsa) of | total sales (zogulitsa) of | total sales (zogulitsa) of | total sales (zogulitsa) of | value of total sales | [ENTERPRISE]? |
| Р | | (zogulitsa) of products, goods or | products, goods or | | | products, goods or | (zogulitsa) of products, goods or | |
| R | | services of this | services of this | | | services of this | services of this | |
| S | | [ENTERPRISE]? | [ENTERPRISE]? | [ENTERPRISE]? | [ENTERPRISE]? | [ENTERPRISE]? | [ENTERPRISE]? | |
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| | LOW SALES1 | | | | | | | |
| | AVERAGE SALES2 >> N36 HIGH SALES3 >> N38 | | >> N40 | | >> N40 | | | |
| | | AVG SALES | HIGH SALES | LOW SALES | HIGH SALES | LOW SALES | AVG SALES | PROFIT (MK) |
| | | MK | MK | MK | MK | MK | MK | LAST MONTH OF OPERATION |
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| | N41 | | | | | | | | |
|-------------|----------------------|-------------------------|-------------------------|--------------------|---------------------|-------------|-----------------|-----------------|--|
| Е | During the last mont | th of operation, what w | as the total expenditur | e of this [ENTERPR | ISE] on | | | | |
| N T E | MAKE SURE THE RES | SPONDENT IS REFERR | ING TO THE LAST MON | TH OF OPERATION A | S STATED IN QUESTIC | DN N25. | | | |
| R P | INCLUDE: ESTIMATE | D VALUE OF IN-KIND PA | AYMENTS. | | | | | | |
| R | IF NOTHING WAS SPI | ENT, RECORD ZERO. | | | | | | | |
| I S E | | | | | | | | | |
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| | a. | b. | c. | d. | e. | f. | g. | h. | 1 |
| | Raw Materials | Purchase of Goods for | Freight / Transport | Fuel / Oil | Flactal-line | | | a.i. (a. (f.) | |
| | | Sale (Inventory) | Freight/ Transport | Fuel / Oil | Electricity | Water | Insurance | Other (Specify) | |
| | MK | | MK | MK | MK | Water MK | Insurance MK | Other (Specify) | ENUMERATOR: RECORD |
| | | Sale (Inventory) | | | | | | | RECORD PRIM ARY RESPONDENT |
| 1 | | Sale (Inventory) | | | | | | | RECORD PRIM ARY |
| | мк | Sale (Inventory) | | | | | | | RECORD PRIM ARY RESPONDENT |
| 1 2 | мк | Sale (Inventory) | | | | | | | RECORD PRIM ARY RESPONDENT |
| 2 | MK | Sale (Inventory) | | | | | | | RECORD PRIM ARY RESPONDENT ID FOR MODULE N: ID ENUMERATOR: |
| | MK | Sale (Inventory) | | | | | | | RECORD PRIM ARY RESPONDENT ID FOR MODULE N: ENUMERATOR: RECORD END TIME |
| 2 | MK | Sale (Inventory) | | | | | | | RECORD PRIM ARY RESPONDENT ID FOR MODULE N: ENUMERATOR: RECORD |
| 2 | MK | Sale (Inventory) | | | | | | | RECORD PRIM ARY RESPONDENT ID FOR MODULE N: ENUMERATOR: RECORD END TIME |
| 2 | MK | Sale (Inventory) | | | | | | | RECORD PRIM ARY RESPONDENT ID FOR MODULE N: ENUMERATOR: RECORD END TIME |

MODULE O: CHILDREN LIVING ELSEWHERE

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

ENUMERATOR: RECORD START DATE & TIME FOR MODULE 0:

MONTH HOURS 001_2 O03 O04 O05 Please list all biological sons IF THIS What is the highest grade Has [NAME] In which year did Where does [NAME] currently live? For how long has [NAME] What is [NAME]'s lived in this [DISTRICT/ Sex Age MEMBER WAS [NAME] has completed in ever lived in this [NAME] leave the current activity status? and/or daughters of head PRESENT AT and/or spouse 15 years old school? household? household? IF IN MALAWI, ASK FOR THE NAME OF COUNTRY REPORTED LAST DISTRICT OF CURRENT RESIDENCE. IN O07]? R and over who do not live in this SURVEY, E household. ENTER IHPS IF ABROAD, ASK FOR THE NAME OF COUNTRY 1 s ROSTER ID OF CURRENT RESIDENCE. N E NUMBER NEVER ATTENDED FROM 0 FORM 5 - 13 FORM 6 - 14 SCHOOL- 0 TRACKING REFER TO THE MANUAL FOR DISTRICT AND PRIMARY
STND. I - 1 UNIVERSITY
STND. 2 - 2 UNIV. I - 15
STND. 3 - 3 UNIV. 2 - 16
STND. 3 - 3 UNIV. 2 - 16
STND. 4 - 4 UNIV. 3 - 17
STND. 5 - 5 UNIV. 4 - 18
STND. 5 - 6 UNIV. 5 - 6
STND. 7 - 7 ABOVE - 19
STND. 8 - 8 "PAILINIC COLLEGE
SECONDARY
TO YR. 1 - 20
TOWN 3 - 11
FORM 4 - 12 Ν FORM. COUNTRY CODES. N U D Ε ELSE, ENTER M B 99. WORKING....1
UNEMPLOYED.2>>011
STUDENT...3>>011
HOUSE WORK..4>>011
HANDI-CAPPED...5>>011
OTHER
(SPECIFY)...6>>011 Ε CODES FOR UNIT: R MONTH..1 D YEAR...2 YES..1 NO...2>>007 MALE...1 FEMALE..2 COUNTRY IHPS 2016 UNIT YEAR LENGTH YEARS ROSTER ID (4-DIGIT) 01 02 03 04 05 06 07 80 09 10 11 12

MODULE O: CHILDREN LIVING ELSEWHERE (CONTINUED)

| _ | 040 | 0.11 | 10.10 | 0.10 | 040.4 | | 0.11 | | | 10110 | 1044-4 | In | 0.10 | In | 040 | |
|------|--|-------------------------|-------------------------------|--------------------------|---------------------|---|----------------------|-----------------|---------------------------|-----------------------------|---------------------|-----------------------------|----------------------------|---------------------|----------------------|---------------------|
| | O10 What is the current main occupation of | O11 Did [NAME] | O12 At what frequency | O13 How much cash | O13_1 Who in the | | O14 How much cash | O14_1 | O14_2 In what currency | O14_3 How much cash | O14_4 Who in the | O15 Did [NAME] | O16 At what | O17 What was the | O18 Who in the | |
| | What is the current main occupation of [NAME]? | send any | did [NAME] send | did [NAME] send | | | did [NAME] send | [NAME] sent in | was the cash? | did [Name] send | household kep | | | total estimated | household | |
| | [NAME]: | cash to this | cash to this | to this | decided on | | | the last 12 | IF MORE THAN | through other | decided on the | | | | decided o | |
| | | household at | household during | | | | household in | months, did any | ONE MEANS, | means other | of this income | | | | of this in-k | |
| ١. ا | | any point | the last 12 months? | | 01 1110 11100 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | total during the | of it come | RECORD | than the bank | or triis income | at any point | | other in-kind | assistance | |
| - | | during the | | the last 12 | LIST UP TO | 2 | last 12 months? | through other | CURRENCY FOR | during the last | LIST UP TO 2 | during the la | | assistance that | | |
| N | | last 12 | READ RESPONSES | months? | MEMBERS F | | idot 12 montho. | means other | THE MAIN CASH | 12 months? | MEMBERS FRO | | | [NAME] sent to | LIST UP TO | 0 2 |
| E | | months? | | | HOUSEHOL | LD | IF IN FOREIGN | than a bank? | TRANSFER RECEIVED | RECORD THE | HOUSEHOLD | | 12 months? | this household | MEMBERS | |
| _ | | | | IF IN FOREIGN | ROSTER | | CURRENCY, | | KEOLIVED | AMOUNT | ROSTER | INCLUDE ON | | during the last | HOUSEHO ROSTER | LD |
| N | | EXCLUDE | | CURRENCY, | | | ESTIMATE THE | | | RECEIVED IN THE CURRENCY | | FOOD AND I | | 12 months? | KUSTER | |
| U | | FOOD AND NON-FOOD IN | | ESTIMATE THE VALUE IN | | | VALUE IN MALAWI | | | SPEIFIED IN | | ASSISTANCI | | | | |
| М | (Superviso | | Twice or More Per Month1 | MALAWI | | | KWACHA. | | | 014_2 | | 7,001017,1101 | Twice or More | | | |
| В | to put in | ASSISTANCE. | Monthly2 | KWACHA. | (THEN >> | 015) | - | | | | | | Per Month1 | | | |
| E | occupatio | 1 | Quarterly3>>01 Semi- | 4 | | | | | | | | | Quarterly3 Semi- | | | |
| R | code <u>afte</u> | <u>.</u> | Annually4>>01 | 4 | | | | | USD1 POUNDS2 | | | | Annually4 Annually5 | | (THEN > | |
| I. | interview | | Annually5>>01 SporadicallY | 4 | | | 1 | | EUROS3 | | | | Sporadically As Needed6 | | | |
| | | YES1 NO2>>01 | As Needed6>>01 | 4 | HH ROSTER F | HH ROSTER ID CODE | i. | | SOUTH AFRICAN RANDS4 | | HH ROSTER HH R | OSTER | Other (Specify)7 | | HH ROSTER ID CODE | HH ROSTE ID CODE |
| | | | Other (Specify)7>>01 | 4 AMOUNT/ | #1 | #2 | AMOUNT | YES.1 | OTHERS, | | | 2 YES1 | | | #1 | #2 |
| | DESCRIPTION OCCUP. COL | E | (Specify)/> | MONTH | | | IN TOTAL | NO2>>014_4 | SPECIFY5 | | | NO2>>N ROW | EXT | мк | | |
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| ENUMERATOR: RECORD | ENUMERATOR: | | |
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| PRIMARY RESPONDENT | RECORD | | |
| ID FOR MODULE O: | END TIME | | |
| | FOR MODULE O: | HOURS | MINITES |

MODULE P: OTHER INCOME ENUMERATOR: RECORD START DATE & TIME FOR MODULE P: DAY MONTH HOURS MINUTES P02 P03 1 P03 2 P03 3 P04 How much of [SOURCE] came from In what currency How much Who in your During the last 12 How much If Cash was months, did you or [SOURCE] did your rural/urban/international locations? was the cash? household received from cash was IF MORE THAN kept/decided what any members of household receive in another received ONE MEANS, your household total during the last country, did through other to do with these RECORD receive any 12 months? any of it come means other earnings? **CURRENCY FOR** [SOURCE]? through other than the bank THE MAIN CASH LIST UP TO 2 FROM ESTIMATE THE CASH means other during the last TRANSFER VALUE OF IN-KIND HOUSEHOLD than a bank? 12 months? RECEIVED TRANSFERS ROSTER. RECORD THE RECEIVED AMOUNT RECEIVED IN YES.1 NO..2>> NEXT ROW USD....1 THE POUNDS..2 CURRENCY YES.1 EUROS...3 SPECIFIED IN NO..2>> P04 SOUTH AFRICAN FROM RURAL FROM URBAN FROM OTHER P03_2 нн RANDS...4 AREAS AREAS COUNTRIES ROSTER ROSTER OTHERS, ID CODE ID CODE SPECIFY..6 CODE SOURCE MK MK MK MK #2 INCOMING TRANSFERS / GIFTS: Cash Transfers/Gifts from Individuals (Friends/Relatives) [DO 2 101 NOT INCLUDE REMITTANCES FROM ANYONE LISTED IN MODULE 0.1 Food Transfers/Gifts from Individuals (Friends/Relatives) [DO NOT INCLUDE REMITTANCES FROM ANYONE LISTED IN MODULE 3 102 Non-Food In-Kind Transfers/Gifts from Individuals 103 (Friends/Relatives) [DO NOT INCLUDE REMITTANCES FROM ANYONE LISTED IN MODULE O.] PENSION & INVESTMENT INCOME: 6 104 Savings, Interest or Other Investment Income 7 105 Pension Income (Public) Pension Income (Private) RENTAL INCOME: 8 9 106 Income from Non-Agricultural Land Rental

107

Income from Apartment, House Rental

10

MODULE P: OTHER INCOME (CONTINUED)

| | | | P01 | P02 | P03 | | | P04 | |
|---------------------------|-------|--|---|--|---------------------|---------------------------------------|------------|--|----------------|
| | | | During the last 12 months, did you or any members of your household receive any [SOURCE]? | How much [SOURCE] did your household receive in total during the last 12 months? ESTIMATE THE CASH VALUE OF IN-KIND TRANSFERS RECEIVED | | ne total [SOURC rnational location | | Who in your ho kept/decided w these earnings LIST UP TO 2 FI ROSTER. | hat to do with |
| ≿₩ | | | NO2 >> NEXT SOURCE | | | 1 | 1 | | <u> </u> |
| DATA ENTRY LINE NUMBER | | | | | FROM RURAL AREAS | FROM URBAN AREAS | FROM OTHER | HH ROSTER | HH ROSTER |
| DAT/ LINE | CODE | SOURCE | | MK | MK | MK | MK | ID CODE #1 | ID CODE # 2 |
| | RENTA | L INCOME (CONTINUED): | | | | | | | |
| 12 | 108 | Income from Shop, Store Rental | | | > | \geq | >< | | |
| 13 | | Income from Car, Truck, Other Vehicle Rental (DO NOT INCLUDE ANY NON-FARM ENTERPRISE INCOME) | | | >< | >< | >< | | |
| 14 | REVEN | UE FROM SALES OF ASSETS: | | | | | | | |
| 15 | 110 | Income from Real Estate Sales | | | \geq | \geq | \geq | | |
| 16 | 111 | Income from Household Non-Agricultural Asset Sales | | | >< | \times | >< | | |
| 17 | | Income from Household Agricultural/Fishing Asset Sales | | | \geq | \geq | >< | | |
| 18 | OTHER | INCOME: | - | | | | | | |
| 19 | 113 | Inheritance | | | >< | >< | >< | | |
| 20 | 114 | Lottery/Gambling Winnings | | | >< | >< | >< | | |
| 21 | 115 | Other Income (Specify): | | | \geq | \geq | \geq | | |
| | | | | ENUMERATO PRIMARY RE ID FOR <u>MODU</u> | SPONDENT | ENUMERA RECORD END TIME | • | | |
| | | | | | | ID FOR MOD | DULE P: | | HOURS MINUTE |

| MOD | JLE Q: | GIFTS GIVEN OUT | ENUMERATOR: REC | ORD START DATE & TIN | ME FOR MODULE Q: | | | | | 7 | | | |
|-------------------------|--------|--|------------------------------|----------------------|--|--------------------|--------------------|--|--|---|--|---|--|
| | | | | | | | | DAY | MONTH | | HOURS | MINUTES | |
| | | | Q01 | Q02 | | | Q02_1 | Q02_2 | Q02_3 | Q03 | | | 1 |
| | | | During the last 12 | | vl] given away was desi al locations? | tined to | | In what currency was the cash? | How much cash was sent through other means other than the bank during the last 12 months? RECORD THE | Who ir on the given a outside (friend 12 moi | allocation away to ind your hou s/family) d | dividuals usehold during the last | |
| ATA ENTRY INE NUMBER | CODE | | YES.1 NO2 >> NEXT ITEM | TO RURAL AREAS | TO URBAN AREAS | TO OTHER COUNTRIES | YES.1 NO2>> Q03 | EUROS3 SOUTH AFRICAN RANDS4 OTHERS, SPECIFY6 | | RO ID (| HH STER CODE | HH ROSTER ID CODE | |
| | CODE | Outgoing Transfers/Gifts | | MK | MK | MK | | | | | # 1 | # 2 | 1 |
| 2 | | Cash 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 <u>MODULE Q</u> : |
| 3 | | Food Transfers/Gifts [DO NOT INCLUDE GIFTS GIVEN FOR WEDDINGS, CEREMONIES OR FUNERALS. THESE EXPENDITURES ARE RECORDED IN MODULE K] | | | | | | | | | | | ENUMERATOR: RECORD END TIME |
| 4 | | Non-Food In-Kind Transfers/Gifts [DO NOT INCLUDE GIFTS GIVEN FOR WEDDINGS, CEREMONIES OR FUNERALS. THESE EXPENDITURES ARE RECORDED IN MODULE K.] | | | | | | | | | | | FOR MODULE Q: HOURS MINUTES |

MODULE R: SOCIAL SAFETY NETS ENUMERATOR: RECORD START DATE & TIME FOR MODULE R: [ASK OF HOUSEHOLD HEAD] DAY MONTH HOURS MINUTES R03 Was the assistance In the last 12 months, has In the last 12 months, what was the total assistance received from any member of your [PROGRAMME]? given to... household received cash. food, or other aid from READ RESPONSES [PROGRAMME]? Entire HH...1 >> R05 YES...1 Specific HH PROGRAM NO....2 >>NEXT ROW Members....2 CASH DO NOT INCLUDE PENSIONS AND VOUCHERS FOR FERTILIZER AND MAIZE SEED. MK CASH KG CODE VALUE - MK 101 Free Maize (Specify) 102 Free Food (other than Maize) (Specify) 1031 MASAF - Public Works Programme Food/Cash-for-Work Programme 1032 (NON-MASAF - Public Works Programme [PWP]) 104 Inputs-For-Work Programme 105 School Feeding Programme Free Distribution of Likuni Phala to Children and Mothers 106 (Targeted Nutrition Programme [TNP]) Supplementary Feeding for Malnourished Children 107 at a Nutritional Rehabilitation Unit Scholarships/Bursaries for Secondary Education. 108 (e.g., CRECCOM) Scholarships for Tertiary Education (e.g.University Scholarship, Upgrading Teachers) 1091 Tertiary Loan Scheme (Government Loan for University and Other Tertiary Education) Direct Cash Transfers from Government (Mtukula Pakhoma) 111 **SPECIFY** Direct Cash Transfers from others (Development Partners, NGOs). 112 **SPECIFY** Other, 113 Specify:

MODULE R: SOCIAL SAFETY NETS (CONTINUED)

[ASK OF HOUSEHOLD HEAD]

| | PROGRAM | assistan RECORD | ce in the I | ast 12 mo | received onths? R ID OF EAG | | R5 Who in yo household controls/di the use of assistance [PROGRA LIST UP TO HOUSEHOL | ecides on from MME]? | R6 In the last 12 months, for how many months did your household receive assistance from [PROGRAMME]? | time you | d received stance | |
|------|--|--------------------|---------------|----------------|-----------------------------------|---------------|--|----------------------------|---|----------|----------------------|---|
| CODE | DO NOT INCLUDE PENSIONS AND VOUCHERS FOR FERTILIZER AND SEED. | ID CODE #1 | ID CODE #2 | ID CODE # 3 | ID CODE #4 | ID CODE #5 | HH ROSTER ID CODE #1 | HH ROSTER ID CODE #2 | NUMBER OF MONTHS | MONTH | YEAR (4-DIGIT) | 1 |
| 101 | Free Maize | | | | | | | | | | | 1 |
| 102 | Free Food (other than Maize) | | | | | | | | | | | 1 |
| 1031 | MASAF - Public Works Programme | | | | | | | | | | | 1 |
| 1032 | Food/Cash-for-Work Programme (NON-MASAF - Public Works Programme [PWP]) | | | | | | | | | | |] |
| 104 | Inputs-For-Work Programme | | | | | | | | | | | |
| 105 | School Feeding Programme | | | | | | \times | \times | | | | ENUMERATOR: RECORD PRIMARY |
| 106 | Free Distribution of Likuni Phala to Children and Mothers (Targeted Nutrition Programme [TNP]) | | | | | | \times | \times | | | | RESPONDENT ID FOR MODULE |
| 107 | Supplementary Feeding for Malnourished Children at a Nutritional Rehabilitation Unit | | | | | | \supset | \times | | | | |
| 108 | Scholarships/Bursaries for Secondary Education. (e.g., CRECCOM) | | | | | | \supset | \times | | | | ID |
| 1091 | Scholarships for Tertiary Education (e.g.University Scholarship, Upgrading Teachers) 'Tertiary Loan Scheme (Government Loan for University and Other Tertiary Education) | | | | | | | X | | | | ENUMERATOR: RECORD END TIME FOR MODULE R |
| 111 | Direct Cash Transfers from Government | | | | | | | | | | | |
| 112 | Direct Cash Transfers from others (Development Partners, NGOs). SPECIFY | | | | | | | | | | | HOURS MINUTE |
| 113 | Other, Specify: | | | | | | | | | | | |

| | | _ | _ | | | |
|----|-----|----|----|----|------|--|
| MΩ | נומ | ΙF | S٠ | CR | EDIT | |

[ASK OF HOUSEHOLD HEAD]

ENUMERATOR: RECORD START DATE & TIME FOR MODULE S:

| DAY | MONTH | HOURS | MINUTES |
|-----|-------|-------|---------|

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?

| YES. | 1 | |
|------|---------|--|
| NO | 2>>\$12 | |

| S02 | S03 | S04 | S05 | | S06 | S07 | S08 | | S09 | S10 | | S11 | |
|--------|--|----------------|-----------------------|--------------------------|--|-----------|------------------------------|-------------|---------------------|---|-----------|---------------------------------------|--|
| L | What are the names | CODE | | Which household member V | | How much | When did y | | Is the loan repaid? | Approxima | tely when | How much did you | |
| 0 | of the persons or | | was responsib | ole for the | reason for | was | loan within | the past 12 | | do you exp | | pay (do you expect | |
| A N | institutions from whom you or anyone | 01 20741 | | | obtaining loan? Was it: [READ] | borrowed? | months? | | | back the money? | | to have paid) in total when you (will | |
| IN | else in your | | LIST UP TO 2 F | | | | | | | | | have) paid off this | |
| Ν | household borrowed | | HOUSEHOLD F | ROSTER | PURCHASE LAND1 PURCHASE AGRI- CULTURAL INPUTS | | JAN. FEB. | .1 | | JAN. FEB. | .1 | loan (interest + | |
| 0 | on credit money for business or farming | | | | FOR FOOD CROP .2 PURCHASE INPUTS | | MAR. APR. | .3 | | FEB. MAR. APR. | .3 | principal)? | |
| | over the past 12 | | | | FOR TOBACCO3 PURCHASE INPUTS | | MAY5 JUN6 JUL7 AUG8 | | | MAY. JUN. | .5 | | |
| | months? | | | | FOR OTHER CASH CROPS 4 BUSINESS START- | | | | | JUL. AUG. | .7 | (THEN >> NEXT | |
| | LIST ALL NAMES | USE CODES | | UP PUR FA | | | SEP9 OCT. 10 NOV. 11 | | YES1>> S11 | SEP. 9 OCT. 10 NOV. 11 DEC. 12 | | WHEN ALL LOANS DONE, >> 12) | |
| | BEFORE GOING TO THE NEXT QUESTION. | ON THE NEXT | | | | | DEC. 12 | | NO2 | | | | |
| | | PAGE. | HH ROSTER ID CODE # 1 | HH ROSTER ID CODE # 2 | CONSUMPTION7 HOUSEHOLD NON-FARM EXPENDITURE8 OTHER (SPECIFY).9 | MIZ | CALENDAR | CALENDAR | | CALENDAR | CALENDAR | 1 | |
| | | | ID CODE # I | ID CODE # 2 | OTHER (SPECIFY).9 | MK | MONTH | YEAR | | MONTH | YEAR | MK | |
| 1 | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | |

MODULE S: CREDIT (CONTINUED)

| S12 | S13 | | S14 | S15 | S16 | | S17 | S18 | S19 | |
|-------------------|-----------|--------|--|--------------------------|-----------|----------|--|---|--------------------------------------|---------------------|
| During the last | Who turn | ed you | What was main reason | Are you awaiting word on | From wh | om or | What was main reason | ENUMERATOR: WAS THE | Why did you n | ot attempt to |
| 12 months, did | down? | | for trying to obtain the | a loan that you applied | which ins | titution | for trying to obtain the | | borrow in the I | ast 12 |
| you or anyone | | | loan? Was it: [READ | for during the last 12 | are you a | waiting | loan? Was it: [READ | S01, S12 AND S15 ALWAYS | months? [LIST | UP TO TWO |
| else in your | LIST UP T | O 2. | RESPONSES] | months? | word on a | a loan? | RESPONSES] | "NO"? | ANSWERS IN OR | DER OF |
| household try to | | | | | LIST UP T | O 2. | | | IMPORTANCE.] | |
| borrow from | | | | | | | | | NO NEED | 1 |
| someone | | | PURCHASE LAND1 PURCHASE AGRI- | | | | PURCHASE LAND1 PURCHASE AGRI- | | BELIEVED WOUL | D BE |
| outside the | | | CULTURAL INPUTS | | | | CULTURAL INPUTS | ANSWER TO ALL | REFUSED TOO EXPENSIVE | |
| household or | | | FOR FOOD CROP .2 PURCHASE INPUTS | | | | FOR FOOD CROP .2 PURCHASE INPUTS | THREE QUESTIONS | TOO MUCH TROU | BLE |
| from an insti- | | | FOR TOBACCO3 PURCHASE INPUTS | | | | FOR TOBACCO3 PURCHASE INPUTS | WAS ALWAYS | FOR WHAT IT INADEQUATE CO | |
| tution and wara | USE CO | DDES | FOR OTHER CASH | | USE C | DES | FOR OTHER CASH | "NO"1 | DO NOT LIKE TO |) BE |
| YES1 NO2 >>s15 | 1 | | CROPS 4 BUSINESS START- UP CAPITAL 5 PURCHASE NON- FARM INPUTS . 6 CONSUMPTION 7 | YES1 NO2>> S18 | BELC | ₩. | CROPS 4 BUSINESS START- UP CAPITAL 5 PURCHASE NON- FARM INPUTS . 6 CONSUMPTION 7 | ANSWER TO ALL THREE QUESTIONS WAS NOT ALWAYS "NO"2>>NEXT MODULE | IN DEBT DO NOT KNOW AN OTHER (SPECIF | NY LENDER.7 Y) 8 |
| | 1ST | 2ND | OTHER (SPECIFY).8 | | 1ST | 2ND | OTHER (SPECIFY).8 | NO2//NEXT MODULE | 1ST | 2ND |
| | | | | | | | | | | |

| CODES | FOR S | 34, | s | 13 | 8 | S16: |
|----------|-------|-----|----|----|----|------|
| | | | | | | _ |
| RELATI | | | | | | |
| NEIGHB | OUR. | | | | | . 2 |
| GROCER | Y/LOC | CAL | | | | |
| MERC | HANT | | | | | .3 |
| MONEY | LENDE | iR. | | | | |
| (KATA | PILA) | | | | | . 4 |
| EMPLOY | , | | | | | |
| RELIGI | | • | • | - | • | |
| INSTI | | TAT | | | | 6 |
| MARDEF | | | | | | |
| | | | | | | |
| MRFC . | | | | | | |
| SACCO. | | | | | | . 9 |
| BANK (| COMME | RC | ΙA | L) | | 10 |
| NGO | | | | | | 11 |
| OTHER | (SPEC | IF | Y) | | | 12 |
| VIIIIAG | | | | | | |
| • 111110 | | | ٠. | ٠. | ٠. | |

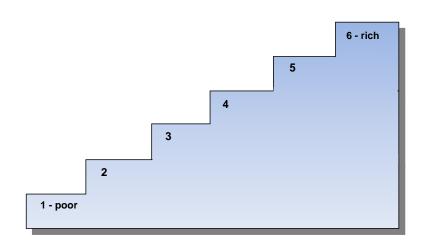
ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE S:

| | ENUMERATOR: | | |
|----|---------------|-------|---------|
| | RECORD | | |
| | END TIME | | |
| ID | FOR MODULE S: | HOURS | MINITES |

MODULE T: SUBJECTIVE ASSESSMENT OF WELL-BEING

| ENUMERATOR: RECORD START DATE & TIME FOR MODULE T: | | | | | |
|---|--|--|--|--|--|
|---|--|--|--|--|--|

| | | | | | | | | | DAY M | ONTH HOUR | S MINUTES |
|--|--------------------------|---------------|----------------|----------------|-----------------|------------|---------------------------------------|------------------------------|--|------------------------------|-------------|
| T01 | T02 | T03 | T04 | T05 | T06 | T07 | T08 | T09 | T10 | T11 | T12 |
| Concerning your | Concern- | Concern- | Concerning | Imagine six : | steps, where | on the | Which of the following is | How many | What do you (HH | What do you | What do you |
| household's food | ing your | ing your | the standard | bottom, the f | irst step, stai | nd the | true? Your current income | changes of | HEAD) sleep on? | (HH HEAD) | (HH HEAD) |
| consumption | housing, | house- | of health care | poorest peop | ole, and on th | ne highest | [READ]: | clothes do you | | sleep under | sleep under |
| over the past one | which of | hold's | you receive | step, the sixt | h, stand the | rich. | | (HH HEAD) | | in the cold | in the hot |
| month, which of | the | clothing, | for household | | | | | own? | | season | season |
| the following is | following | which of | members, | SHOW THE F | ICTURE OF T | HE STEPS | | | | (July)? | (October)? |
| true? | is true? | the | which of the | BELOW. | | | ALLOWS YOU TO BUILD | (NUMBER OF | | | |
| | | following | following is | | | | YOUR SAVINGS1 | TROUSERS FOR MEN; SKIRTS/ | | | |
| | | is true? | true? | | | | TILOR & TIRRIER O | DRESSES FOR | | | |
| | | | | | | | ONLY JUST MEETS | WOMEN) | | | |
| | l | ļ | ı | | | | YOUR EXPENSES3 | | BED & MATTRESS 1 | | ļ. |
| | | | 1 | | | , | IS NOT SUFFICIENT, | | BED & MAT (GRASS). 2 BED ALONE 3 | D | , nnma 1 |
| It was less than It was just adeq | | | | | On which | On which | SO YOU NEED TO USE YOUR SAVINGS TO | | MATTRESS ON FLOOR. 4 MAT (GRASS) ON | BLANKET & SP BLANKET ONLY | 2 |
| It was more than | | | | | step are | step are | MEET EXPENSES4 | | FLOOR 5 | SHEETS ONLY CHITENJE CLO | |
| (NOTE THAT 'ADEQUAT | | | | | most of | most of | IS REALLY NOT SUF- | | CLOTH/SACK ON FLOOR 6 | FERTILIZER o | r GRAIN |
| THE RESPONDENT CON NEEDS OF THE HOUSE | NSIDERS TO BE EHOLD.) | THE MINIMUM C | ONSUMPTION | On which | your | your | FICIENT, SO YOU | | FLOOR (NOTHING | SACK CLOTHES | |
| | | | | • | neighbors | friends | NEED TO BORROW TO MEET EXPENSES5 | | ELSE) 7 OTHER (SPECIFY) 8 | NOTHING OTHER (SPECI | 7 |
| | | | | you today? | today? | today? | MEET EXPENSES | NUMBER | | OTHER (SPECI | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |



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

| T13 | T14 | T15 | T16 | T17 | T18 | T19 | T20 |
|-------------------|-----------------|------------------|------------------|-----------------|-------------------|-----------------|--------------------|
| During the last | During the last | During the last | During the last | During the last | During the last | During the last | During the last |
| 12 months, was | 12 months, was | 12 months, was | 12 months, was | 12 months, was | 12 months, was | 12 months, was | 12 months, was |
| there a time | there a time | there a time | there a time | there a time | there a time | there a time | there a time |
| when you or | when you or | when you or | when you or | when you or | when your | when you or | when you or |
| others in your | others in your | others in your | others in your | others in your | household ran | others in your | others in your |
| | | household ate | household had to | | | household were | household went |
| worried about not | | , | skip a meal | less than you | because of a lack | 0, | without eating for |
| 0 0 | , | of foods because | | thought you | of money or other | | a whole day |
| | | of a lack of | was not enough | should because | resources? | | because of a lack |
| because of a lack | | , | money or other | of a lack of | | enough money or | , |
| of money or other | , | resources? | resources to get | money or other | | other resources | resources? |
| resources? | resources? | | food? | resources? | | for food? | |
| | | | | | | | |
| | | | | | | | |
| NO1 YES2 | NO1 YES2 | NO1 YES2 | NO1 YES2 | NO1 YES2 | NO1 YES2 | NO1 YES2 | NO1 YES2 |
| DON'T KNOW3 | DON'T KNOW3 | DON'T KNOW3 | DON'T KNOW3 | DON'T KNOW3 | DON'T KNOW3 | DON'T KNOW3 | DON'T KNOW3 |
| REFUSED4 | REFUSED4 | REFUSED4 | REFUSED4 | REFUSED4 | REFUSED4 | REFUSED4 | REFUSED4 |
| | | | | | | | |
| | | | | | | | |

MODULE U: SHOCKS & COPING STRATEGIES ENUMERATOR: RECORD START DATE & TIME FOR MODULE U: [ASK OF HOUSEHOLD HEAD] MONTH HOURS MINUTES U01_1 U01 2 U02 RELIED ON OWN-SAVINGS....1 During the How many times When was the last 'Rank the As a result of this [SHOCK], did your [...] ... What did your household do in RECEIVED UNCONDITIONAL HELP last 3 years, did this time this [SHOCK] las three most response to this [SHOCK] to try to FROM RELATIVES/FRIENDS....2 was your [SHOCK] occur happened? significant READ RESPONSES FOR EACH COLUMN regain your former welfare level? in this household household shocks you RECEIVED UNCONDITIONAL HELP FOR EACH SHOCK, LIST UP TO 3 affected in the last 3 experienced FROM GOVERNMENT.....3 ANSWERS BY ORDER OF negatively by years? in the last IMPORTANCE. IF HAPPENED MORE any of the twelve RECEIVED UNCONDITIONAL HELP Increase.....1 THAN ONCE DURING THE LAST 12 **PLEASE** following months- Mos FROM NGO/RELIGIOUS Decrease.....2 MONTHS, ASK ABOUT THE MOST INDICATE [SHOCK]? Did Not Change..3 Severe (1), RECENT INCIDENT. USE CODES ON INSTITUTION.....4 NUMBER OF Second Most THE RIGHT YES..1 OCCURENCES CHANGED EATING PATTERNS (RELIED ON Severe (2), LESS PREFERRED FOOD OPTIONS, YEAR FOOD FOOD FOOD Third (3). 1ST 2ND 3RD NEXT SHOCK REDUCED THE PROPORTION OR NUMBER (4-DIGIT) INCOME ASSETS PRODUCTION PURCHASES MONTH STOCKS CODE SHOCK NUMBER OF MEALS PER DAY, OR 101 Drought HOUSEHOLD MEMBERS SKIPPED DAYS OF EATING, ETC.)....5 1101 Irregular Rains EMPLOYED HOUSEHOLD MEMBERS THE 102 Floods TOOK ON MORE EMPLOYMENT...6 QUEST-IONS TO 1102 Landslides ADULT HOUSEHOLD MEMBERS WHO THE WERE PREVIOUSLY NOT WORKING RIGHT 103 Earthquakes HAD TO FIND WORK.....7 SHOULD Unusually High Level of Crop ONLY BE 104 HOUSEHOLD MEMBERS Pests or Disease ASKED MIGRATED.....8 Unusually High Level of CON-105 CERNING Livestock Disease REDUCED EXPENDITURES ON HEALTH THE Unusually Low Prices for AND/OR EDUCATION...9 106 THREE Agricultural Output MOST Unusually High Costs of OBTAINED CREDIT.....10 107 SEVERE Agricultural Inputs SHOCKS. SOLD AGRICULTURAL ASSETS.11 108 Unusually High Prices for Food AS NOTED IN U02. SOLD DURABLE ASSETS.....12 End of Regular Assistance/Aid/ 109 Remittances From Outside Household LEAVE SOLD LAND/BUILDING.....13 ΔII Reduction in the Earnings from Household OTHER 110 (Non-Agricultural) Business SOLD CROP STOCK.....14 ROWS Not due to Illness or Accident) BLANK. SOLD LIVESTOCK.....15 Household (Non-Agricultural) Business INTENSIFY FISHING......16 Failure (Not due to Illness or Accident) Reduction in the Earnings of Currently SENT CHILDREN TO LIVE Salaried Household Member(s) ELSEWHERE.....17 (Not due to Illness or Accident) ENGAGED IN SPIRITUAL EFFORTS -Loss of Employment of Previously Salaried PRAYER, SACRIFICES, DIVINER 113 Household Member(s) CONSULTATIONS.....18 (Not due to Illness or Accident) DID NOT DO ANYTHING.....19 Serious Ilness or Accident of Household Member(s) OTHER (SPECIFY).....20 Birth in the Household 116 Death of Income Earner(s) 117 Death of Other Household Member(s) ENUMERATOR: ENUMERATOR: RECORD PRIMARY RECORD 118 Break-Up of Household RESPONDENT END TIME Theft of Money/Valuables/Assets/ ID FOR MODULE U: 119 Agricultural Output 120 Conflict/Violence HOURS Other (Specify)

| MOE | DULE V: CHILD ANTHE | ROPOMETR | Y ENU | MERATOR | : RECORD START D | DATE & TIME F | OR MODU | LE V: | | | | | | | | | |
|-------------|---|---|--------|---------------------------------------|---------------------------|---|---|--|--|---|---|--|-------------|--|---|--|--|
| V01 | V02 | V03 | V04 | | V05 | V06 | V07 | V08 | VO9 | V10 | V11 | V12 | V13 | V14 | V15 | V16 | 1 |
| I D C O D E | CROSS-SECTIONAL: PUT AN "X" FOR ALL INDIVIDUALS WHO ARE OLDER THAN EXACTLY FIVE YEARS OLD (60 MONTHS). PANEL: PUT AN "X" FOR ALL NEW INDIVIDUALS WHO ARE OLDER THAN EXACTLY FIVE YEARS OLD. FOR IHPS HOUSEHOLD MEMBERS PUT AN "X" FOR ALL MEMBERS WHO ARE OLDER THAN 15 YEARS OF AGE. | THE MOTHER / GUARDIAN OF THE CHILD IN | BOTH Y |]? FIRM AGE - NCLUDE ŒARS | WAS [NAME] MEASURED? | WHY NOT? | IS THE ANSWE R TO V05 "NO"? | WEIGHT OF CHILD | HEIGHT / LENGTH OF CHILD CHILDREN AGED UNDER 24 MONTHS SHOULD BE MEASURED LYING DOWN. ALL OTHERS, STANDING. | HEIGHT / LENGTH MEASURED WITH CHILD STANDING OR LYING DOWN? | WAS THE MEASURE- MENT OF THE CHILD DONE IN A NORMAL MANNER, OR WAS MEASURE- MENT DIFFICULT? | ASK OF MOTHER / GUARDIAN: Does the child participate in a <u>nutrition</u> programme? | participate | DID CHILD APPEAR TO HAVE OEDEMA (SWELLING THAT IS NOT NORMAL)? IF CHILD NOT MEASURED DO NOT | 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 at the age of 9 months or | |
| | DO NOT ADMINISTER THIS MODULE TO THESE INDIVIDUALS OUTSIDE OF THE SPECIFICIED AGE RANGES. IF NONE WITHIN THE SPECIFIED AGE RANGES FOR EACH HOUSEHOLD AND INDIVIDUAL TYPE, >>NEXT MODULE. | HH ROSTER | YEARS | MONTHS | YES, MEASURED FULLY | NOT AT HOME DURING SURVEY PERIOD. 11 TOO ILL. 2 UNWILLING.3 OTHER 4 | | IN KG TO ONE DECIMAL PLACE. (IF LESS THAN 10 KG, FUT ZERO IN FIRST BLANK.) | IN CM, TO ONE DECIMAL PLACE. (IF LESS THAN 100 CM, PUT ZERO IN FIRST BLANK.) | STANDING1 LYING DOWN.2 NOT APPLICABLE.3 | NORMAL1 | YES1 NO2 | YES1 NO2 | RESPOND. | YES1 NO2>> NEXT CHILD | Older? ENUMERATOR: CHECK HEALTH CARD YES1 NO2 | |
| 1 | | | | | | | | _ | _ | | | | | | | | 1 |
| 2 | | | | | | | | | | | | | | | | | 1 |
| 3 | | | | | | | | | | | | | | | | | 1 |
| 4 | | | | | | | | | | | | | | | | | ENUMERATOR: RECORD |
| 5 | | | | | | | | | | | | | | | | | PRIMARY RESPONDENT ID FOR MODULE |
| 6 | | | | | | | | · | · · | | | | | | | | ID TOK MODULE |
| 7 | | | | | | | | · | * | | | | | | | | 1 |
| 8 | | | | | | | | | · | | | | | | | | ID |
| 9 | | | | | | | | | ·_ | | | | | | | | ENUMERATOR: RECORD END TIME |
| 10 | | | | | | | | | | | | | | | | | FOR MODULE V: |
| 11 | | | | | | | | | · | | | | | | | | |
| 12 | | | | | | | | · | | | | | | | | | HOURS MINUTES |

MODULE W: DEATHS IN HOUSEHOLD

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

| YES1 NO2>>NEXT MODULE | |
|-----------------------------|--|
|-----------------------------|--|

ENUMERATOR: RECORD START DATE & TIME FOR MODULE W:

| DAYS | MONTHS | HOURS | MINUTES |
|------|--------|-------|---------|

| | | | | 1 | | | | | | | | | | | | |
|-----|----------|-------------|----------|-----------|-------|------------|---|-------------|-----------------------------------|------------|---------|-------------|-----------|------------------|---------------|--------------|
| W02 | W03 | - | | W06 | | - | W08 | | - | W11 | | W12 | | W13 | W14 | W15 |
| S | NAME OF | DECEASED'S | SEX | AGE AT DE | | | | Did | What was the | What wa | is the | For how | long | Was this cause | After this | What was |
| Е | DECEASED | RELATION- | | | | | [NAME] do for most of | [NAME] | [NON-ILLNESS] | illness th | at | was [NA | ME] | of death | person died, | the value of |
| R | | SHIP TO | | IF UNDER | | THE | his/her life? | die of old | cause of [NAME]'s | caused | | suffering | from | diagnosed, or is | did you or | the land or |
| - 1 | | HEAD OF | | YEARS, | | DECEASED | | age, an | | [NAME] | S | this illnes | ss before | this only your | members of | assets lost? |
| Α | | HOUSEHOLD | | INCLUDE | | UNDER 12 | | illness, or | | death? | | he/she d | | own percep-tion? | vour house- | |
| L | | | | MONTHS | | YEARS OLD | FARMING 1 | of some | | CAN NO | | | | | hold lose any | |
| | | | | | | WHEN HE/ | FISHING 2 TRADER/MERCHANT . 3 | other | | TO TWO | | | | | land or other | |
| Ν | | | | | | SHE DIED? | TRANSPORT 4 | cause? | TRAFFIC | | | | | | assets due to | |
| 0 | | | | | | | TRADESMAN (MASON, CARPENTER, ETC). 5 | cause: | ACCIDENT 1 OTHER ACCIDENT | | | | | | inheritance | |
| | | | | | | | CIVIL SERVANT 6 | | OR INJURY 2 | | | | | MEDICAL | | |
| | | | | | | | TEACHER 7 DOCTOR/NURSE/ETC. 8 | | CHILDBIRTH OR COMPLICATIONS. 3 | | | | | DIAGNOSIS 1 | traditions? | |
| | | | | | | | OTHER PROFESSION. 9 | OLD AGE .1 | MURDER 4 | | | | DAY . 3 | 21110110010 1 | | |
| | | | | | | | CLERK/SECRETARY .10 FACTORY WORKER11 | (>>W14) | SUICIDE 5 WITCHCRAFT/ | | | | WEEK. 4 | NON-MEDICAL | | |
| | | | | | | YES 1>>W09 | RESTAURANT, BAR .12 | ILLNESS .2 | SORCERY 6 | | | | MONTH 5 | DIAGNOSIS .2 | YES1 | |
| | | | | | | NO2 | GENERAL LABOURER.13 HOME WORKER14 | (>>W11) | OTHER (SPEC.) . 7 | CODES | BELOW. | | YEAR. 6 | | NO2 | |
| | | | MALE1 | | | | STUDENT 15 | OTHER | | 1ST | 2ND | TIME | 12111(1 0 | OWN PERCEPTION | (»NEXT | |
| | | | FEMALE.2 | YEARS M | ONTHS | | MILITARY 16 OTHER 17 | CAUSE3 | (THEN >>W13) | | ILLNESS | AMOUNT | UNIT | 3 | DECEASED) | MK |
| 24 | | CODES DELOW | TEMADE.2 | IDAKO P | ONTHO | | orman | CAUDE5 | | IDDNESS | THENESS | AMOUNT | ONII | | DECEMBED) | PIIC |
| 31 | | | | | | | | | | | | | | | | |
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| 36 | | | | | | | | | | | | | | | | |
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| RELATIONSHIP CODES | | ILLNESS CODES | | |
|--------------------|-----|---|--|---|
| WIFE/HUSBAND | AND | MALARIA 1 MEASLES 2 DIARRHEA 3 PNEUMONIA 4 MENINCITIS 5 MALNUTRITION 6 TUBERCULOSIS . 7 | HIV/AIDS | LIVER DISEASE |
| | | | ENUMERATOR: RECORD PRIMARY RESPONDENT ID FOR MODULE W: | ENUMERATOR: RECORD END TIME FOR MODULE W: HOURS MINUTES |

MODULE X: FILTER QUESTIONS FOR AGRICULTURE & FISHERY QUESTIONNAIRES

| ENUMERATOR: RECORD START DATE & TIME F | OR <u>MODULE X</u> : | Da | AY MONTH | HOURS | MINUTES | | | |
|---|----------------------|----|--|-------------|-------------------------------------|---------------|--|-------------|
| X01. ENUMERATOR: IS THIS A PANEL HOUSEHOLD? | YES1>>X10 |) | | | | | | |
| CROSS-SECTION | | | <u>PA</u> | NEL VISIT 1 | | | PANEL VISIT 2 | |
| X02. ENUMERATOR: WHAT WAS THE LAST COMPLETED RAINY SEASON? | 2017/181 2018/192 | | | | household own or 2019 rainy season? | YES1 NO2 | X13. ENUMERATOR: DID HOUSEHOLD SAY 'YES' TO X10? | YES1 NO2 |
| X03. Did you or anyone in your household own or cultivate a plot during the [LAST COMPLETED RAINY SEASON - IN X02]? | YES1 NO2 | | X11. Did you or livestock in the la | | household own any | YES1 | X14. Did you or anyone in your household cultivate a plot during the 2019 dry (dimba) season? | YES1 NO2 |
| X04. ENUMERATOR: WHAT WAS THE LAST COMPLETED DRY (DIMBA) SEASON? | 20181 | | X11_1. ENUME AGRICULTURE ADMINISTERED | QUESTIONNA | | YES1 | X15. Did you or anyone in your household harvest any cassava, tea, coffee or any other fruits in the last 12 months? | YES1 NO2 |
| X05. Did you or anyone in your household own or cultivate any plot during the [LAST COMPLETED DRY (DIMBA) SEASON - IN X04]? | | | X12_1. ENUME HOUSEHOLD? | <u> </u> | IS A PANEL A | YES1 NO2>> | X16. ENUMERATOR: SHOULD THE VISIT 2 AGRICULTURE QUESTIONNAIRE BE ADMINISTERED? MARK 'YES' IF RESPONDENT | YES1 NO2 |
| X06. Did you or anyone in your household produce any cassava, tea, coffee or any other fruits in the last 12 months? | YES1 NO2 | | | | | END OF HO | SAID 'YES' TO ONE OF X13, X14 or X15. X17. ENUMERATOR: IS THIS A PANEL B | YES1 |
| X07. Did you or anyone in your household own any livestock in the last 12 months? | YES1 NO2 | | | | | | HOUSEHOLD? | NO2 |
| X08. ENUMERATOR: SHOULD THE AGRICULTURE QUESTIONNAIRE BE ADMINISTERED? | YES1 NO2 | | | | | | X18. ENUMERATOR: SHOULD THE FISHERY QUESTIONNAIRE BE ADMINISTERED? MARK 'YES' IF RESPONDENT SAID 'YES' TO X22. | YES1 NO2 |
| X09. Did you or anyone in this household do any fishing, fish processing or fish trading in the last 12 months? | YES1 NO2 | | | | | | | |
| IF YES, <u>FISHERY QUESTIONNAIRE</u> HAS TO | | | | | | | ENUMERATOR: RECORD ENUMEI PRIMARY RESPONDENT RECORD RECORD IN EACH PRIMARY RESPONDENT RECORD TIME PRIMARY RESPONDENT RESP |) |

BE ADMINISTERED.

END OF QUESTIONS

| ENUMERATOR: RECORD PRIMARY RESPONDENT | | ENUMERATOR: RECORD | | |
|---------------------------------------|----|-----------------------------------|-------|---------|
| ID FOR <u>MODULE X</u> : | ID | END TIME FOR <u>MODULE X</u> : | HOURS | MINUTES |

SURVEY HOUSEHOLD MEMBER LIST

| B01 | B02 | B03 | B05 |
|-----|---|------------------|--|
| D | NAMES OF HOUSEHOLD MEMBERS, ONLY LIST HOUSEHOLD MEMBERS, NO OTHERS. | | How old is [NAME]? IF 6 YEARS AND OVER, GIVE YEARS ONLY. IF LESS THAN 6 YEARS IN AGE, GIVE <u>YEARS</u> AND MONTHS. |
| | | MALE1 FEMALE2 | YEARS MONTHS |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
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| 12 | | | |
| 13 | | | |
| 14 | | | |
| 15 | | | |

| E07_1 C | ROP CODES |
|----------------------|-----------|
| MAIZE LOCAL | COTTON |
| PIGEONPEA(NANDOLO)36 | |